

Old LEASH pet surrender request form

First name

Josephine

Last name

Kaliku

Street address

7963 Chilton dr

City

Orlando

Zip code

32836

Email

josephinek319@gmail.com

Phone

(407) 799-0053

Reason for surrender

My Health

My current living situation is...

I have a stable 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

Max

Animal 1 species

cat

Animal 1 color

black and white

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_1454.jpeg

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- no longer want animal

Other reason not listed

owner Health

How we can help you keep your animals?

At this point I can't keep him, been look for a great home for him but no luck.

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 Lives in Orange County. Referred to Orange County Animal Services. CHardy

Final surrender outcome

not applicable

Close ticket

yes