

Old LEASH pet surrender request form

First name

Jenna

Last name

Ankarberg

Street address

3770 Moon Dancer Pl

City

St. Cloud

Zip code

34772

Email

jenmariella@gmail.com

Phone

(425) 505-3484

Reason for surrender

Medical Emergency

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?

2

Animal 1

Animal 1 name

Kenny

Animal 1 species

cat

Animal 1 color

White

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 2

Animal 2 name

Ru

Animal 2 species

cat

Animal 2 color

White/Grey

Animal 2 gender

female

Has animal 2 been spayed?

yes

Animal 2 age

9 - 12 months

Animal 2 personality

- good with cats
- 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

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

Other reason not listed

Medical Emergency - Home Based Dialysis

How we can help you keep your animals?

We cannot keep them at all. Doctors have advised that no animals can be in the home for sanitary reason due to home based dialysis.

Administration

Shelter to client contact date

03/14/2024

Follow - up required

yes

Follow up notes/actions needed 1

VM left to call back ... looking to schedule 3/20

Agent initials follow up 1

Hardy

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

03/20/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

03/14/2024

Close ticket

no