

Old LEASH pet surrender request form

First name

Leslie

Last name

Rivera

Street address

2629 Martina Ave

City

Kissimmee

Zip code

34741

Email

syncere89syn@gmail.com

Phone

(689) 265-0029

Reason for surrender

I'm no longer able to care for him, due to my health and financial

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

Leo

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

31 - 40 lbs

Animal 1 color

Gray

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Screenshot_20230628_123409_One UI Home.jpg

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.

- cost of food
- cost of vet care
- has too many pets
- insurance

Other reason not listed

I physically can't take care of him, and I have no help. I'm struggling financially and physically.

How we can help you keep your animals?

No, help. I just can't keep him. I no longer have the financial and physical help I had to keep him.

Administration

Shelter to client contact date

11/14/2023

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call back

Agent initials follow up 1

Hardy

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

01/12/2024

Admin notes

thinking about scheduling for 2/29/24

Final surrender outcome

not applicable

Close ticket

yes