



# Foster Parent Application



Thank you for your interest in fostering for the Montgomery County Animal Shelter hereafter referred to as "MCAS." The MCAS foster program is designed to save the lives of the most vulnerable animals in our care. Foster parents help us in that endeavor by providing temporary care for animals that are not yet ready for adoption for a variety of reasons. These could include underage puppies and kittens, sick or injured animals, and animals that are not thriving in the kennel environment. MCAS is dependent on our committed fosters to saving these pets in need.

## Foster Parent

Name: \_\_\_\_\_ Date \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

DL/ID #: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Why are you interested in fostering? \_\_\_\_\_

Have you or anyone in your household previously applied to adopt or foster from MCAS?  Yes  No

Do you:  Own  Rent  House  Condo  Apartment  Mobile Home  Townhouse

If **not** a property owner, complete the following:

**Name of Landlord/Company/Apartment Complex & Phone #:** \_\_\_\_\_

**Animals allowed?**  Yes  No **Deposit Required?**  Yes  No **Deposit Amount:** \_\_\_\_\_ **Deposit Paid?**  Yes  No

Types of animals you own:  Dog(s)  Cat(s)  Other: \_\_\_\_\_

Please list all animals currently living in your household:

Name	Breed	Age	M/F	Spayed/Neutered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have children in your household?:  Yes  No Ages: \_\_\_\_\_

What type of fostering can you provide?

- Bottle-Fed Kittens
- Pregnant Cats or Cats with Kittens
- Dogs with Injuries
- Other: \_\_\_\_\_
- Cats with Illness
- Bottle-Fed Puppies
- Pregnant Dogs or Dog with Puppies
- Cats with Injuries
- Dogs with Illness
- Shy/Timid/Behavior
- Foster for the Day

How many hours will your fostered animal spend outside each day? \_\_\_\_\_ Hours

My fostered animal(s) needs to be able to be alone (per day):     4 Hours or less     4-8 Hours     8-12 Hours

When I'm not home, my fostered animal(s) will spend time:     In the garage     In a crate     In the yard  
 Loose in the house     Confined to one room in the house     Other \_\_\_\_\_

**Disclosure:**

Thank you again for your interest in fostering with MCAS. If approved, you will need to come in for a one-on-one meeting with the Foster Coordinator and/or Office Manager to further learn of our foster program expectations. You will also need to complete a Foster Parent Agreement and orientation.

Signing below, I certify that the information I have given is true and I recognize that any misrepresentation of facts may result in my losing the privilege of fostering a pet and nullification of any contract in the future. I understand that MCAS has the right to deny my request to foster an animal, and I authorize investigation of all statements on this application.

Signature of person submitting application: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Return Application & supporting documents to: [mcassist@mctx.org](mailto:mcassist@mctx.org) or to 8535 SH 242, Conroe, TX 77385**

MCAS Representative: \_\_\_\_\_  Approved     Denied    Date: \_\_\_\_\_



# Foster Parent Liability Waiver and Release

Montgomery County Animal Shelter  
8535 Highway 242  
Conroe, TX 77385



I, \_\_\_\_\_ (print name) wish to provide foster services for the Montgomery County Animal Shelter ("MCAS"). I recognize that in handling animals and performing other foster and volunteer tasks a risk of physical injury exists including, but not limited to, severe injury including disease or death, that could be caused by the animals. I certify that I am in good physical health and do not have any health or medical conditions that would preclude me from fostering for the MCAS nor have I been advised to avoid fostering for the MCAS by a qualified medical professional.

In consideration of the permission granted to me by the MCAS to participate in this foster work, on behalf of myself, my heirs, personal representatives, and executors:

I ASSUME ALL RESPONSIBILITY AND RISK OF INJURY AND/OR DISEASE THAT MIGHT OCCUR TO ME OR MY PROPERTY AND AGREE TO WAIVE, INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND THE MCAS AND MONTGOMERY COUNTY, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS OR ACTIONS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME IN CONNECTION WITH MY FOSTER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY MY NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS OR THE NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS OF OFFICERS, AGENTS, SERVANTS, FOSTERS OR EMPLOYEES OF THE MCAS OR MONTGOMERY COUNTY. FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO WAIVE, INDEMNIFY, HOLD HARMLESS, AND DEFEND MONTGOMERY COUNTY, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS OR ACTIONS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS RESULTING FROM MY NEGLIGENT OR GROSSLY NEGLIGENT ACTIONS OR OMISSIONS WHILE PERFORMING FOSTER SERVICES.

I further understand and agree that as a foster, I am not an officer, agent, or employee of Montgomery County, and that my service as a foster shall not be construed or interpreted as that of an officer, agent, or employee of Montgomery County, and that the doctrine of respondeat superior shall not apply between the MCAS or Montgomery County and me.

NOTICE: I acknowledge my participation with the animal shelter involves animals whose actions are unpredictable. I understand I should use good judgment in handling animals only that I have been instructed or trained to work with. It is my responsibility to seek assistance from MCAS staff should I have any questions or concerns about a particular animal. I hereby accept the limits of liability and inherent risks associated with working with any animals associated with the MCAS.

_____	_____	_____	_____
(Signature)	Name (Printed)	Person Id	Date
 _____	 _____		 _____
MCAS Coordinator (Signature)	Name (Printed)		Date



# Foster Parent Acknowledgement

Montgomery County Animal Shelter  
8535 Highway 242  
Conroe, TX 77385



I, \_\_\_\_\_ (Print name) acknowledge receiving a copy of the Montgomery County Animal Shelter ("MCAS") Foster Handbook. I understand that it is my responsibility to familiarize myself with these policies and follow them accordingly. I acknowledge that as a participant in the Foster Program, I am a foster and no compensation or remuneration shall be forthcoming from the MCAS or the County. I acknowledge and understand that I will not receive any salary or reimbursement, nor am I entitled to any County benefits.

I confirm that I have received, read and understand the Foster policies. By signing this acknowledgement, I agree to abide by and to conduct my activities in accordance with MCAS foster policies and procedures and understand that breach of these standards may result in my suspension or termination in the Foster program.

_____	_____	_____	_____
-------	-------	-------	-------

(Signature)

Name (Printed)

Person Id

Date

_____	_____	_____
-------	-------	-------

MCAS Coordinator (Signature)

Name (Printed)

Date