

Old LEASH pet surrender request form

First name

Nerida

Last name

Adorno

Street address

2623 Walden Court

City

Kissimmee

Zip code

34743

Email

[nadorno3@gmail.com](mailto:nadorno3@gmail.com)

Phone

(407) 421-3255

Reason for surrender

Roommate is allergic

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

Luca

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Brown

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



PXL\_20231217\_183551962.jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies

Administration

Shelter to client contact date

02/13/2024

Follow - up required

yes

Follow up notes/actions needed 1

LEFT VM

Agent initials follow up 1

DM

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Admin notes

2/26/24 CALLED AND LEFT VM DM  
3/8/24 Owner called and stated that she had an appointment at Pet Alliance of Greater Orlando. CH

Final surrender outcome

resolved by client

Close ticket

yes