

Old LEASH pet surrender request form

First name

Kenneth

Last name

Edwards

Street address

4629 Doral Park Ave

City

Kissimmee

Zip code

34758

Email

[jumpencc@gmail.com](mailto:jumpencc@gmail.com)

Phone

(404) 879-8493

Reason for surrender

Diagnose with cancer

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

Louie

Animal 1 species

dog

Animal 1 dog breed

Goldendoodle

Animal 1 size

41 - 50 lbs

Animal 1 color

Tan

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

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
- no longer want animal

Other reason not listed

Current owner diagnosed with cancer

How we can help you keep your animals?

Not at this time

Administration

Shelter to client contact date

05/18/2024

Follow - up required

yes

Follow up notes/actions needed 1

LEFT VOICEMAIL

Agent initials follow up 1

TF

Multiple appointments?

no

Outcome data

Admin notes

06-15-24 called and left a message due to not answered the request was close //la

Close ticket

yes