

Old LEASH pet surrender request form

First name

Lourdes

Last name

Montes

Street address

320 chiquita ct

City

Kissimmee

Zip code

34758

Email

Imontes65@gmail.com

Phone

(407) 818-3512

Reason for surrender

I am sick

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

Wyat

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Orange

Animal 1 gender

male

Has animal 1 been neutered?

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



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Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- no time for care

Other reason not listed

In very sick

How we can help you keep your animals?

I wish I can keep him but currently I live with my daughter and she has 4 dogs, I was recently diagnosed with cancer, had a hip replacement and can't take care of him.

Administration

Shelter to client contact date

02/29/2024

Surrender necessary

no

Staff member making appointment(s).

Foxworth

Multiple appointments?

no

Outcome data

Call outcome

appointment made

Final call date

04/30/2024

Admin notes

04-30-24 the appt was cancel she dont need to surrender //la

Final surrender outcome

resolved by client

Close ticket

yes