

Old LEASH pet surrender request form

First name

Denise

Last name

Williams

Street address

4993 Town Terrace South

City

Kissimmee

Zip code

34758

Email

denisew0120@yahoo.com

Phone

(689) 312-7018

Reason for surrender

Can no longer afford

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

Venchy

Animal 1 species

dog

Animal 1 dog breed

French Bulldog

Animal 1 size

31 - 40 lbs

Animal 1 color

White with gray spots

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Animal 1 photo



IMG_0223.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 food
- ☒ cost of vet care
- ☒ no time for care

How we can help you keep your animals?

I have no desire to keep animal.

Administration

Shelter to client contact date

07/25/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call back

Agent initials follow up 1

Hardy

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

07/31/2024

Time of appointment 1

11:00 am

Outcome data

Call outcome

appointment made

Final call date

07/25/2024

Admin notes

cant care for or feed anymore

Close ticket

no