

Old LEASH pet surrender request form

First name

Marilyn

Last name

berrios

Street address

227 Citrus Dr

City

Kissimmee

Zip code

34743

Email

Marilynb556@icloud.com

Phone

(407) 702-5817

Reason for surrender

work 12 hours no time to take care of dog

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

Matilda

Animal 1 species

dog

Animal 1 dog breed

shitzu

Animal 1 size

11 - 20 lbs

Animal 1 color

white blonde

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

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?

5 + years

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

- no time for care

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

03/11/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

11/09/2023

Close ticket

no