

Old LEASH pet surrender request form

First name

nicole

Last name

rivera

Street address

1119 Cobblestone Cir

City

Kissimmee

Zip code

34744

Email

[nicolemarierivera15@icloud.com](mailto:nicolemarierivera15@icloud.com)

Phone

(321) 216-7967

Reason for surrender

my son is highly allergic to our cat

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

milos

Animal 1 species

cat

Animal 1 size

21 - 30 lbs

Animal 1 color

black white 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\_1279.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

How we can help you keep your animals?

i can't keep my cat because my son has a severe allergy to him that it's life threatening

Administration

Shelter to client contact date

06/15/2024

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

08/19/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

06/15/2024

Close ticket

no