

Old LEASH pet surrender request form

First name

Connie

Last name

Guttermann

Street address

4002 Sunburst view circle

City

kissimmee

Zip code

34746

Email

[konnipeg81@yahoo.com](mailto:konnipeg81@yahoo.com)

Phone

(407) 279-9208

Reason for surrender

can no longer take care of her

My current living situation is...

I would rather not say.

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

Clementine

Animal 1 species

dog

Animal 1 dog breed

pitbul

Animal 1 size

51 + lbs

Animal 1 color

black gold

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

chronic ear infection

Just a few more questions...

How long have you had the animals?

5 + years

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

- behavior
- cost of vet care
- moving
- no longer want animal

Administration

Shelter to client contact date

06/27/2024

Follow - up required

no

Follow up notes/actions needed 1

Send Email no phone listed

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

09/24/2024

Time of appointment 1

11:30 am

Outcome data

Call outcome

appointment made

Final call date

06/27/2024

Admin notes

6/27/24 We are trying to reach you about your request to surrender a pet. No phone number was listed in your request. Please call 407-742-8000 to make an appointment.

Thank you.

Close ticket

no