

Old LEASH pet surrender request form

First name

Jose A

Last name

Arce Rodriguez

Street address

1831 Americana Blvd Apt 32L

City

Orlando

Zip code

32839

Email

alexizrodriguez1712@gmail.com

Phone

(645) 200-5551

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

Winter

Animal 1 species

dog

Animal 1 dog breed

Double Doodle

Animal 1 size

31 - 40 lbs

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- ☐ no time for care
- ☐ no longer want animal

Administration

Shelter to client contact date

07/02/2024

Follow - up required

no

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

07/02/2024

Admin notes

ONWER NO LONGER WANTS TO SURRENDER / OWNER PUT DOG "WINTER" INTO TRAINING.

Final surrender outcome

resolved by client

Close ticket

yes