

14-day Dog 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	Toileting	Relaxing	Interacting
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:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Day 7 Date:	<hr/> <hr/> <hr/> <hr/>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
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	Toileting	Relaxing	Interacting
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:		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
Progress to be emailed to AWLQ at end of day 7						



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: _____

