

Old LEASH pet surrender request form

First name

Nicole

Last name

Rodriguez

Street address

Tia Lina , 2816 Ethan Hammock Rd, St Cloud, FL 34773

City

St. Cloud

Zip code

34773

Email

[nicolerodriguez1515@gmail.com](mailto:nicolerodriguez1515@gmail.com)

Phone

(689) 258-0297

Reason for surrender

Cannot take care

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

Lukas

Animal 1 species

dog

Animal 1 dog breed

Rat Russel terroir

Animal 1 size

11 - 20 lbs

Animal 1 color

Black, brown ,white

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

I do not know

Animal 1 explain medical issues

Deaf, legs hurt

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.

- no time for care

Administration

Shelter to client contact date

04/03/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM 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