

Old LEASH pet surrender request form

First name

Christopher

Last name

Thompson

Street address

5259 Cane Island Loop

City

Kissimmee

Zip code

34746

Email

thompson32960@gmail.com

Phone

(407) 676-3853

Reason for surrender

Pet Health

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

Flynn

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

White/Grey

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Skin Condition, excessive grooming

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 vet care

How we can help you keep your animals?

Meds for the condition are too expensive, not sure if there is anything that can be done to keep him.

Administration

Shelter to client contact date

01/18/2024

Follow - up required

yes

Follow up notes/actions needed 1

Left VM to call

Agent initials follow up 1

Hardy

Multiple appointments?

no

Outcome data

Close ticket

no