# LEASH pet surrender request form

First name

Madeline

Last name Medina

Street address 4191 Corsair avenue

**City** Kissimmee

**Zip code** 34741

Email madelineyvette99@gmail.com

**Phone** (407) 557-7356

Reason for surrender Can not care for pet any longer

**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 Bruce

Animal 1 species

Animal 1 dog breed Pitbull

Animal 1 size 41 - 50 lbs

Animal 1 color Brown

Animal 1 gender male

Has animal 1 been neutered?

Animal 1 age 1 - 2 years

Has animal 1 ever bitten anybody? no

Does animal 1 have any known medical issues?

#### Just a few more questions...

#### How long have you had the animals?

1 - 2 years

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

- conflict with others
- no time for care

# Other reason not listed

Owner is too old to care for pet

### Administration

# Shelter to client contact date

04/09/2024

# Follow - up required

no

#### Follow up notes/actions needed 1 decide to cancel

# Agent initials follow up 1

leonor

# Multiple appointments?

no

#### **Outcome data**

Call outcome resolved by client

### Final call date 04/09/2024

Admin notes 4/9/24 owner canceled LA

# Final surrender outcome

resolved by client

#### **Close ticket**

yes