

Old LEASH pet surrender request form

First name

Florencia

Last name

Lopez

Street address

4031 W New Nolte RD Apt6

City

St.Cloud Florida

Zip code

34772

Email

butterfly6101513@hotmail.com

Phone

(321) 330-5662

Reason for surrender

I am 81yrs and I Can't take Care the dog Anymore and I Don't have no Body to Help me With the Dog.

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

Puppy

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 size

11 - 20 lbs

Animal 1 color

Tan

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo

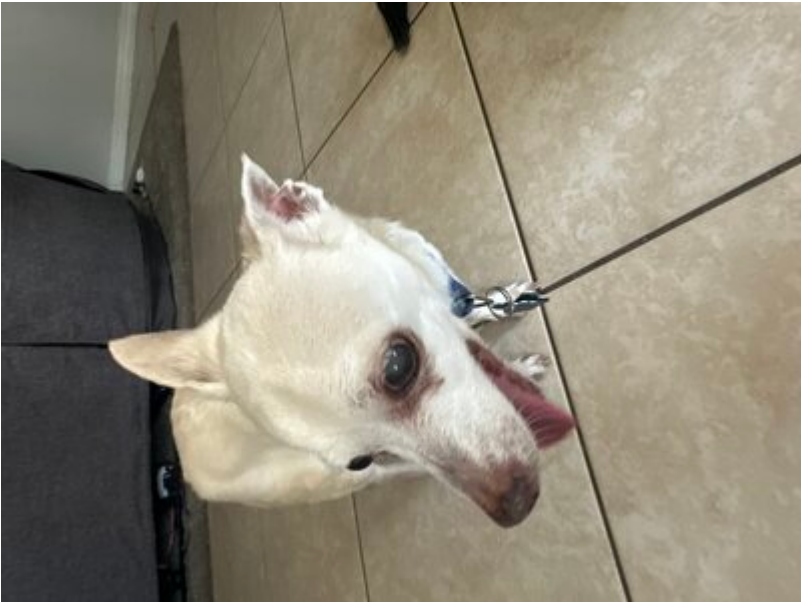


image.jpg

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

Other reason not listed

I am 81yrs old And I can't take care of the dog.

Administration

Shelter to client contact date

05/29/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

TF

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

08/21/2024

Time of appointment 1

11:00 am

Outcome data

Call outcome

appointment made

Final call date

05/29/2024

Close ticket

no