

Old LEASH pet surrender request form

First name

Alexis

Last name

Olivera

Street address

111 Milta lane

City

kissimmee

Zip code

34743

Email

alexisolivera119@gmail.com

Phone

(832) 339-0716

Reason for surrender

No lo puedo tener

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

Seus

Animal 1 species

dog

Animal 1 dog breed

labrador retriever

Animal 1 size

41 - 50 lbs

Animal 1 color

beige

Animal 1 gender

male

Has animal 1 been neutered?

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



IMG_9288.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.

- no longer want animal

Administration

Shelter to client contact date

07/12/2024

Follow - up required

no

Follow up notes/actions needed 1

appt made 10-30 at 10 am

Agent initials follow up 1

la

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

10/30/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

07/12/2024

Admin notes

07-12-24 appt made for 10-30-24 at 10:00 am

Final surrender outcome

not applicable

Close ticket

yes