#### **Old LEASH pet surrender request form**

First name KELLY

Last name KNOPP

Street address

3817 Jackfish Ln

**City** KISSIMMEE

**Zip code** 34744

Email cheerxxmom.1962@yahoo.com

**Phone** (407) 591-1931

Reason for surrender

Allergies severly

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 Astro

Animal 1 species

Animal 1 dog breed Pit mix

Animal 1 size 41 - 50 lbs

**Animal 1 color** White

Animal 1 gender male

Has animal 1 been neutered? yes

Animal 1 age 5 years +

Does animal 1 have any known medical issues?

Has animal 1 ever bitten anybody?

no

#### Just a few more questions...

## How long have you had the animals?

5 + years

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

allergies

### Other reason not listed

No

How we can help you keep your animals? No

#### Administration

# Shelter to client contact date 07/25/2024

#### Follow - up required yes

Follow up notes/actions needed 1 unable to left voice message

#### Agent initials follow up 1 LA

LA

## Surrender necessary

no

#### Multiple appointments? no

110

#### Outcome data

#### Admin notes

07-25-24 sent an email to call us back unable to lvm //la

#### **Close ticket**

no