

Old LEASH pet surrender request form

First name

Hilda

Last name

Arroyo Rodriguez

Street address

342 Corsica Ct

City

Poinciana

Zip code

34758

Email

[kalana2009@outlook.com](mailto:kalana2009@outlook.com)

Reason for surrender

Mom’s health condition

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

Timmy

Animal 1 species

dog

Animal 1 dog breed

Pomeranian

Animal 1 size

11 - 20 lbs

Animal 1 color

Tan

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG\_6252.jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

How we can help you keep your animals?

mom has Dementia no longer can care for the dog.

Administration

Shelter to client contact date

02/13/2024

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Admin notes

2/13/24 Owner did not provide a phone number to call. A email was sent explaining we are not accepting owner surrenders at this time due to construction. c. wildermuth

Close ticket

no