

Old LEASH pet surrender request form

First name

Elizabeth

Last name

Polk

Street address

4559 West Irlo Bronson Memorial Highway Memorial Highway

City

Kissimmee

Zip code

34746

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?

1

Animal 1

Animal 1 name

Bambi

Animal 1 species

dog

Animal 1 dog breed

Whippet mix

Animal 1 size

11 - 20 lbs

Animal 1 color

White and tan

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

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