



**IN-HOME HEROES APPLICATION**

**PERSONAL INFORMATION**

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

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Do you live in a (please circle one):

House

Apartment

Condo

Do you:

Rent

Own

If you rent, are pets allowed on the  
Premises? Yes No

I live in my home (please circle all that apply):

Alone

with a spouse/partner

with a roommate

with parents

with children

Number of children and ages in your household under the age of 18:

\_\_\_\_\_

If you live with anyone else, is everyone in your household agreeable to fostering an animal?      Yes      No

During the week, you are normally home:    all day      most of the day

very little (work all day)

What is the maximum amount of time that your foster animal would be left alone on a daily basis? \_\_\_\_\_

Will anyone else in your household share responsibilities for the care of the foster animal?

Yes      No

If yes, who will that be? \_\_\_\_\_

### PET INFORMATION

Type of pets living with you now:	Age	Gender	Spayed/Neutered	Vaccinated/Healthy
1. Dog    Cat    Other		Male Female	Yes    No	Yes    No
2. Dog    Cat    Other		Male Female	Yes    No	Yes    No
3. Dog    Cat    Other		Male Female	Yes    No	Yes    No

Do you have a secure room where you can keep your foster animal separated from other pets?      Yes      No

Where will the foster animal be kept in your home? \_\_\_\_\_

Have you fostered any animals before?    Yes      No

If yes, for which organization? \_\_\_\_\_

If yes, what type of animal(s) have you fostered?

Dog/Puppy      Cat/Kitten      Other \_\_\_\_\_

Have you ever cared for animals with special needs? (Circle all that apply)

Sick      Injured      Newborn      Nursing Mother      Other

Behavior Issue (describe) \_\_\_\_\_

If other, please explain \_\_\_\_\_

**FOSTER INTERESTS (please circle all that you would be interested in):**

**Cats/Kittens:**

1. Mother with unweaned kittens
2. Kittens (weaned but not large enough for surgery)
3. Sick/injured or thin/emaciated
4. Shy/withdrawn/fearful/stressed cat
5. Cat with trouble adjusting or behavior issues

**Dogs/Puppies**

1. Mother dog with unweaned puppies
2. Puppies (weaned but younger than 8 weeks)
3. Sick/injured or thin emaciated dog
4. Shy/withdrawn/fearful/stressed dog
5. Dog with trouble adjusting/behavior issues

Why are you interested in fostering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please provide your current veterinarian's information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

The Humane Society of the Black Hills (HSBH) reserves the right to refuse or deny any foster application. Foster parents are responsible for providing TLC and daily care, feeding, and administration of any necessary medications during the agreed foster period. The HSBH is responsible for providing food, veterinary care and supplies. **Should the foster parent choose to buy food or supplies independently or seek medical treatment at an unauthorized clinic, the foster parent will be personally liable for any costs or fees incurred.** The Foster Agreement will be reviewed during the interview with the Foster Coordinator and the Operations Manager.

Your signature below certifies that the above information is true and accurate and that you agree to abide by the terms of this application and the foster agreement.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_