

Core Behavior Assessment for Cats

Animal #: _____ Desc: _____

	<u>Green</u>	<u>Yellow</u>	<u>Orange</u>	<u>Red</u> Safety Stop Point
Neutral Observation	<input type="checkbox"/> Cat Stress Score of 1 or 2	<input type="checkbox"/> Cat Stress Score of 3	<input type="checkbox"/> Cat Stress Score of 4	<input type="checkbox"/> Cat Stress Score of 5, 6 or 7
Handler Sociability	<input type="checkbox"/> Seeks friendly contact, bunts	<input type="checkbox"/> Passively avoidant	<input type="checkbox"/> Actively avoidant, hides <input type="checkbox"/> Pupil dilation <input type="checkbox"/> Freezes or stills	<input type="checkbox"/> Growls, hisses or spits
Contact Tolerance & Interactive Sociability	<input type="checkbox"/> Relaxes with petting, seeks additional contact or maintains contact	<input type="checkbox"/> Tolerates petting, but does not seek additional contact <input type="checkbox"/> Skin ripples with interaction, tension <input type="checkbox"/> Cautious /conflicted with petting	<input type="checkbox"/> Actively avoidant, hides <input type="checkbox"/> Pupil dilation <input type="checkbox"/> Freezes or stills	<input type="checkbox"/> Growls, hisses, spits, smacks, attempts to bite or bites
Handling & Inspection	<input type="checkbox"/> Tolerates – relaxed, reconnects	<input type="checkbox"/> Tolerates – tense <input type="checkbox"/> Tries to escape	<input type="checkbox"/> Fractious, uncooperative but not aggressive	<input type="checkbox"/> Fractious, aggressive – growls, hisses, spits, smacks, attempts to bite or bites
Aroused / rough petting	<input type="checkbox"/> Conflict behaviors or bunts	<input type="checkbox"/> Pupil dilation with recovery <input type="checkbox"/> Piloerection with recovery <input type="checkbox"/> Avoids rough petting	<input type="checkbox"/> Growls, hisses or spits <input type="checkbox"/> Attempts to smack or bite with immediate recovery	<input type="checkbox"/> Stills, direct eye contact, crouches to spring
Aroused patterns observed during evaluation	<input type="checkbox"/> No arousal observed	<input type="checkbox"/> Pupil dilation with recovery <input type="checkbox"/> Piloerection with recovery <input type="checkbox"/> Pacing	<input type="checkbox"/> Sustained pupil dilation <input type="checkbox"/> Sustained piloerection	N/A

Notes _____
