

Old LEASH pet surrender request form

First name

Viola

Last name

Gambardella

Street address

2920 Flora Ridge Circle

City

Kissimmee

Zip code

34741

Email

m.zoll1919@gmail.com

Phone

(407) 686-6144

Reason for surrender

I am 84 yrs old and cannot take care of a cat.

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

Shadowheart

Animal 1 species

cat

Animal 1 color

Black & White

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

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

Other reason not listed

I am 84 years old and cannot take care of her.

How we can help you keep your animals?

I cannot take care of a cat.

Administration

Shelter to client contact date

07/16/2024

Follow - up required

no

Follow up notes/actions needed 1

she is calling back to make appointment ..

Agent initials follow up 1

Hardy

Multiple appointments?

no

Outcome data

Call outcome

appointment made

Final call date

07/16/2024

Admin notes

She adopted cat from here on 6/15/24. A319689 ... She wants to return the cat now because she can't take care of it . She will be calling back to make an appointment because she has to depend on her neighbor to bring her. CH

Final surrender outcome

not applicable

Close ticket

yes