

Old LEASH pet surrender request form

First name

Zharah

Last name

McDonald

Street address

3263 Fairhaven avenue

City

Kissimmee

Zip code

34746

Email

[zgmcdonald88@gmail.com](mailto:zgmcdonald88@gmail.com)

Phone

(606) 331-0198

Reason for surrender

Unable to be around with kids.

My current living situation is...

I would rather not say.

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

Penny

Animal 1 species

dog

Animal 1 dog breed

Beagle

Animal 1 size

11 - 20 lbs

Animal 1 color

Black and white

Animal 1 gender

female

Has the animal 1 been spayed?

no

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.

- behavior
- conflict with others
- no time for care

Administration

Shelter to client contact date

02/23/2024

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

04/01/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

02/23/2024

Close ticket

no