

Old LEASH pet surrender request form

First name

Mary

Last name

Seidel

Street address

1844 Bramblewood Drive

City

Saint Cloud

Zip code

34769

Email

missmarymakeup93@gmail.com

Phone

(321) 805-0563

Reason for surrender

Sister left her cat, she is sick, she won't care for her anymore or help with her.

My current living situation is...

I have a stable home.

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

Peaches

Animal 1 species

cat

Animal 1 color

Tabby

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

She got out and was missing for a week. We found her and she is sick. My sister won't provide any help with medical attention and I can't afford too.

Just a few more questions...

How long have you had the animals?

5 + years

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

- cost of vet care
- no time for care

Other reason not listed

Sick

How we can help you keep your animals?

To be honest she needs to probably be put down. She is in pain.

Administration

Shelter to client contact date

01/12/2024

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

01/12/2024

Admin notes

pet passed away

Final surrender outcome

resolved by client

Close ticket

yes