



Application for Foster Care Providers

Pro-active

Housing

Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

_____ Email Address: _____

Do you: Rent Own your residence? How long at this residence? _____

If you rent, name and phone # of landlord: _____

Please list all the residents of your household:

Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Child Age	Hours away from home each day
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all members of the household in agreement about fostering? _____

Who is your current vet? _____

What would be the longest period of time the pet would be alone? _____

Foster pets need to be inside the house and part of the "family." Would this be a problem? _____

Do you have a fenced yard? _____ What is the height of fence? _____ Lockable gate? _____

Is the fenced yard escape proof? _____ What is fencing material: _____

Please list all of the pets currently living in your household (including livestock):

Name	Type	Age	Sex	Spayed/ Neutered	Date FVRCP (cat) DHPP/Rabies	Where is pet kept during the day/night
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do your pets get along with Cats Dogs Rabbits Fowl Livestock

Have you ever had to give up an animal? Yes No

Please give explanation of circumstances: _____

What kind of animal would you be interested in fostering? (please circle)

Domestic: Dog, Cat, Kittens, Puppies, Rabbits, Guinea Pigs/Hamsters, Fowl

Livestock: Horses, Cows, Llamas, Goats, Pigs, Sheep

Please indicate size, age and limitations of needs (i.e. healthcare, behavior, training needs, isolation):

Where will foster animals be kept: During Day _____

During Night _____

Are you able to commit to help with training the animal to ready it for adoption: _____

Please tell us about your training experience & philosophies? _____

Are you able to commit to exercising the animal? Describe: _____

Who will be the primary caretaker of the foster animal(s)? _____

Have you ever provided foster care for an animal before? Yes No

Have you ever volunteered for an animal rescue group before (including caring for feral cats)? Yes No

Please explain: _____

Please give a brief description of why you want to volunteer your services to the Foster Care Program:

What do you think will be the most rewarding and challenging aspects of fostering an animal: _____

While BRHA has no time limit for an animal in our care, are you aware that due to health and behavioral issues, animals are sometimes euthanized? yes no Do you understand why? yes no

How do you feel about it? _____

When are you available for Foster Care orientation and/or training?

_____ Evenings _____ Weekdays _____ Saturday _____ Sunday

I understand that if I am approved for fostering, I will also need to read and sign a Foster Care Agreement, which is the legal contract between the foster caregiver and Bitter Root Humane Association. I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination thereof. I acknowledge that this application will remain the property of the Bitter Root Humane Association. I understand that foster animals remain the property of Bitter Root Humane Association and must be returned/relinquished on demand. No adoption of fostered animal may take place without approval of BRHA and appropriate paperwork completed and designated adoption fees paid. Food and medications for fostered animals will be supplied by BRHA as needed.

Signature: _____ Date: _____

Thank you for applying to be a Foster Care Provider! Please return this application to Foster Care Program, Bitter Root Humane Association, 262 Fairgrounds Rd., Hamilton, MT 59840.

Questions may be directed to: 406-363-5311.