

Old LEASH pet surrender request form

First name

Kimberly

Last name

Alcocer

Street address

4697 Ross Lanier Ln

City

Kissimmee

Zip code

34758

Email

[kimnjerryn3@icloud.com](mailto:kimnjerryn3@icloud.com)

Phone

(321) 830-7751

Reason for surrender

Moving/health

My current living situation is...

I have a stable home.

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

Gigi

Animal 1 species

dog

Animal 1 dog breed

Choc lab/pit

Animal 1 size

31 - 40 lbs

Animal 1 color

Brown

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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



image2.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- ☒ allergies
- ☒ behavior
- ☒ conflict with others

Other reason not listed

Husband health declining

How we can help you keep your animals?

I need to rehome or surrender asap. My husband’s health is declining and I cannot keep her. He is currently in the hospital.

Administration

Shelter to client contact date

03/01/2024

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

03/07/2024

Time of appointment 1

02:00 pm

Outcome data

Call outcome

appointment made

Close ticket

no