

Old LEASH pet surrender request form

First name

Wilfredo

Last name

Cruz

Street address

2656 Trafalgar blvd

City

Kissimmee

Zip code

34758

Email

wilfredo3254@outlook.com

Phone

(407) 577-4017

Reason for surrender

traveling in and out of country and doesnt have someone tp take care of the dogs

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?

2

Animal 1

Animal 1 name

Daysy

Animal 1 species

dog

Animal 1 dog breed

Lazzy

Animal 1 size

11 - 20 lbs

Animal 1 color

black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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



[17109640750457071928364715536673.jpg](#)

Animal 2

Animal 2 name

Maui

Animal 2 species

dog

Animal 2 dog breed

Dashaund

Animal 2 size

21 - 30 lbs

Animal 2 color

black

Animal 2 gender

male

Has animal 2 been neutered?

no

Animal 2 age

1 - 2 years

Animal 2 personality

- good with dogs/cats
- good with dogs
- good with cats
- good with small animals
- good with small children

Animal 2 personality

good with dogs

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



17109642798746885143749813932318.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

Administration

Shelter to client contact date

04/04/2024

Follow - up required

no

Follow up notes/actions needed 1

NO VM call disconnected. Sent email to call us.

Agent initials follow up 1

Hardy

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

04/09/2024

Final surrender outcome

not applicable

Close ticket

yes