

Old LEASH pet surrender request form

First name

Karla

Last name

Michelle Rosario

Street address

141 Montana Ave

City

Saint cloud

Zip code

34769

Email

karlarosario89@gmail.com

Phone

(407) 747-0580

Reason for surrender

Health reasons

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

Maggie

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

White

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- behavior
- citations
- cost of food
- cost of vet care
- has too many pets
- insurance
- moving
- conflict with others

How we can help you keep your animals?

I cannot keep my animal due to a medical reason.

Administration

Shelter to client contact date

04/09/2024

Follow - up required

no

Follow up notes/actions needed 1

appt schedule for 05-30-24

Agent initials follow up 1

leonor

Staff member making appointment(s).

yes

Multiple appointments?

no

Outcome data

Call outcome

appointment made

Final call date

04/09/2024

Close ticket

no