



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 <i>(Please print)</i>	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

Completed application may be mailed to:
BHA
PO Box 2333
Red Lodge, MT 59068
 Or emailed to
info@beartoothhumane.org

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

Thank You for being a Friend to Carbon and Stillwater County Animals!