

Old LEASH pet surrender request form

First name

Daphne

Last name

Pol

Street address

2232 Stonehedge loop

City

Kissimmee

Zip code

34743

Email

daphnep76@gmail.com

Phone

(863) 722-6061

Reason for surrender

The pet is sick and I'm in a financial hardship right now due to an accident and can't give her treatment.

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

Cappuccino

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Black and brown

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

Looks like has a upper respiratory problem and is not eating

Animal 1 photo



IMG\_2084.jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

- cost of vet care

How we can help you keep your animals?

It needs medical attention, but I can't afford it it has been two weeks without eating on her own, took her once to a vet and gave her a week of antibiotics and have been trying to feed her a little but she won't eat . And I can't afford to take her to vet anymore.

Administration

Shelter to client contact date

07/25/2024

Follow - up required

yes

Follow up notes/actions needed 1

lvm to call back

Agent initials follow up 1

LA

Multiple appointments?

no

Outcome data

Admin notes

07-25-24 schedule a 300 appt due to sickness on 07-31-24 at 2:00 pm //la

07-25-24 lvm to call us back //la

Final surrender outcome

resolved by client

Close ticket

yes