

Old LEASH pet surrender request form

First name

Joanny

Last name

Gonzalez

Street address

1154 Perpignan Ct

City

Kissimmee

Zip code

34759

Email

joaniegonzalez10@gmail.com

Phone

(407) 520-6117

Reason for surrender

Cannot pay for dog treatment

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

Stormi

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

51 + lbs

Animal 1 color

Grey/ white

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Allergies

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- cost of vet care

How we can help you keep your animals?

N/A

Administration

Shelter to client contact date

04/09/2024

Follow - up required

yes

Follow up notes/actions needed 1

email sent

Agent initials follow up 1

dm

Follow up notes/actions needed 2

client called back

Agent initials follow up 2

LA

Surrender necessary

yes

Staff member making appointment(s).

yes

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

06/12/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Admin notes

04-10-24 called requesting an appt advise the possibility to put the dog down if we dont have a adopter she agree . la
4/09/24 the phone number on the form does not work. I sent an email asking for a working phone number. DM
4/10/24 OWNER EMAILED BACK WITH PHONE NUMBER TO CONTACT HIM ON. I CALLED AND LEFT A VM TELLING HIM THAT IF WE DO NOT HERE BACK
FROM HIM BY 4/11/24 EVENING I WILL BE CLOSING OUT THE FORM DM

Final surrender outcome

not applicable

Close ticket

yes