

Old LEASH pet surrender request form

First name

Kimete

Last name

Doci

Street address

362 Chicago Woods cir

City

Orlando

Zip code

32824

Email

Kiikeee-1983@hotmail.com

Phone

(407) 242-4627

Reason for surrender

Moving

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

Huncho

Animal 1 species

dog

Animal 1 dog breed

Pit bull

Animal 1 size

41 - 50 lbs

Animal 1 color

Lite brown

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_7916.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.

- moving

If moving, why can't pet(s) go?

Moving with someone who don't want animals

Administration

Shelter to client contact date

10/31/2023

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

10/31/2023

Admin notes

10/31 Left VM that they have to contact Orange County. CHardy

Final surrender outcome

not applicable

Close ticket

yes