

Old LEASH pet surrender request form

First name

GEORGINE

Last name

PALKOVIC

Street address

2804 Palmyra Ct.

City

Saint Cloud

Zip code

34772

Email

palk7@yahoo.com

Phone

(407) 891-7372

Reason for surrender

very old, can't see, hear, no bowel control

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

Tiffany

Animal 1 species

dog

Animal 1 dog breed

poodle

Animal 1 color

black

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

16 years old, can't see, hear, control bladder/bowels, can't move easily

Just a few more questions...

How long have you had the animals?

5 + years

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

- no longer want animal

Other reason not listed

Needs to be put down to ease it's life and ours.

Administration

Shelter to client contact date

06/15/2024

Follow - up required

no

Follow up notes/actions needed 1

phone not accepting calls .. sent email to call us

Agent initials follow up 1

Hardy

Multiple appointments?

no

Outcome data

Final surrender outcome

not applicable

Close ticket

yes