

Old LEASH pet surrender request form

First name

Charlene

Last name

Lopez

Street address

1620 w vine st

City

Kissimmee

Zip code

34741

Email

jadijoel4life@gmail.com

Phone

(484) 828-1707

Reason for surrender

Cant have my cat where are at and my two youngest kids are getting sick from her too

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

Pipper

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Black grey

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 years

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?

3 - 5 years

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

- allergies
- homeless

How we can help you keep your animals?

My kids are getting sick and i can't keep risking my kids health she an amazing animal but my kids are first

Administration

Shelter to client contact date

07/15/2024

Follow - up required

no

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

07/15/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

06/27/2024

Close ticket

no