

Old LEASH pet surrender request form

First name

Melissa

Last name

Pierre

Street address

5174 Tana Ter

City

St.cloud

Zip code

34772

Email

Melissa.22pierre@gmail.com

Phone

(407) 990-2134

Reason for surrender

Mother will not allow me to keep cat

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

K'mora

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

White with black spots

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Animal 1 photo



IMG\_2683.jpeg

**Just a few more questions...**

**How long have you had the animals?**

3 - 5 years

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

- allergies
- behavior
- moving

**If moving, why can't pet(s) go?**

I'm moving into my parents house and they refuse to have her in the house.

**Administration**

**Shelter to client contact date**

07/25/2024

**Follow - up required**

no

**Surrender necessary**

yes

**Staff member making appointment(s).**

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

08/22/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

07/25/2024

Final surrender outcome

not applicable

Close ticket

no