

Old LEASH pet surrender request form

First name

Michelle

Last name

Velazquez

Street address

8602 W Irlo Bronson Mem Hwy

City

KISSIMMEE

Zip code

34747-\*\*\*\*

Email

[leamcinichelle@gmail.com](mailto:leamcinichelle@gmail.com)

Phone

(787) 688-8776

Reason for surrender

My studio it dosent allow cats no more

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

Koko

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

White and grey

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- cost of food
- cost of vet care
- moving
- no longer want animal

If moving, why can't pet(s) go?

I dont have a place to go

How we can help you keep your animals?

Necesita ser entrenado aruña mucho y estoy embarazada y tengo un niño pequeño

Administration

Shelter to client contact date

10/23/2023

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

11/30/2023

Time of appointment 1

11:30 am

Outcome data

Call outcome

appointment made

Final call date

10/23/2023

Close ticket

no