

Old LEASH pet surrender request form

First name

Karla

Last name

Rosario

Street address

141 montana ave

City

saint cloud

Zip code

34769

Email

[karlarosario89@gmail.com](mailto:karlarosario89@gmail.com)

Phone

(407) 747-0580

Reason for surrender

Can't afford it

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

Maggie

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

White and Beige

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

Just a few more questions...

How long have you had the animals?

1 - 2 years

Reason(s) for concern - click all that apply.

- cost of food
- no time for care
- no longer want animal

Other reason not listed

No.

How we can help you keep your animals?

No.

Administration

Shelter to client contact date

11/09/2023

Follow - up required

no

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

02/08/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

11/09/2023

Admin notes

Was not very pleasant on phone. Threatened to dump the cat at the shelter because the appointment was too far out. CHardy

Close ticket

no