

Old LEASH pet surrender request form

First name

Rosa

Last name

Soto

Street address

355 Clermont Drive

City

Kissimmee

Zip code

34759

Email

rosasoto1023@gmail.com

Phone

(754) 286-9570

Reason for surrender

Unable to pay for vaccinations and food or neutered at this moment

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

Paker

Animal 1 species

dog

Animal 1 dog breed

German Shepard

Animal 1 size

51 + lbs

Animal 1 color

Black and Brown

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- cost of food
- cost of vet care

Administration

Shelter to client contact date

03/08/2024

Follow - up required

yes

Follow up notes/actions needed 1

phone just rings not VM

Agent initials follow up 1

Hardy

Follow up notes/actions needed 2

PHONE JUST RANG NO VM

Agent initials follow up 2

DM

Surrender necessary

yes

Staff member making appointment(s).

DM / Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

08/12/2024

Time of appointment 1

12:00 pm

Outcome data

Call outcome

appointment made

Final call date

05/14/2024

Admin notes

4/9/24

5/14/24 Owner called and stated that she was able to rehome the dog but then got the dog back. She now needs an appointment. CH

Final surrender outcome

not applicable

Close ticket

no