

Old LEASH pet surrender request form

First name

Tania

Last name

Rivera

Street address

4492 Hunting Lodge Dr

City

St. Cloud

Zip code

34772

Email

taniaevarivera@gmail.com

Phone

(407) 283-8019

Reason for surrender

Owner health and home stability

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?

2

Animal 1

Animal 1 name

Bruni

Animal 1 species

cat

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_4282.jpeg

Animal 2

Animal 2 name

Sarah

Animal 2 species

cat

Animal 2 color

Black and white

Animal 2 gender

female

Has animal 2 been spayed?

yes

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs/cats
- good with small animals
- good with small children

Animal 2 personality

good with small children

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



IMG_4563.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- homeless

Other reason not listed

Owner health and home stability

How we can help you keep your animals?

I am living with my mom who will take me but not my animals. I don't have any where else to go due to health and no job at the moment.

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

08/27/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

07/25/2024

Close ticket

no