

Old LEASH pet surrender request form

First name

Alina

Last name

Crain

Street address

2407 W Vine St

City

Kissimmee

Zip code

34741

Email

Cmarcusalina@gmail.com

Phone

(407) 460-1487

Reason for surrender

Can't afford her allergy medication

My current living situation is...

I have been evicted and do not have a 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

Winnie da pooh

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

51 + lbs

Animal 1 color

Tan

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Takes apoquel

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

5 + years

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

- ☒ allergies
- ☒ cost of vet care
- ☒ homeless

How we can help you keep your animals?

If possible until I can get on my feet and move into a new residence.

Administration

Shelter to client contact date

05/02/2024

Follow - up required

yes

Follow up notes/actions needed 1

no VM set up ... sent email

Agent initials follow up 1

Hardy

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

06/26/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

05/02/2024

Close ticket

no