

Old LEASH pet surrender request form

First name

Lois

Last name

Ruest

Street address

2009 Damon Ave

City

Kissimmee

Zip code

34744

Email

grandmallr@cfl.rr.com

Phone

(407) 922-2022

Reason for surrender

medical reason of owner

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

Gus Gus

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 color

White and Tan

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- behavior
- no time for care

Other reason not listed

Medical of owner

Administration

Shelter to client contact date

07/08/2024

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

07/08/2024

Time of appointment 1

12:00 pm

Outcome data

Call outcome

appointment made

Final call date

04/29/2024

Close ticket

no