## **Old LEASH pet surrender request form**

4559 West Irlo Bronson Memorial Highway Memorial Highway

**First name** Elizabeth

Last name Polk

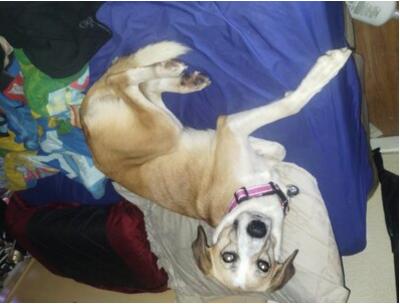
**City** Kissimmee

**Zip code** 34746

Street address

# **Email** lizpolk92@gmail.com Phone (407) 509-2156 Reason for surrender Cannot keep My current living situation is... I have been evicted and do not have a home. I have read and understood the pet rehome statement. yes About the animal(s) Number of animals to be discussed? Animal 1 Animal 1 name Bambi Animal 1 species Animal 1 dog breed Whippet mix Animal 1 size 11 - 20 lbs Animal 1 color White and tan Animal 1 gender Has the animal 1 been spayed? Animal 1 age 1 - 2 years Does animal 1 have any known medical issues? Has animal 1 ever bitten anybody?

#### **Animal 1 photo**



IMG\_20231015\_113006766 (1).jpg

## Just a few more questions...

#### How long have you had the animals?

1 week or less

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

• homeless

### **Administration**

#### Shelter to client contact date

10/23/2023

## Follow - up required

yes

## Follow up notes/actions needed 1

left VM to call back CH

## Agent initials follow up 1

Hardy

## Multiple appointments?

no

# Outcome data

# Call outcome

non responsive to contact/no show

#### Final call date

01/11/2024

#### Final surrender outcome

not applicable

## Close ticket

yes