

Old LEASH pet surrender request form

First name

Riley

Last name

Miller

Street address

1407 Cypress Ave

City

Saint Cloud

Zip code

34769

Email

teasnider1@gmail.com

Phone

(689) 237-7876

Reason for surrender

Moving

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

Millie

Animal 1 species

cat

Animal 1 color

Calico

Animal 1 gender

female

Has the animal 1 been spayed?

no

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_1124.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- moving

If moving, why can't pet(s) go?

they aren't allowed

Administration

Shelter to client contact date

02/26/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call back

Agent initials follow up 1

Hardy

Agent initials follow up 2

DM

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

02/26/2024

Admin notes

2/26/24 CALLED AND LEFT VM DM

Final surrender outcome

not applicable

Close ticket

yes