

Old LEASH pet surrender request form

First name

Valentina

Last name

Chacon

Street address

4749 Coral Castle Dr

City

Kissimmee

Zip code

34746

Email

vale.99@hotmail.com

Phone

(407) 923-6562

Reason for surrender

Busy schedule/ vet prices

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

Cozyzy

Animal 1 species

dog

Animal 1 dog breed

Mixed

Animal 1 size

41 - 50 lbs

Animal 1 color

Tan and white

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Heat allergy

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- cost of vet care

How we can help you keep your animals?

Vet prices

Administration

Shelter to client contact date

07/24/2024

Follow - up required

yes

Follow up notes/actions needed 1

sent email to call us back

Agent initials follow up 1

LA

Surrender necessary

yes

Staff member making appointment(s).

no

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Outcome data

Final call date

07/24/2024

Admin notes

07-24-24 sent an email to reach us back voice mail full//la

Close ticket

no