



Humane Society of the Black Hills
 1820 E St Patrick Street, Rapid City, SD 57703
 (605) 394.4170 www.hsbh.org

IN-HOME HEROES FOSTER APPLICATION

Are you interested in: Fostering _____ Foster to Adopt _____

Are you interested in a specific animal(s): Y / N

If so, which one(s): _____

PERSONAL INFORMATION

Name _____ Date _____

Address _____

Phone#: Home _____ Mobile _____ Work _____

People living in home: Adults: _____ (ages) _____ Children: _____ (ages) _____

Pets in home:

Pets living in your home now	Age	Gender		Spayed/Neutered		Vaccinated/Healthy		Used to other pets	
		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
Dog Cat Other		M	F	Y	N	Y	N	Y	N

How many hours a day will this animal be alone? _____

What is your home life like: Active Lazy Quiet On the Go Never a dull moment

HOUSEHOLD INFORMATION

Do you own or rent your home: _____ Type of home: _____ Fenced yard: Y / N Height: _____

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

Do you have someone to help watch the animal should you need to leave town suddenly? Y / N

Person(s): _____ Age: _____ Phone#: _____

Do you have a secure room where the foster animal can be kept separated from other pets if needed? Y / N

Have you fostered animals before? Y / N

If you have fostered before, what sort of animals did you foster? _____

Have you cared for animals with special needs? Sick Injured Newborn Nursing mother



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Have you cared for animals with behavior or medical issues? Y / N If yes, please describe_____

Please provide your current veterinarian's information:

Name/Clinic_____

Address_____

Phone #_____

Are you willing to seek professional help with training if needed? Y / N

If you are having problems with the animal, do you agree to reach out to HSBH for help? Y / N

If this animal is not a good fit for your family, do you agree to return it to HSBH? Y / N

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

Cats/Kittens:

- Mother with unweaned kittens
- Kittens, weaned but not large/old enough for spay/neuter
- Sick/injured or thin/emaciated cat
- Trouble adjusting or behavioral issued cat

Dogs/Puppies:

- Mother with unweaned puppies
- Puppies weaned but younger than 8 weeks
- Sick/injured or thin emaciated dog
- Dogs with behavioral/social/or medical problems

Why are you interested in fostering?_____

Please provide a reference:

1. 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 TLC and daily care, feeding and administration of any necessary medications during the agreed foster period. The HSBH is not responsible for providing food, veterinary care and supplies. **Should the foster parent choose to buy 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 ____/____/____

For Official Use Only:

Reviewed by: _____ Signature: _____

Approved: _____ Denied: _____

Animal in Foster: _____