

Old LEASH pet surrender request form

First name

Leslie

Last name

Mercado-Roman

Street address

3001 Denton Dr Apt 303

City

Saint Cloud

Zip code

34769

Email

lesliemercado2015@gmail.com

Phone

(407) 492-5633

Reason for surrender

Daughter is allergic

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

Jax Luca Mercado

Animal 1 species

dog

Animal 1 dog breed

Maltese/Chihuahua mix

Animal 1 size

11 - 20 lbs

Animal 1 color

Brown

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

Animal 1 photo



IMG\_2846.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- no time for care
- no longer want animal

Administration

Shelter to client contact date

05/16/2024

Follow - up required

yes

Follow up notes/actions needed 1

left a message to call us back

Agent initials follow up 1

LA

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

08/20/2024

Time of appointment 1

11:00 am

Outcome data

Call outcome

appointment made

Final call date

05/28/2024

Admin notes

05-16-24 leave a message to call us back //la

Close ticket

no