

Old LEASH pet surrender request form

First name

Eloisa

Last name

Bermudez

Street address

4706 Marcos Circle

City

Kissimmee

Zip code

34758

Email

isane117@msn.com

Phone

(305) 335-4540

Reason for surrender

Can no longer keep her due to my autistic and nonverbal son.

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

Cali

Animal 1 species

dog

Animal 1 dog breed

Goldendoodle

Animal 1 size

31 - 40 lbs

Animal 1 color

brown and white parti

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



calipic.JPG

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
- no longer want animal

Other reason not listed

It is difficult to handle her as my 9 year old son whom is autistic and nonverbal can't have her around.

How we can help you keep your animals?

It is not possible but thank you.

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

04/23/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

03/08/2024

Close ticket

no