

Old LEASH pet surrender request form

First name

Paul

Last name

Barry

Street address

4499 Baler Trails

City

St Cloud

Zip code

34771

Email

pj13arry@gmail.com

Phone

(262) 707-2043

Reason for surrender

Life

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?

2

Animal 1

Animal 1 name

Zues

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Black/white

Animal 1 gender

male

Has animal 1 been neutered?

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



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Animal 2

Animal 2 name

Simba

Animal 2 species

cat

Animal 2 color

Orange

Animal 2 gender

male

Has animal 2 been neutered?

yes

Animal 2 age

5 years +

Animal 2 personality

- good with dogs/cats
- good with dogs
- good with cats
- good with small animals
- good with small children

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 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.

- no time for care
- no longer want animal

Administration

Shelter to client contact date

05/06/2024

Follow - up required

no

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

06/24/2024

Time of appointment 1

12:30 am

Outcome data

Call outcome

appointment made

Final call date

05/06/2024

Close ticket

no