

Old LEASH pet surrender request form

First name

James

Last name

Lopez

Street address

2301 wadeview Loop

City

Saint Cloud

Zip code

34769

Email

[lopezjames4life@gmail.com](mailto:lopezjames4life@gmail.com)

Phone

(407) 758-3010

Reason for surrender

Moving

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

Luna

Animal 1 species

dog

Animal 1 dog breed

Labrador

Animal 1 size

31 - 40 lbs

Animal 1 color

Brown with black spot

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 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?

1 - 2 years

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

- moving

If moving, why can't pet(s) go?

Wont allowed me to have it

How we can help you keep your animals?

N/a

Administration

Shelter to client contact date

11/16/2023

Follow - up required

yes

Follow up notes/actions needed 1

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

03/26/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

11/28/2023

Close ticket

no