

## 14-day Cat Behaviour Management Plan for Foster Carers

Animal Id: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Foster Carers Name: \_\_\_\_\_ Foster Carers PID: \_\_\_\_\_

Reason for the management plan:

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

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

- Beenleigh Animal Rehoming Centre - [beenleighrehomeing@awlqld.com.au](mailto:beenleighrehomeing@awlqld.com.au)
- Gold Coast Animal Rehoming Centre - [fostering@awlqld.com.au](mailto:fostering@awlqld.com.au)
- Ipswich Animal Rehoming Centre - [ipswichfoster@awlqld.com.au](mailto:ipswichfoster@awlqld.com.au)
- Warra Animal Rehoming Centre - [warrafoster@awlqld.com.au](mailto:warrafoster@awlqld.com.au)
- Willawong Animal Rehoming Centre - [willawongfoster@awlqld.com.au](mailto:willawongfoster@awlqld.com.au)

Equipment provided to the foster carer: \_\_\_\_\_

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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



<b>Day 6</b> <b>Date:</b>		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Day 7</b> <b>Date:</b>		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
<p><b>Progress to be emailed to AWLQ at end of day 7</b></p>		

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/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 9 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 10 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No



<b>Day 11</b> Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Day 12</b> Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Day 13</b> Date:		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Day 14</b> 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>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The cat approaches</li> <li><input type="checkbox"/> The cat does not approach</li> <li><input type="checkbox"/> The cat plays with toy</li> <li><input type="checkbox"/> The cat moves away</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cat head bumps/rubs</li> <li><input type="checkbox"/> Cat chirps/meows</li> <li><input type="checkbox"/> Soft or squinting eyes</li> <li><input type="checkbox"/> Kneading paws</li> <li><input type="checkbox"/> Wide eyes</li> <li><input type="checkbox"/> Dilated pupils</li> <li><input type="checkbox"/> Lying on side or stretched out</li> <li><input type="checkbox"/> Tense or curled body</li> <li><input type="checkbox"/> Hissing</li> <li><input type="checkbox"/> Swatting</li> </ul>
<p>6. If the cat is approaching or showing relaxed body language- pat/scratch shoulders. Talk to them using a soft voice.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The cat allows pat</li> <li><input type="checkbox"/> The cat leans into pat</li> <li><input type="checkbox"/> The cat does not approach</li> <li><input type="checkbox"/> The cat moves away</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cat head bumps/rubs</li> <li><input type="checkbox"/> Cat chirps/meows</li> <li><input type="checkbox"/> Soft or squinting eyes</li> <li><input type="checkbox"/> Kneading paws</li> <li><input type="checkbox"/> Wide eyes</li> <li><input type="checkbox"/> Dilated pupils</li> <li><input type="checkbox"/> Lying on side or stretched out</li> <li><input type="checkbox"/> Tense or curled body</li> <li><input type="checkbox"/> Hissing</li> <li><input type="checkbox"/> Swatting</li> </ul>
<p><b>Progress to be emailed to AWLQ at end of day 14</b></p>		



**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 Warming: 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:** \_\_\_\_\_

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