

Old LEASH pet surrender request form

First name

Carol

Last name

Bradford

Street address

1675 CASSIDY DR

City

SAINT CLOUD

Zip code

34771

Email

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

Phone

(407) 450-5848

Reason for surrender

moving no pet allowed

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

Tiana Bradford

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

gray and white

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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



Tiana.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.

- moving
- no time for care

Administration

Shelter to client contact date

02/29/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

Foxworth

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

04/30/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Close ticket

no