



Humane Society of the Black Hills
1820 E St Patrick, Rapid City SD 57703
605) 394-4170 www.hsbh.org

IN-HOME HEROES FOSTER APPLICATION

PERSONAL INFORMATION

Name _____ Date _____

Address _____

Phone#: Home _____ Mobile _____ Work _____

Are you over 21? Yes No

Have you ever been convicted of a felony? Yes No (If yes, please explain _____

_____)

HOUSEHOLD INFORMATION

Do you live in: House Apartment Condo

Do you: Own Rent If you rent, are pets allowed on premises? Yes No

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

Alone With: a spouse/partner a roommate parents children

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

If you live with anyone else, is everyone in the household agreeable to fostering animals? _____

How much time are you at home? All day Most of the day Very little (work all day, etc)

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



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PET INFORMATION

| Pets living in your home now | Age | Gender | Spayed/ Neutered | Vaccinated/ 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 separated 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?

Dog/Puppy Cat/Kitten Other _____

Have you cared for animals with special needs?

Sick Injured Newborn Nursing mother Other _____

Have you cared for animals with behavior issues? Yes No If yes, please describe _____

Please provide your current veterinarian's information

Name/Clinic _____

Address _____

Phone # _____



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

Cats/Kittens:

- Mother with unweaned kittens
- Kittens, weaned but not large enough for surgery
- Sick/injured or thin/emaciated cat
- Shy/withdrawn or thin/emaciated dog
- Cat with trouble adjusting or behavioral issues

Dogs/Puppies:

- Mother with unweaned puppies
- Puppies weaned but younger than 8 weeks
- Sick/injured or thin/emaciated dog
- Shy/withdrawn/fearful/stressed dog
- Dog with trouble adjusting or behavioral issues

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 _____

Or supplies independently or seek medical treatment at an unauthorized clinic, the foster parent will be 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 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 veterinarian clinic, the foster parent will be responsible for all costs and fees incurred.** The foster agreement will be reviewed during the interview with the Foster Coordinator and the Operations Manager.

The foster hereby releases, discharges, and holds harmless the Shelter, its officers, employees, agents, and volunteers from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, including but not limited to medical expenses and legal fees, arising out of or related to the foster animal, including, but not limited to, any injuries or damages caused by the foster animal to persons or property.

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.

Name _____

Signature _____

Date ____/____/____

