

Old LEASH pet surrender request form

First name

Kristina

Last name

Smith

Street address

29 Neptune Rd

City

Kissimmee

Zip code

34744

Email

klsmith0811@gmail.com

Phone

(910) 545-8272

Reason for surrender

Incompatibility

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

Pickles

Animal 1 species

cat

Animal 1 color

Black

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

4 - 8 months

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?

2 - 3 months

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

- allergies
- behavior

How we can help you keep your animals?

There are no conditions that would make me want to keep this animal. It is completely ruining my quality of life.

Administration

Shelter to client contact date

06/14/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call

Agent initials follow up 1

Hardy

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

07/03/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

06/21/2024

Close ticket

no