

LEASH pet surrender request form

First name

Amir

Last name

Rashid

Street address

4128 Vista Lago Circle, #303

City

Kissimmee

Zip code

34741

Email

[amirr6789@gmail.com](mailto:amirr6789@gmail.com)

Phone

(863) 602-1194

Reason for surrender

Not enough resources

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

Ginger

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Blonde with stripes

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

Has animal 1 ever bitten anybody?

no

Does animal 1 have any known medical issues?

no

Animal 1 photo



17131827575204316613279564798132.jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- has too many pets
- no time for care
- no longer want animal

How we can help you keep your animals?

N/A - must release pet

Administration

Shelter to client contact date

04/16/2024

Follow - up required

no

Follow up notes/actions needed 1

appt made

Agent initials follow up 1

LA

Surrender necessary

yes

Staff member making appointment(s).

yes

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

**Date of appointment 1**

07/01/2024

**Time of appointment 1**

02:00 pm

**Outcome data**

**Call outcome**

appointment made

**Final call date**

04/16/2024

**Admin notes**

04-16-24 appt was made / la

**Final surrender outcome**

not applicable

**Close ticket**

yes