

Old LEASH pet surrender request form

First name

Abrielle

Last name

Boothe

Street address

6705 Nova Road

City

Saint Cloud

Zip code

34771

Email

ctclover0910@gmail.com

Phone

(407) 785-8498

Reason for surrender

Moving and can not have him

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

Spencer

Animal 1 species

dog

Animal 1 dog breed

lab

Animal 1 size

51 + lbs

Animal 1 color

Black

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



image (1).jpg

Just a few more questions...

How long have you had the animals?

5 + years

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

- ☒ allergies
- ☒ moving
- ☒ no time for care
- ☒ no longer want animal

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

Landlord will not aloud pets

Administration

Shelter to client contact date

07/09/2024

Follow - up required

no

Follow up notes/actions needed 1

appt made

Agent initials follow up 1

le

Surrender necessary

yes

Staff member making appointment(s).

yes

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/24/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

07/09/2024

Admin notes

07-09-24 appt made 10-24-24//la

Final surrender outcome

not applicable

Close ticket

yes