

Old LEASH pet surrender request form

First name

Carol

Last name

Bradford

Street address

1675 CASSIDY DR

City

SAINT CLOUD

Zip code

34771

Email

bradfordnoemi@gmail.com

Phone

(407) 450-5848

Reason for surrender

I don't want to have a cat

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

tiana

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

gray and black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

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.

- no longer want animal

Administration

Shelter to client contact date

01/12/2024

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

01/18/2024

Time of appointment 1

10:30 am

Outcome data

Close ticket

no