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| **Feline Behavioral Wellness Checklist** | | | | | | | | | | | | | | | |
| **A#:**  **DATE:** | **Intake Day** | | | **Day 2** | | | **Day 3** | | | **Day 4** | | | **Day 5** | | |
|  | | |  | | |  | | |  | | |  | | |
| **BEHAVIOR** | | | | | | | | | | | | | | | |
| Plays with a toy or object |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Touches the front of the cage or the person |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rubs any body part against anything in the kennel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tail is up in the air |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reaches a paw towards the person but doesn’t make contact |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shows underside (rolls over or has belly visible) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stays at the front of kennel (within the front 1/3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Approaches the front 1/3 of the kennel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Standing up in the kennel (anywhere) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Walking around in the kennel (but not running to the back) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chirps |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kneads |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grooms or gives a shake or body shimmy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sniffs toward the person or a toy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blinking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NONE OF THE ABOVE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Feline Behavioral Wellness Checklist** | | | | | | | | | | | | | | | |
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|  | | |  | | |  | | |  | | |  | | |
| **BEHAVIOR** | | | | | | | | | | | | | | | |
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| Rubs any body part against anything in the kennel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stays at the front of kennel (within the front 1/3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Approaches the front 1/3 of the kennel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Chirps |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Blinking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NONE OF THE ABOVE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |