

Old LEASH pet surrender request form

First name

Zahira

Last name

Garcia

Street address

2840 Wadeview Loop

City

Saint Cloud

Zip code

34769

Email

zahitagarcia79@gmail.com

Phone

(407) 818-4220

Reason for surrender

Moving

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

Leo

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Light brown

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_0684.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- moving
- no time for care

If moving, why can't pet(s) go?

Moving to puerto rico

Administration

Shelter to client contact date

06/27/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call back

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

07/22/2024

Time of appointment 1

01:00 pm

Outcome data

Call outcome

appointment made

Final call date

06/28/2024

Close ticket

no