

Old LEASH pet surrender request form

First name

Katherine

Last name

Pacheco

Street address

1414 Minnesota Ave

City

St Cloud

Zip code

34769

Email

[katherine.pacheco96@gmail.com](mailto:katherine.pacheco96@gmail.com)

Phone

(518) 918-1984

Reason for surrender

Moving due to emergency and financial difficulties

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

Sis

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 size

11 - 20 lbs

Animal 1 color

White and 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



IMG\_4476.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- cost of food
- cost of vet care
- moving
- no time for care

Other reason not listed

Financial difficulties

If moving, why can't pet(s) go?

No pets allowed

How we can help you keep your animals?

I cannot keep her

Administration

Shelter to client contact date

03/08/2024

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

04/22/2024

Time of appointment 1

12:00 pm

Outcome data

Call outcome

appointment made

Final call date

03/08/2024

Close ticket

no