Old LEASH pet surrender request form First name Arelis
<b>Last name</b> Hernandez
Street address 2507 Winding Ridge Rd. N.
<b>City</b> Kissimmee
Zip code 34741
Email arelishernandez57@gmail.com
<b>Phone</b> (407) 797-4973
Reason for surrender I suffer from bad knees and the cat always tripping me.
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?
Animal 1
Animal 1 name Apollo
Animal 1 species cat
Animal 1 color Black and white
Animal 1 gender male
Has animal 1 been neutered?
Animal 1 age 9 - 12 months
<b>Does animal 1 have any known medical issues?</b>
Has animal 1 ever bitten anybody?
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.

• behavior

#### Other reason not listed

Afraid that I'll fall down and hurt myself or the cat. He has urine on the furniture and beds.

# Administration

# Shelter to client contact date

03/28/2024

# Follow - up required

ves

# Follow up notes/actions needed 1

LEFT VM

# Agent initials follow up 1

DΜ

#### Follow up notes/actions needed 2

LEFT VM

# Agent initials follow up 2

DМ

#### **Surrender necessary**

nο

# ${\bf Staff\ member\ making\ appointment} (s).$

DМ

#### Multiple appointments?

no

# **Outcome data**

# Call outcome

non responsive to contact/no show

# Final call date

04/09/2024

## **Admin notes**

3/28/24 CALLED AND LEFT A VM DM 4/9/24 LEFT VM DM

# Final surrender outcome

not applicable

### Close ticket

yes