

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?

1

Animal 1

Animal 1 name

Midnight

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

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**

no

**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