

GREET: Stand 1 foot in front of cage, body slightly angled, making indirect eye contact. Hold hand out, palm up, then speaks a "baby talk" phrase. Example phrase, "Hi Kitty. Whatcha doin'? What a pretty kitty...whatcha doin'? Come here."

CRACK DOOR: Stand 1 foot in front of cage, making indirect eye contact, body slightly at an angle but still facing the cat. Place hand on or near handle of the cage door and say, "Hi, Kitty!" in a friendly, soft voice. Hand is held on the handle for 30 seconds. Crack door open 1-2 inches then immediately close.

TOY: Stand 1 ft in front of the cage, body slightly angled, making indirect eye contact. A string attached the pole is threaded through the cage bars and jiggled just inside the door of the cage to coax the cat to play for 30 seconds.

Wand: Stand in front of cage, body angled, indirect eye contact. Slowly extend wand to cat thru bars. When 2-3 in from face, allow cat to sniff (5 sec). Try to pet on cheek (10 sec). Put wand 2-3 in from face to allow sniffing again (5 sec). Try to pet on cheek (10 sec). Trace wand along side of neck to top of shoulders then apply pressure (10 sec).

A: GREET		
Play	<input type="checkbox"/>	
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Reach		<input type="radio"/>
Show underside		<input type="radio"/>
Sniff		<input type="radio"/>
Approach		<input type="radio"/>
# Checked:		

B: CRACK DOOR		
Play	<input type="checkbox"/>	
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Reach		<input type="radio"/>
Show underside		<input type="radio"/>
Sniff		<input type="radio"/>
Approach		<input type="radio"/>
# Checked:		

C: TOY		
Play	<input type="checkbox"/>	
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Tail Up	<input type="checkbox"/>	
Reach		<input type="radio"/>
Show underside		<input type="radio"/>
Sniff		<input type="radio"/>
Approach		<input type="radio"/>
Yawn		<input type="radio"/>
Groom/ Shake body		<input type="radio"/>
Standing		<input type="radio"/>
Still Moving		<input type="radio"/>
# Checked:		

D: WAND			
ANY TIME	Chirp	<input type="checkbox"/>	
	At front of cage	<input type="checkbox"/>	
	Approach		<input type="radio"/>
	Yawn		<input type="radio"/>
	Groom/ Shake Body		<input type="radio"/>
WHILE STROKING	Play	<input type="checkbox"/>	
	Touch	<input type="checkbox"/>	
	Rub	<input type="checkbox"/>	
	Knead	<input type="checkbox"/>	
	Reach		<input type="radio"/>
	Show underside		<input type="radio"/>
	Sniff		<input type="radio"/>
WHILE PRESSING	Play	<input type="checkbox"/>	
	Touch	<input type="checkbox"/>	
	Rub	<input type="checkbox"/>	
	Knead	<input type="checkbox"/>	
	Reach		<input type="radio"/>
	Show underside		<input type="radio"/>
Sniff		<input type="radio"/>	
# Checked:			

CUMULATIVE CHECK-MARKS		
SESSION	white (<input type="checkbox"/>)	gray (<input type="radio"/>)
1st = Day__AM/PM		
2nd = Day__AM/PM		
3rd = Day__AM/PM		
4th = Day__AM/PM		
TOTAL:		
<p>NOTE: If at any time, the cat receives a check-mark in the white (<input type="checkbox"/>) column, discontinue assessment. This cat is social.</p>		

NOTE: If the cat accumulates 1 check-mark in the white () column and/or 4 check-marks in the gray () column, discontinue assessment. This cat is social.

ANIMAL INFORMATION	
INTAKE DATE:	TIME:
ID #:	KENNEL #:
DESC.:	
INTAKE TYPE:	
START FSA on (DATE)_____AM/PM	

- Day 1/Session 1
- Day 2/Session 2
- Day 2/Session 3
- Day 3/Session 4

:PM

GREET: Stand 1 foot in front of cage, body slightly angled, making indirect eye contact. Hold hand out, palm up, then speaks a "baby talk" phrase. Example phrase, "Hi Kitty. Whatcha doin'? What a pretty kitty...whatcha doin'? Come here."

CRACK DOOR: Stand 1 foot in front of cage, making indirect eye contact, body slightly at an angle but still facing the cat. Place hand on or near handle of the cage door and say, "Hi, Kitty!" in a friendly, soft voice. Hand is held on the handle for 30 seconds. Crack door open 1-2 inches then immediately close.

TOY: Stand 1 ft in front of the cage, body slightly angled, making indirect eye contact. A string attached the pole is threaded through the cage bars and jiggled just inside the door of the cage to coax the cat to play for 30 seconds.

Wand: Stand in front of cage, body angled, indirect eye contact. Slowly extend wand to cat thru bars. When 2-3 in from face, allow cat to sniff (5 sec). Try to pet on cheek (10 sec). Put wand 2-3 in from face to allow sniffing again (5 sec). Try to pet on cheek (10 sec). Trace wand along side of neck to top of shoulders then apply pressure (10 sec).

A: GREET			POINTS
Play	<input type="checkbox"/>		Enter "7" if cat did NOT eat, or can't determine:
Touch	<input type="checkbox"/>		
Rub	<input type="checkbox"/>		
Chirp	<input type="checkbox"/>		
Knead	<input type="checkbox"/>		
At front of cage	<input type="checkbox"/>		Enter "9" if affiliative behaviors at any time:
Reach		<input type="radio"/>	
Show underside		<input type="radio"/>	
Sniff		<input type="radio"/>	
Approach		<input type="radio"/>	
# Checked:			

B: CRACK DOOR			POINTS
Play	<input type="checkbox"/>		Enter "7" if cat licks lips or nose:
Touch	<input type="checkbox"/>		
Rub	<input type="checkbox"/>		
Chirp	<input type="checkbox"/>		
Knead	<input type="checkbox"/>		
At front of cage	<input type="checkbox"/>		
Reach		<input type="radio"/>	
Show underside		<input type="radio"/>	
Sniff		<input type="radio"/>	
Approach		<input type="radio"/>	
# Checked:			

C: TOY			POINTS
Play	<input type="checkbox"/>		Enter "11" if cat's head is facing forward or cannot determine at end of assessment:
Touch	<input type="checkbox"/>		
Rub	<input type="checkbox"/>		
Chirp	<input type="checkbox"/>		
Knead	<input type="checkbox"/>		
At front of cage	<input type="checkbox"/>		Enter "5" if cat paid attention to toy more than 50% of the time:
Tail Up	<input type="checkbox"/>		
Reach		<input type="radio"/>	
Show underside		<input type="radio"/>	
Sniff		<input type="radio"/>	
Approach		<input type="radio"/>	
Yawn		<input type="radio"/>	
Groom/ Shake body		<input type="radio"/>	
Standing		<input type="radio"/>	
Still Moving		<input type="radio"/>	
# Checked:			

D: WAND			POINTS	
ANY TIME	Chirp	<input type="checkbox"/>		
	At front of cage	<input type="checkbox"/>		
	Approach	<input type="radio"/>		
	Yawn	<input type="radio"/>		
	Groom/ Shake Body	<input type="radio"/>		
WHILE STROKING	Play	<input type="checkbox"/>	Enter "4" if sniffs wand on first presentation:	
	Touch	<input type="checkbox"/>		
	Rub	<input type="checkbox"/>		
	Knead	<input type="checkbox"/>		
	Reach			<input type="radio"/>
	Show underside			<input type="radio"/>
WHILE PRESSING	Sniff		<input type="radio"/>	
	Play	<input type="checkbox"/>	Enter "7" if affiliative behaviors during pressing:	
	Touch	<input type="checkbox"/>		
	Rub	<input type="checkbox"/>		
	Knead	<input type="checkbox"/>		
	Reach			<input type="radio"/>
Show underside		<input type="radio"/>		
Sniff		<input type="radio"/>		
# Checked:				

CUMULATIVE CHECK-MARKS		
SESSION	white (□)	gray (○)
1st = Day__AM/PM		
2nd = Day__AM/PM		
3rd = Day__AM/PM		
4th = Day__AM/PM		
TOTAL:		
NOTE: If at any time, the cat receives a check-mark in the white (□) column, discontinue assessment. This cat is social.		

NOTE: If the cat accumulates 1 check-mark in the white (□) column and/or 4 check-marks in the gray (○) column, discontinue assessment. This cat is social.

ANIMAL INFORMATION	
INTAKE DATE:	TIME:
ID #:	KENNEL #:
DESC.:	
INTAKE TYPE:	
START FSA on (DATE)_____AM/PM	

AM DAY 2:
 Session 1
 Session 2
or

AM DAY 2 POINTS
TOTAL

GREET: Stand 1 foot in front of cage, body slightly angled, making indirect eye contact. Hold hand out, palm up, then speaks a "baby talk" phrase. Example phrase, "Hi Kitty. Whatcha doin'? What a pretty kitty...whatcha doin'? Come here."

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A: GREET		POINTS
Play	<input type="checkbox"/>	Enter "7" if eye contact is less than 50% or can't tell:
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Reach	<input type="radio"/>	
Show underside	<input type="radio"/>	
Sniff	<input type="radio"/>	
Approach	<input type="radio"/>	
# Checked:		

B: CRACK DOOR		POINTS
Play	<input type="checkbox"/>	Enter "9" if cat is not alert, semi-alert, or can't tell:
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Reach	<input type="radio"/>	Enter "9" if cat withdraws or already at back of cage:
Show underside	<input type="radio"/>	
Sniff	<input type="radio"/>	
Approach	<input type="radio"/>	
# Checked:		

C: TOY		POINTS
Play	<input type="checkbox"/>	Enter "9" affiliative behaviors at any time:
Touch	<input type="checkbox"/>	
Rub	<input type="checkbox"/>	
Chirp	<input type="checkbox"/>	
Knead	<input type="checkbox"/>	
At front of cage	<input type="checkbox"/>	
Tail Up	<input type="checkbox"/>	
Reach	<input type="radio"/>	
Show underside	<input type="radio"/>	
Sniff	<input type="radio"/>	
Approach	<input type="radio"/>	
Yawn	<input type="radio"/>	
Groom/ Shake body	<input type="radio"/>	
Standing	<input type="radio"/>	
Still Moving	<input type="radio"/>	
# Checked:		

D: WAND		POINTS	
ANY TIME	Chirp	<input type="checkbox"/>	Enter "5" if head location is at front or middle:
	At front of cage	<input type="checkbox"/>	
	Approach	<input type="radio"/>	
	Yawn	<input type="radio"/>	
WHILE STROKING	Groom/ Shake Body	<input type="radio"/>	
	Play	<input type="checkbox"/>	Enter "7" if affiliative behaviors during stroking:
	Touch	<input type="checkbox"/>	
	Rub	<input type="checkbox"/>	
	Knead	<input type="checkbox"/>	
	Reach	<input type="radio"/>	
Show underside	<input type="radio"/>	Enter "5" if sniffs wand at first presentation:	
Sniff	<input type="radio"/>		
WHILE PRESSING	Play	<input type="checkbox"/>	
	Touch	<input type="checkbox"/>	
	Rub	<input type="checkbox"/>	
	Knead	<input type="checkbox"/>	
	Reach	<input type="radio"/>	
Show underside	<input type="radio"/>		
Sniff	<input type="radio"/>		
# Checked:			

CUMULATIVE CHECK-MARKS		
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1st = Day__AM/PM		
2nd = Day__AM/PM		
3rd = Day__AM/PM		
4th = Day__AM/PM		
TOTAL:		
NOTE: If at any time, the cat receives a check-mark in the white (□) column, discontinue assessment. This cat is social.		





NOTE: If the cat accumulates 1 check-mark in the white (□) column and/or 4 check-marks in the gray (○) column, discontinue assessment. This cat is social.





ANIMAL INFORMATION	
INTAKE DATE:	TIME:
ID #:	KENNEL #:
DESC.:	
INTAKE TYPE:	
START FSA on (DATE)_____AM/PM	

AM DAY 3:
 Session 3
 Session 4
or

AM DAY 3 POINTS
TOTAL

POINTS SCALE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	48	50
DAY 2 AM																																																		
	EXTREMELY UNLIKELY														UNLIKELY					LIKELY										EXTREMELY LIKELY																				

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	29	40	41	42	43	44	45	46	47	48	49	50	51
DAY 3 AM																																																			
	EXTREMELY UNLIKELY											UNLIKELY					LIKELY										EXTREMELY LIKELY																								

MATRIX: Using Day 2 AM and Day 3 AM Points Together			
<i>Circle ALL that apply:</i>			
	DAY 2 AM:	DAY 3 AM:	Interpretation:
If	19 or LESS	11 or LESS	then Extremely Unlikely to be socialized
If		12 - 17	then Default to interpretation of Day 2 AM POINTS only
If	20 - 31	or and 18 - 26	then Likely to be socialized then Extremely Likely to be socialized
If	32 - 50	27 - 51	then Extremely Likely to be socialized

ANIMAL INFORMATION	
INTAKE DATE:	TIME:
ID #:	KENNEL #:
DESC.:	
INTAKE TYPE:	
FSA STARTED (DATE) _____ AM/PM	

USING THE POINTS

If the cat does not receive either one check-mark in the white column, or accumulates four check-marks in the gray column, use the points to help determine if the cat is socialized.

DAY 2 AM:

Point range from 0 to 50. More points means that the cat shows more of the behaviors more commonly associated with being accustomed to humans and is more likely to be socialized.

- Cats with fewer than 15 points are very likely to be Less Socialized. However, even with this cutoff there can be a few very withdrawn and frightened cats who are More Socialized.
- Cats with points between 16 and 19 are likely to be Less Socialized. However, there will probably be some More Socialized cats in this group as well.
- Cats with 20 to 31 points are likely to be More Socialized. However, some Less Socialized cats are probably in this point range as well. Some of these cats could turn out to be socialized with a bit of time/behavior modification.
- Cats with more than 31 points are extremely likely to be More Socialized.

DAY 3 AM:

Point range from 0 to 51. More points means that the cat shows more of the behaviors more commonly associated with being accustomed to humans and is more likely to be socialized.

- Cats with fewer than 12 points on this morning are very likely to be Less Socialized.
- Cats with 12 to 17 points can't be determined as More or Less Socialized just by this information.
- Cats with 18 to 26 points are very likely to be More Socialized.
- Cats with more than 26 points are extremely likely to be More Socialized.

USING DAY 2 and DAY 3 POINTS TOGETHER:

- Cats who are over the cutoffs on both AM points (≥ 20 AM 2 and ≥ 12 AM 3) are very likely to be More Socialized. However, there are some Less Socialized cats who fit these criteria as well.
- Cats who are over the cutoff on AM 2 ONLY, are a bit more likely to be More Socialized than Less Socialized.
- Cats who are over the cutoff on only AM 3 could be either More or Less Socialized.
- A very few More Socialized cats will likely be missed on both sets of points and the Behavior Checklist.

ANIMAL INFORMATION

INTAKE DATE: _____ TIME: _____
ID: _____ KENNEL #: _____
DESC.: _____
INTAKE TYPE: _____
START FSA on (DATE) _____ AM/PM

POINTS

AM DAY 2

AM DAY 3