

Old LEASH pet surrender request form

First name

Trinidad

Last name

González

Street address

10117 lee vista Blvd

City

Orlando

Zip code

32829

Email

paola0915@yahoo.com

Phone

(407) 470-6785

Reason for surrender

Kids allergies

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

Coco

Animal 1 species

dog

Animal 1 dog breed

Golden doodle

Animal 1 size

31 - 40 lbs

Animal 1 color

Beige

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

Just a few more questions...

How long have you had the animals?

1 to 2 weeks

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

- allergies

Administration

Shelter to client contact date

10/25/2023

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

10/25/2023

Admin notes

10/25 Left VM to contact Orange County Animal Services. CHardy

Final surrender outcome

not applicable

Close ticket

yes