

Old LEASH pet surrender request form

First name

Daviel

Last name

Linares

Street address

3836 Bowline Circlr

City

Kissimmee

Zip code

34741

Email

misssheisycruz@icloud.com

Phone

(914) 357-3021

Reason for surrender

Moving

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

Remy

Animal 1 species

dog

Animal 1 dog breed

Pit bull mix

Animal 1 size

41 - 50 lbs

Animal 1 color

Brown

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

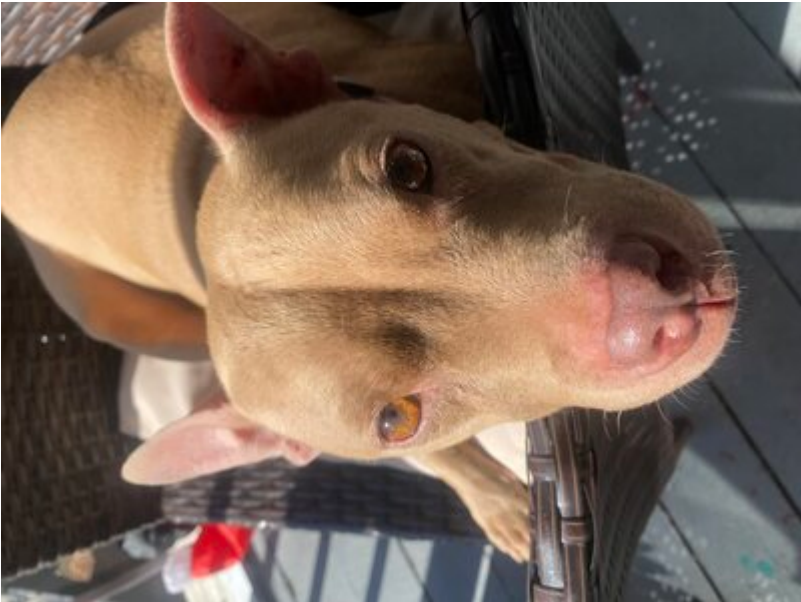
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_9784.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- ☒ conflict with others
- ☒ no time for care

Administration

Shelter to client contact date

04/09/2024

Follow - up required

yes

Follow up notes/actions needed 1

LEFT VM

Agent initials follow up 1

DM

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

06/10/2024

Time of appointment 1

03:00 pm

Outcome data

Call outcome

appointment made

Final call date

04/09/2024

Admin notes

4/9/24 LEFT VM DM

4/9/24 Owner stated dog belonged to deceased mother and they are moving. CH

Close ticket

no