# **Old LEASH pet surrender request form**

First name

Odett

Last name Rodriguez

Street address

819 Cabaret Ct

**City** Kissimmee

**Zip code** 34759

Email Rodriguezodett@gmail.com

**Phone** (407) 569-9747

Reason for surrender No longer live in this address I came too a shelter and I couldn't bring her with me

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?

Animal 1

Animal 1 name Midnight

Animal 1 species

cat

Animal 1 size

Animal 1 color Black

Animal 1 gender female

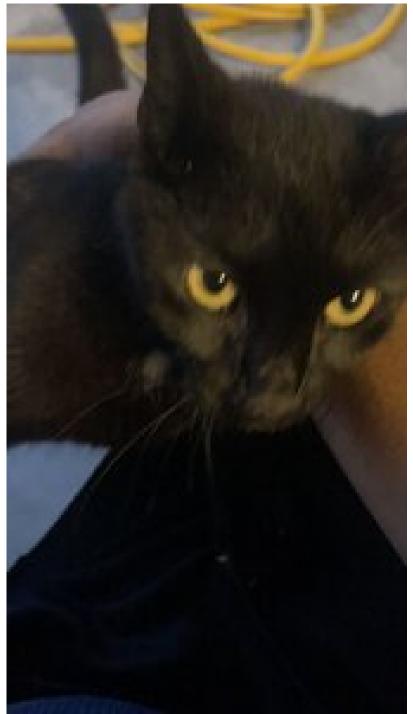
Has the animal 1 been spayed? yes

Animal 1 age 3 - 5 years

**Does animal 1 have any known medical issues?** no

Has animal 1 ever bitten anybody? no

Animal 1 photo



4f7a9d2f-0601-4274-a176-ffc21303de6d.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.

- homeless
- no time for care

How we can help you keep your animals?

Si me la pueden cuidar hasta que yo la pueda tener otravez la verdad no la quiero perder

#### Administration

# Shelter to client contact date 11/09/2023

Follow - up required

Follow up notes/actions needed 1 called and was hung up on .. called back and left VM to call back

Agent initials follow up 1 Hardy

Surrender necessary

#### yes

Staff member making appointment(s). Hardy

#### Send appointment email

yes

Send wait time notice

yes

# Multiple appointments?

no

# Appointment 1

Date of appointment 1 02/12/2024

# Time of appointment 1

12:30 pm

# **Outcome data**

Call outcome appointment made

# Final call date

11/09/2023

### Close ticket no