

Old LEASH pet surrender request form

First name

Eddie

Last name

Rivera

Street address

5216 Hammock Poine Ct

City

St.Cloud

Zip code

34771

Email

blackstar4life1@gmail.com

Phone

(407) 912-8648

Reason for surrender

Cannot take care of them anymore.

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?

2

Animal 1

Animal 1 name

Scarlet

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Grey and Black

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

Animal 1 photo



IMG_8581_.jpg

Animal 2

Animal 2 name

Salem

Animal 2 species

cat

Animal 2 size

11 - 20 lbs

Animal 2 color

Black

Animal 2 gender

male

Has animal 2 been neutered?

no

Animal 2 age

9 - 12 months

Animal 2 personality

- good with cats
- good with small children

Animal 2 personality

good with cats

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



IMG_9635.jpg

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.

- allergies
- cost of food
- no longer want animal

How we can help you keep your animals?

We rather not have any animals and rather have them go to a safe home with a family that wants to take care of them.

Administration

Shelter to client contact date

02/29/2024

Follow - up required

yes

Follow up notes/actions needed 1

Left voicemail

Agent initials follow up 1

TF

Multiple appointments?

no

Outcome data

Close ticket

no