

Old LEASH pet surrender request form

First name

Norma

Last name

Adams-Cruz

Street address

3605 Sail Harbor Dr

City

Kissimmee

Zip code

34746

Email

[nmcberrios@hotmail.com](mailto:nmcberrios@hotmail.com)

Phone

(787) 702-5289

Reason for surrender

Behavior issues

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

Penelope

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Tortoiseshell

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG\_6749.jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- behavior
- conflict with others

Administration

Shelter to client contact date

01/12/2024

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

02/02/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

01/12/2024

Final surrender outcome

called and cancelled

Close ticket

yes