

Old LEASH pet surrender request form

First name

Kelsey

Last name

Kelly

Street address

830 coastal bay lane 202

City

Kissimmee

Zip code

34741

Email

kelsey.97@icloud.com

Phone

(407) 350-2756

Reason for surrender

Unable to financially and mentally support my pet at my life stage

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

Remy

Animal 1 species

dog

Animal 1 dog breed

American terrier/Belgian malonis

Animal 1 size

41 - 50 lbs

Animal 1 color

Brindle

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Allergies feel and ears

Animal 1 photo



IMG_9867.jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

- allergies
- no time for care

Administration

Shelter to client contact date

03/14/2024

Follow - up required

yes

Follow up notes/actions needed 1

VM left to call back

Agent initials follow up 1

Hardy

Follow up notes/actions needed 2

LEFT VM

Agent initials follow up 2

DM

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

04/09/2024

Admin notes

4/9/24 LEFT VM DM

Final surrender outcome

not applicable

Close ticket

yes