

Old LEASH pet surrender request form

First name

Paola

Last name

Rosario Buxo

Street address

997 Derbyshire Dr

City

Kissimmee

Zip code

34758

Email

paolarosariobuxo@yahoo.com

Phone

(689) 287-9155

Reason for surrender

Can't take care of him

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

Spike

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

41 - 50 lbs

Animal 1 color

White and gray

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

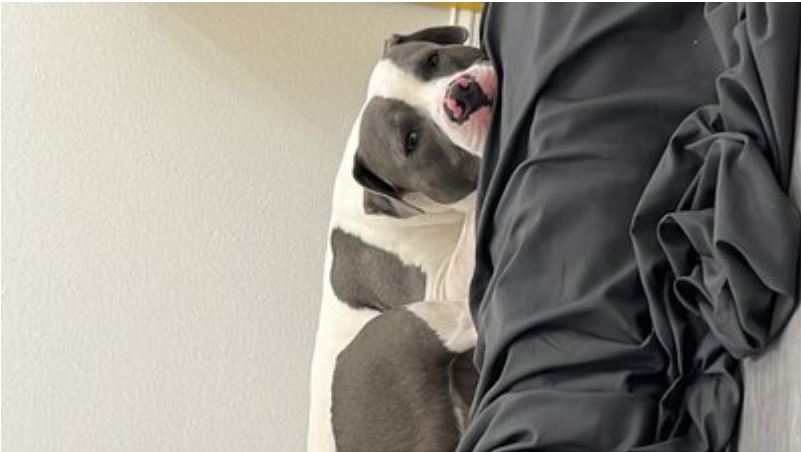
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- no time for care

Other reason not listed

Fight with other dog

Administration

Shelter to client contact date

05/16/2024

Follow - up required

no

Follow up notes/actions needed 1

no

Agent initials follow up 1

LA

Surrender necessary

yes

Send appointment email

no

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

08/13/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

05/16/2024

**Admin notes**

05-16-24 appt schedule for 08-13 at 10:00 am advise on the possibility on 300//la

**Final surrender outcome**

not applicable

**Close ticket**

yes