

Old LEASH pet surrender request form

First name

Eduardo

Last name

Rivera

Street address

3255 Prime park Cir apt 266

City

Kissimmee

Zip code

34746

Email

riveraeduardo198@gmail.com

Phone

(813) 362-9526

Reason for surrender

Allergies, and don't get along with my other dog

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

Kayla

Animal 1 species

dog

Animal 1 dog breed

Labradoodle

Animal 1 size

31 - 40 lbs

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

1 week or less

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

- allergies
- has too many pets
- conflict with others

Administration

Shelter to client contact date

04/09/2024

Follow - up required

yes

Follow up notes/actions needed 1

OWNER IS IN THE HOSPITAL SHE IS GOING TO CALL BACK

Agent initials follow up 1

DM

Follow up notes/actions needed 2

decide to cancel appt and keep the dog

Agent initials follow up 2

LA

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

04/10/2024

Admin notes

04-10-24 called to to Mr. Eduardo he request to cancel appointment and keep the dog . LA  
4/09/24 CALLED AMD THE OWNER IS IN THE HOSPITAL AND IS GOING TO CALL US BACK DM

Final surrender outcome

resolved by client

Close ticket

yes