



Montgomery County Animal Shelter

8535 Highway 242, Conroe, TX 77385
936-442-7738 Fax 936-442-7739

AID# _____
PID# _____

Application

Foster Home Foster To Adopt Adoption

This form is to help us help you find the best match for you and the animals awaiting adoption.
For all Programs you must:

- o Show current identification showing present address.
- o Must be at least 18 years of age.
- o Have permission from your landlord or own your own home.

Last Name: _____ First Name: _____

Mobile Phone: (____) _____ Other Phone: (____) _____

Address: _____

City, State, Zip Code: _____

TX Drivers License: _____ E-mail address: _____

Do you live in an: ___Apartment ___House ___Mobile Home ___Other: _____

Do you have a fenced yard? _____ If no, are you able to walk a dog at least 3 times per day? _____

Current pets

Name	Type of animal	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
_____	_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	_____	Yes ___ No ___

Veterinary care

Name & phone number of your veterinarian: _____

Are you financially able and willing to provide annual checkups, vaccinations? ___Yes ___No

Will you provide monthly heartworm preventative? ___Yes ___No

Did you know that low cost vaccinations and Heartworm preventative is available at the shelter? _____

Agreement

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in MCAS refusing adoption privileges to me. I authorize MCAS to contact all veterinarians listed on the application and the landlord if applicable. If my request for adoption is approved and later MCAS discovers the above information is not true or correct, MCAS reserves the right to remove the adopted pet from my home.

Signature: _____ Date _____

