

Old LEASH pet surrender request form

First name

Alejandra

Last name

M acevedo

Street address

2513 Amati Dr

City

Kissimmee

Zip code

34741

Email

alejandra.acevedopiedrahita@orlandohealth.com

Phone

(407) 729-3275

Reason for surrender

cant keep it anymore

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

luna

Animal 1 species

dog

Animal 1 dog breed

german shepard

Animal 1 size

31 - 40 lbs

Animal 1 color

black and tan

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



Luna.jpg

Just a few more questions...

How long have you had the animals?

2 - 4 weeks

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

- no time for care

Administration

Shelter to client contact date

07/03/2024

Follow - up required

yes

Follow up notes/actions needed 1

left vm to call

Agent initials follow up 1

hardy

Multiple appointments?

no

Outcome data

Close ticket

no