

Old LEASH pet surrender request form

First name

Samantha

Last name

Tosado

Street address

2808 Monticello way

City

Kissimmee

Zip code

34741

Email

samanthacandice694@gmail.com

Phone

(407) 932-8809

Reason for surrender

Allergies

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?

1

Animal 1

Animal 1 name

Parker

Animal 1 species

dog

Animal 1 dog breed

Short hair border collie lab mix

Animal 1 size

41 - 50 lbs

Animal 1 color

Black and white

Animal 1 gender

male

Has animal 1 been neutered?

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



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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

Administration

Shelter to client contact date

04/04/2024

Follow - up required

yes

Follow up notes/actions needed 1

VM

Agent initials follow up 1

DM

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

4/4/24 called and left VM DM  
4/9/24 called and left vm DM

Final surrender outcome

not applicable

Close ticket

yes