



RIMROCK HUMANE SOCIETY FOSTER HOME APPLICATION

Please Complete, Sign and Send To:
Rimrock Humane Society
P.O Box 834
Roundup, MT 59072
406-323-3687

“For those who have no home, the journey is endless”
-Anonymous

Please be patient and understand that in order to protect the animals, we must ask some very detailed and personal questions.

Please tell how you heard about The Rimrock Humane Society _____

PERSONAL INFORMATION

Name of Applicant: _____

Name of Co-applicant (adults over 18 yrs. only) _____

Relationship: Spouse Significant Other Roommate Other _____

Address: _____

City, State, Zip _____

Phone: Home () _____ Work () _____

Email address: _____

Will you allow a representative from The Rimrock Humane Society to visit you at your house to see where the foster pet will be temporarily living? _____

1) Please explain why you are interested in fostering for The Rimrock Humane Society?

2) How many adults in household? _____ Ages _____ Children _____
Ages _____

3) Who would have primary responsibility for caring for a foster pet? _____

4) If there are children in the household, what is their experience with animals? _____

5) Are you willing/able to adjust your schedule while a foster pet becomes acclimated to your home? _____

6) Is there anyone home during the day? _____ Who _____

7) How many hours a day would the foster pet spend alone? _____

BACKGROUND INFORMATION

8) Please describe your experience with dogs and cats, including any formal obedience training in which you have participated. _____

9) If you have ever had a pet die at an early age or due to an accident, please give details below _____

10) Are there any restrictions on how long you can foster a pet? _____

11) When would you be able to start fostering a pet? _____

ENVIRONMENT

12. Do you live in a: House Townhouse Apartment Duplex Condo

13. Do you: Own Rent

14. Do you have a fenced yard? _____ What type of fence? _____

1) Are there any other pets currently in the home? _____ If so, please describe _____

2) If you currently have pets, are all vaccinations current? _____ If you have another dog, do you have it on heartworm preventative? _____

3) Specifically, where would the foster dog/cat spend its days? _____

4) Where would the foster dog/cat sleep? _____

5) Do you agree to keep the cat(s) you are fostering indoors at all times? _____

REFERENCES

One reference must be a veterinarian. Other references may include neighbors or co-workers.

For each reference, please include the following: Name, Relationship and Phone number (with area code).

1) _____

2) _____

3) _____

I acknowledge that the information contained in this form is true and accurate to the best of my knowledge, and I understand that any misrepresentations of fact may result in the removal of the foster pet from my home.

Signature of Applicant _____ Date: _____

Signature of Co-applicant _____ Date: _____