

Feline Behavioral Assessment Test (Room Evaluation)

ID Number: _____ Name: _____ Date: _____ Location: _____

Evaluator (initials): _____ Reason for Evaluation: _____

*Write in the number on a scale from 0-3, according to the scoring sheet, that applies to the behaviors observed during each test. Recovery = Y/N					
	Aggression	Fear	Friendliness	Recovery	
Room Behavior				/	Comments
Sociability (ext. hand)				/	
Sociability (petting)					
Pick up #1					
Patting			/		
Play			/		<input type="checkbox"/> No Interest <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Pick up #2			/		
Hold Paw			/		
Grooming					
Total Pts					
Overall					
Summary:					
Post-evaluation/Additional comments:					