

Old LEASH pet surrender request form

First name

Gabriella

Last name

Minor

Street address

3970 Marietta way

City

Saint Cloud

Zip code

34772

Email

gabriellaminor15@gmail.com

Phone

(407) 844-0573

Reason for surrender

Baby on the way

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

Bubbas

Animal 1 species

cat

Animal 1 color

Orange

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?

yes

Animal 1 photo



IMG_0629.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- no time for care

Other reason not listed

Pregnancy

How we can help you keep your animals?

I can no longer care for him due to pregnancy.

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

Agent initials follow up 2

la

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

07/29/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

07/10/2024

Admin notes

07-03-24 left a voice message to call us back //

Final surrender outcome

not applicable

Close ticket

no