

Old LEASH pet surrender request form

First name

Nitza

Last name

Montanez

Street address

4055 TUCKERS OAK CT

City

SAINT CLOUD

Zip code

34772

Email

[nitza.montanez@coxautoinc.com](mailto:nitza.montanez@coxautoinc.com)

Phone

(407) 885-3377

Reason for surrender

health issue complication

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?

2

Animal 1

Animal 1 name

Ella

Animal 1 species

cat

Animal 1 color

Taby brown /white/ black

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



Ella.jpg

Animal 2

Animal 2 name

KoKo

Animal 2 species

cat

Animal 2 color

Tabby brown

Animal 2 gender

male

Has animal 2 been neutered?

yes

Animal 2 age

3 - 5 years

Animal 2 personality

- good with cats
- good with small animals
- good with small children

Animal 2 personality

good with small animals

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



Koko.jpg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies

Other reason not listed

Husband got diagnosed with COPD and per medical orders could not have pets.

Administration

Shelter to client contact date

02/21/2024

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

04/15/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

02/21/2024

Close ticket

no