

Old LEASH pet surrender request form

First name

Abraham

Last name

Bakr

Street address

264 Abbotsbury dr

City

kissimmee

Zip code

34758

Email

homa.b2006@gmail.com

Phone

(321) 437-5527

Reason for surrender

Unable to take care of her

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

Bella

Animal 1 species

cat

Animal 1 color

Black and 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?

I do not know

Just a few more questions...

How long have you had the animals?

1 to 2 weeks

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

- has too many pets

Administration

Shelter to client contact date

07/25/2024

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

07/25/2024

Admin notes

Owner stated that the cat was biting and scratching people and they could not wait. Apparently they took the cat to Orlando because that is where they got it from. CH

Final surrender outcome

not applicable

Close ticket

yes