Old LEASH pet surrender request form First name Loida Last name Figueroa Alvarado Street address 1920 Kimlyn Circlr City Kissimmee Zip code 34758 **Email** lfanrnn322@gmail.com Phone (407) 910-9965 **Reason for surrender** Landlord said he'll going to evict me if I don't get rid of the dog My current living situation is... I would rather not say. I have read and understood the pet rehome statement. About the animal(s) Number of animals to be discussed? Animal 1 Animal 1 name Aalyiah Animal 1 species dog Animal 1 dog breed Chata hoy la mix Animal 1 size 51 + lbs Animal 1 color Cream and white Animal 1 gender Has the animal 1 been spayed? Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

Has animal 1 ever bitten anybody?

Animal 1 photo



IMG_8124.png

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

• no longer want animal

Other reason not listed

Landlord don't want her in the house

How we can help you keep your animals?

We do want her but I'm risking go homeless since I don't have Money to move toanother place

Administration

Shelter to client contact date
10/26/2023
Follow - up required

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

nο

Appointment 1

Date of appointment 1

01/25/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

10/26/2023

Admin notes

10/26 Facing eviction because of having dog. CHardy

Close ticket

no