

LEASH pet surrender request form

First name

Samuel

Last name

Caraballo

Street address

4215 floating orchid ct

City

Saint cloud

Zip code

34772

Email

samykathia218@gmsil.com

Phone

(407) 988-5242

Reason for surrender

Mudanza a pR

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

Max

Animal 1 species

dog

Animal 1 dog breed

Husky

Animal 1 size

41 - 50 lbs

Animal 1 color

Brown

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

Has animal 1 ever bitten anybody?

no

Does animal 1 have any known medical issues?

no

Animal 1 photo



B104A9BD-CAFB-4E26-8627-0FF6407673D3 (1).jpeg

Animal 2

Animal 2 name

Roxy

Animal 2 species

dog

Animal 2 dog breed

Husky

Animal 2 size

41 - 50 lbs

Animal 2 color

Blanco y negro

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs

Animal 2 personality

good with dogs

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



IMG_4743_Original (1).jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

Reason(s) for concern - click all that apply.

- moving

If moving, why can't pet(s) go?

Porque es muy caro el pasaje

How we can help you keep your animals?

Trate de llevarme a mis perros ya que son parte de mi familia pero se me hizo imposible con el costó ya que voy el 26 de abril

Administration

Shelter to client contact date

04/09/2024

Follow - up required

no

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

04/09/2024

Admin notes

4/9/24 he resolved dont need the appt la

Final surrender outcome

resolved by client

Close ticket

yes