



Humane Society

OF THE BLACK HILLS

1820 E. St. Patrick St. Rapid City, SD 57703

(605) 394-4170 www.hsbh.org

Email: petupdate@hsbh.org

In-Home Hero Application

Name _____ Date _____

Address _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Are you over 18? Yes No

Have you ever been convicted of a felony? Yes No

(If yes, please explain _____)

Household Information

Do you live in a (circle one): House Apartment Condo

Do you (circle one): Own Rent

If you rent, are pets allowed on premises? Yes No

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

Alone **OR** With: A Spouse/Partner A Roommate Parents

If there are children under 18 in your home, please list how many and their ages: _____

Is everyone in the household on-board with fostering animals? _____

Will anyone else in the home share responsibilities for foster animal care? If yes, who?

About how many hours per day are you home? _____

Pet Information

Pets currently living in your home	Age	Gender	Spayed or Neutered?	Vaccinated and Healthy?	Used to other pets?
Dog Cat Other		M F	Y N	Y N	Y N
Dog Cat Other		M F	Y N	Y N	Y N
Dog Cat Other		M F	Y N	Y N	Y N

Do you have a secure room where the foster animal can be kept separate from other pets?

Yes No

Where will the foster be kept in your home? _____

Have you fostered animals before? Yes No

If yes, for which organization? _____

If you have fostered before, what sort of animals did you foster? *Circle all that apply*

Dog/Puppy Cat/Kitten Other _____

Have you cared for animals with special needs before? *Circle all that apply*

Sick Injured Newborn Nursing mother Other _____

Have you cared for animals with behavioral issues? Yes No

If yes, please describe _____

Please provide your current veterinarian's information, if applicable:

Name/Clinic: _____

Address: _____

Phone: _____



Please circle all types of fosters you would be interested in helping:

Cats/Kittens

Mother with unweaned kittens or kittens that need to be bottle-fed

Kittens, weaned but not large enough for spay/neuter surgery

Sick/injured or thin/emaciated cat or kitten

Shy/withdrawn/fearful/stressed cat having trouble adjusting

Dogs/Puppies

Mother with unweaned puppies

Puppies, weaned but not large enough for spay/neuter surgery

Sick/injured or thin/emaciated dog or puppy

Shy/withdrawn/fearful/stressed dog having trouble adjusting

Exotic Animals (Could include domestic reptiles, birds, rabbits, rodents, etc.)

Why are you interested in fostering?:

Please provide two references:

1. Name _____ Relationship _____

Address _____

Phone: _____ How long have you known this person? _____

2. Name _____ Relationship _____

Address _____

Phone: _____ How long have you known this person? _____





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The Humane Society of the Black Hills (HSBH) reserves the right to refuse or deny any foster application. Foster parents are responsible for providing daily care, feeding, and administration for any necessary medications during the agreed foster period. The HSBH is responsible for providing food, veterinary care and supplies to the approved foster. **Should the foster parent choose to buy food or supplies independently, or seek medical treatment for the foster animal at an unauthorized veterinary clinic, the foster parent will be responsible for all costs and fees incurred.** The foster agreement will be reviewed by HSBH's Foster Coordinator, Medical, and Adoptions teams.

Your signature below certifies that the information provided in this application is true and accurate, and that you agree to abide by the terms of this application.

Signature _____

Date _____

