

28-day Cat Behaviour Management Plan for Foster Carers

Animal Id: _____ Animal Name: _____

Foster Carers Name: _____ Foster Carers PID: _____

Reason for the management plan:

Behaviour Management Plan to be followed by foster carer: _____ Start Date: _____

Please email the completed Behaviour Management Plan to the relevant Centre:

- Beenleigh Animal Rehoming Centre - beenleighrehomeing@awlqld.com.au
- Gold Coast Animal Rehoming Centre - fostering@awlqld.com.au
- Ipswich Animal Rehoming Centre - ipswichfoster@awlqld.com.au
- Warra Animal Rehoming Centre - warrafoster@awlqld.com.au
- Willawong Animal Rehoming Centre - willawongfoster@awlqld.com.au

Equipment provided to the foster carer: _____



Day and Date:	Daily behaviour observations to be described and noted by the Foster carer	Eating	Drinking	Defecating	Urinating	Grooming
Day 1 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 2 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 3 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 4 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 5 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Day 6 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 7 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Behaviour assessment- activities	Tick behaviours shown	Tick behaviours shown
1. Sit 1 meter away from cat, talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
2. Offer the cat a dangle toy on string to play with. Talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat plays with toy <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting

<p>3. If the cat is approaching or showing relaxed body language- pat/scratch shoulders. Talk to them using a soft voice.</p>	<input type="checkbox"/> The cat allows pat <input type="checkbox"/> The cat leans into pat <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
Progress to be emailed to AWLQ at end of day 7		

Day and Date:	Daily behaviour observations to be described and noted by the Foster carer	Eating	Drinking	Defecating	Urinating	Grooming
Day 8 Date:	<hr/> <hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 9 Date:	<hr/> <hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 10 Date:	<hr/> <hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No



Day 11 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 12 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 13 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 14 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Behaviour assessment- activities	Tick behaviours shown	Tick behaviours shown
4. Sit 1 meter away from cat, talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting

<p>5. Offer the cat a dangle toy on string to play with. Talk to them using a soft voice.</p>	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat plays with toy <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
<p>6. If the cat is approaching or showing relaxed body language- pat/scratch shoulders. Talk to them using a soft voice.</p>	<input type="checkbox"/> The cat allows pat <input type="checkbox"/> The cat leans into pat <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
<p>Progress to be emailed to AWLQ at end of day 14</p>		

Day and Date:	Daily behaviour observations to be described and noted by the Foster carer	Eating	Drinking	Defecating	Urinating	Grooming
<p>Day 15 Date:</p>	<hr/> <hr/> <hr/> <hr/>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>
<p>Day 16 Date:</p>	<hr/> <hr/> <hr/> <hr/>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>	<p>Yes / No</p>



Day 17 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 18 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 19 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 20 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 21 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Behaviour assessment- activities	Tick behaviours shown	Tick behaviours shown
7. Sit 1 meter away from cat, talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
8. Offer the cat a dangle toy on string to play with. Talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat plays with toy <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
9. If the cat is approaching or showing relaxed body language- pat/scratch shoulders. Talk to them using a soft voice.	<input type="checkbox"/> The cat allows pat <input type="checkbox"/> The cat leans into pat <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
Progress to be emailed to AWLQ at end of day 21		



Day and Date:	Daily behaviour observations to be described and noted by the Foster carer	Eating	Drinking	Defecating	Urinating	Grooming
Day 22 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 23 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 24 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 25 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 26 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Day 27 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 28 Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Behaviour assessment- activities	Tick behaviours shown	Tick behaviours shown
10. Sit 1 meter away from cat, talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting
11. Offer the cat a dangle toy on string to play with. Talk to them using a soft voice.	<input type="checkbox"/> The cat approaches <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat plays with toy <input type="checkbox"/> The cat moves away	<input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting

<p>12. If the cat is approaching or showing relaxed body language- pat/scratch shoulders. Talk to them using a soft voice.</p>	<p><input type="checkbox"/> The cat allows pat <input type="checkbox"/> The cat leans into pat <input type="checkbox"/> The cat does not approach <input type="checkbox"/> The cat moves away</p>	<p><input type="checkbox"/> Cat head bumps/rubs <input type="checkbox"/> Cat chirps/meows <input type="checkbox"/> Soft or squinting eyes <input type="checkbox"/> Kneading paws <input type="checkbox"/> Wide eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Lying on side or stretched out <input type="checkbox"/> Tense or curled body <input type="checkbox"/> Hissing <input type="checkbox"/> Swatting</p>
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Progress to be emailed to AWLQ at end of day 28

STAFF ONLY

Initial assessment date: _____ Assessors: _____

Behaviour Management Plan approved by: _____ Date: _____

Full CFS completed? YES / NO Date completed: _____

Details if partial: _____

Treatments given? Flea: YES / NO Worming: YES / NO Vaccination: YES / NO

Outgoing body condition: _____ Weight: _____ Date: _____

On return body condition: _____ Weight: _____ Date: _____

Kennel card in Awaiting Behaviour Completion Folder

All behaviour assessments and behaviour notes uploaded to file

Behaviour Management Plan review date: _____

Approved to proceed to adoption program:

Refer to Manager if improvement is not sufficient to enter Adoption program yet.

Staff recommendation: _____


