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

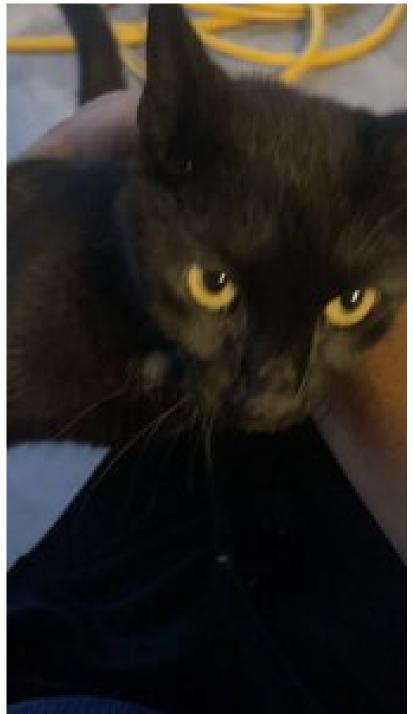
Has the animal 1 been spayed? yes

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



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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