

Old LEASH pet surrender request form

First name

Jayson

Last name

Flores

Street address

2619 quail pond way

City

kissimmee

Zip code

34743

Email

[jayson\\_flores@me.com](mailto:jayson_flores@me.com)

Phone

(407) 925-3014

Reason for surrender

allergies, skin irritation, unable to handle 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

Zero

Animal 1 species

dog

Animal 1 dog breed

siberian husky

Animal 1 size

41 - 50 lbs

Animal 1 color

black/white

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

I do not know

Animal 1 photo



IMG\_0436.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies

How we can help you keep your animals?

I can't keep him any longer I need to surrender him.

Administration

Shelter to client contact date

04/16/2024

Follow - up required

yes

Follow up notes/actions needed 1

leave a voice message for call back

Agent initials follow up 1

LA

Follow up notes/actions needed 2

called for 2nd time not answer lvm

Agent initials follow up 2

LA

Surrender necessary

yes

Staff member making appointment(s).

no

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

**Date of appointment 1**

06/24/2024

**Time of appointment 1**

12:00 pm

**Outcome data**

**Call outcome**

appointment made

**Final call date**

04/17/2024

**Admin notes**

04-17-24 called lvm and cloed the req //la

04-16-24 called lvm //la

**Final surrender outcome**

not applicable

**Close ticket**

yes