

LEASH pet surrender request form

First name

Johnkarlos

Last name

Nieves

Street address

2907 Sunset Vista Ct

City

Kissimmee

Zip code

34747

Email

johnkarlos23@hotmail.com

Phone

(407) 866-7305

Reason for surrender

Busy with work

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

Chula

Animal 1 species

dog

Animal 1 dog breed

German shepherd/ rottweiler

Animal 1 size

21 - 30 lbs

Animal 1 color

Black with golden spots

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

4 - 8 months

Has animal 1 ever bitten anybody?

I do not know

Does animal 1 have any known medical issues?

no

Animal 1 photo



[IMG_1302.jpeg](#)

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.

- moving
- no time for care

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

Apartment restrictions

Administration

Shelter to client contact date

07/03/2024

Follow - up required

yes

Follow up notes/actions needed 1

leave a voice message

Agent initials follow up 1

la

Surrender necessary

yes

Staff member making appointment(s).

yes

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/22/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

07/03/2024

Admin notes

07-03-24 leave a message to call us back//la

Close ticket

yes