

Old LEASH pet surrender request form

First name

Antonio

Last name

Castaneda

Street address

1802

City

Kissimmee

Zip code

34743

Email

castafamily@gmail.com

Phone

(321) 443-3086

Reason for surrender

Can't take care of my pet anymore

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

Lucas

Animal 1 species

dog

Animal 1 dog breed

Miniature snouzer

Animal 1 size

11 - 20 lbs

Animal 1 color

White

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

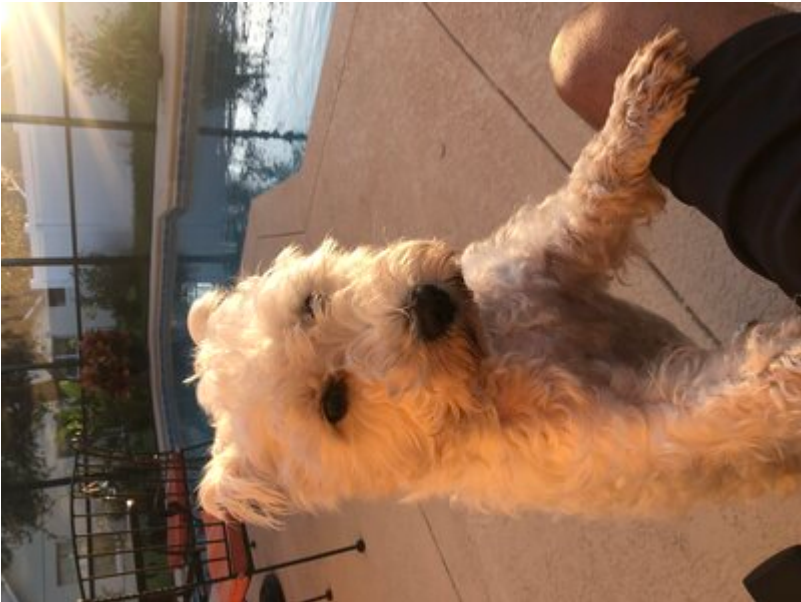
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_1053 (1).jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

- ☒ cost of vet care
- ☒ no time for care
- ☒ no longer want animal

Other reason not listed

I can't take care for my health situation:fibromyalgia arthritis chronic pain.

Administration

Shelter to client contact date

04/09/2024

Follow up notes/actions needed 1

LEFT VM

Agent initials follow up 1

DM

Follow up notes/actions needed 2

left vm

Agent initials follow up 2

LA

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

06/11/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

04/10/2024

Admin notes

04-10-24 left vm left them know this is the final call LA
4/9/24 LEFT VM DM
4/10 owner called back and made appointment

Close ticket

no