



# FOSTER CARE APPLICATION

I, \_\_\_\_\_ (name of foster applicant), agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to foster one or more animals through Beartooth Humane Alliance (BHA) foster care program.

1. The number of animals I can foster is \_\_\_\_\_
2. I would like to foster a  cat  dog with these specific preferences (gender, size, age, etc.)  
\_\_\_\_\_
3. At night, I will keep the foster animal (where in your home?) \_\_\_\_\_
4. During the day when I **am** home, I will keep the foster animal (where in your home?)  
\_\_\_\_\_
5. During the day when I **am not** home, I will keep the foster animal (where in your home?) -  
\_\_\_\_\_
6. What is the greatest number of hours the foster animal will spend alone daily? \_\_\_\_\_  
on these days \_\_\_\_\_ (# hours)  
(M, T, W, Th, F, S, S)
7.  I **own** my home and am permitted to bring an animal(s) into my dwelling.  
 I **rent** my home and am permitted to bring an animal(s) into my dwelling.

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

8.  I have a fenced-in yard. Height of fence \_\_\_\_\_  The fence has a secure gate  
The fence is made of (type of material) \_\_\_\_\_
9. Do you have any special animal handling skills?  
**Kittens and Cats**  
 Bottle Feeding  Nursing Mother w/kittens  Timid/Feral/Shy Socialization  Injury Recovery  
**Puppies and Dogs**  
 Bottle Feeding  Nursing Mother w/puppies  Timid/Shy Socialization  Behavior Modification  
 Basic Obedience Training  Housetraining  Injury Recovery

**Other** \_\_\_\_\_

10.  I have animals in my home currently. They are:

Name of animal	Dog or cat (or other)	Breed (if a dog)	Spayed/neutered?

11. The name of the veterinarian(s) I use for my companion animals is

\_\_\_\_\_  
 Veterinarian Name

\_\_\_\_\_  
 Clinic Name

\_\_\_\_\_  
 Telephone

12. I have \_\_\_\_\_ children in the house (or who regularly visit). Ages: \_\_\_\_\_

13. List of all people living in the house and/or who will have regular contact with the foster animal(s)

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship

14. Are you able to transport the foster animal(s) to veterinary care if necessary (vet care provided at BHA expense)? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. List of two references – people who know me (but are not related to me) and my companion animals and have been to my home recently:

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship Phone

\_\_\_\_\_  
 Name is my \_\_\_\_\_  
 Relationship Phone

- I understand a Beartooth Humane Alliance representative may visit my home for a home inspection before my foster application is approved.
- I understand that if I am approved for fostering, I will also need to carefully read the “Foster Care Volunteer Agreement,” or “*Safe Haven* Foster Care Agreement” which is a separate document from this “Foster Care Volunteer Application.” The Foster Care Volunteer Agreement and *Safe Haven* Foster Care Agreement represents the agreement between a foster caregiver and BHA. I understand that if I am approved to foster an animal, I must review the Foster Care Volunteer Agreement or *Safe Haven* Foster

Care Agreement and I must agree to its terms (sign the agreement) before I can take my foster animal home.

- I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful.
- I understand that BHA is very concerned about the security and safety of my foster animal and all the animals in its custody, as well as its ability to keep track of all animals fostered. I understand BHA will not share this information for any reasons not connected to the foster care program or applicable lawsuits.

My Name *(Please print)*

Home Phone

Mailing Address

Cell Phone

Physical Address

City, State, Zip

Work Phone

Drivers License Number

State of Issuance

Email\*

*\*Email may be a primary method of communication from Beartooth Humane Alliance, so if you do not check email regularly, please tell us how to best get in touch with you.*

Name, address and telephone number of my employer (or business, if self-employed):

Business Name

Telephone

Address

My Position

City, State, Zip

Length of time  
with this employer

Signature

Date

*Applications may be mailed to:*

***BHA***

***PO Box 853***

***Red Lodge, MT 59068***

*Or faxed to:*

***406-446-3500***

*A BHA representative will contact you upon review of your application.*

***Thank You for being a Friend to Carbon County Animals!***