

Old LEASH pet surrender request form

First name

Gad

Last name

Contreras

Street address

4211 Plantation Cove Dr

City

Orlando

Zip code

32810

Email

gadc0m@yahoo.com

Phone

(813) 858-9544

Reason for surrender

Financially unable to support

My current living situation is...

I would rather not say.

I have read and understood the pet rehome statement.

yes

About the animal(s)

Number of animals to be discussed?

1

Animal 1

Animal 1 name

Ava

Animal 1 species

dog

Animal 1 dog breed

Stafford terrier

Animal 1 size

21 - 30 lbs

Animal 1 color

Brown & white

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Cleft lip

Just a few more questions...

How long have you had the animals?

2 - 3 months

Reason(s) for concern - click all that apply.

- cost of vet care
- no time for care
- no longer want animal

How we can help you keep your animals?

N/a

Administration

Shelter to client contact date

10/13/2023

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

10/13/2023

Final surrender outcome

not applicable

Close ticket

yes