

Old LEASH pet surrender request form

First name

Xiomara

Last name

Dominguez

Street address

4040 Eternity Cir

City

Saint Cloud

Zip code

34772

Email

xiomid17@gmail.com

Phone

(407) 360-0831

Reason for surrender

Mi hijo pequeño es alérgico

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

Ean

Animal 1 species

dog

Animal 1 dog breed

Yorkie

Animal 1 color

Marrón y negro

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_2555.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

Administration

Shelter to client contact date

06/27/2024

Follow - up required

no

Agent initials follow up 1

la

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

06/27/2024

Admin notes

06-27-24 client rehome the dog // la

Close ticket

yes