

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

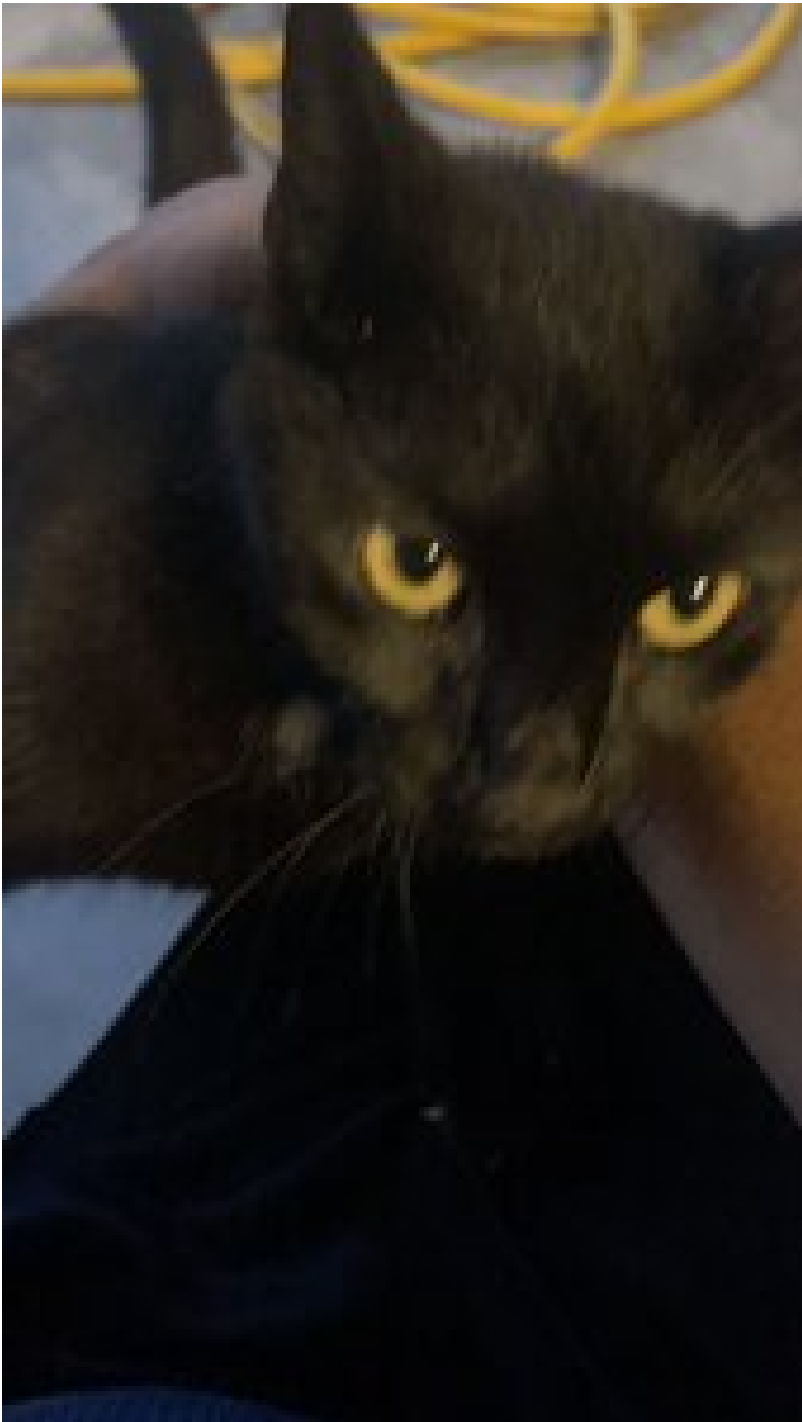
Does animal 1 have any known medical issues?

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