

Old LEASH pet surrender request form

First name

Mariangelie

Last name

Pepin

Street address

1860 Rufus King Dr

City

Saint Cloud FL

Zip code

34769

Email

Mariangelie@msn.com

Phone

(407) 404-3507

Reason for surrender

Allergies

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?

2

Animal 1

Animal 1 name

Leo

Animal 1 species

cat

Animal 1 color

Gray

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



Screen Shot 2024-02-29 at 2.13.30 PM.png

Animal 2

Animal 2 name

Luna

Animal 2 species

cat

Animal 2 color

Gray

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

9 - 12 months

Animal 2 personality

- good with cats
- good with small animals
- 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



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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

How we can help you keep your animals?

We can't, we have had them for a few months despite my allergies. My doctor said if I was near them long enough I may get immune to them but that has not happened. Therefore, we have to donate them. I am severely allergic with skin rash, sneezing, and swelling without taking an allergy pill everyday.

Administration

Shelter to client contact date

02/29/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

03/25/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

02/29/2024

Close ticket

no