



**Weekly Purr Progress
Report**



Animal ID # _____ Animal Name _____ Foster Caregiver _____ Week of _____

Please check off all observed behaviors for each respective day. Monitoring your foster feline helps to make sure they are exhibiting healthy behaviors and can help track progress. If you observe any unusual behaviors and medical conditions, please notify the foster coordinator immediately.

Behavior	Day 1	Day 2	Day 3	Day 4	Day 5
Appetite	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Not Eating <input type="checkbox"/> Excessive	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Not Eating <input type="checkbox"/> Excessive	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Not Eating <input type="checkbox"/> Excessive	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Not Eating <input type="checkbox"/> Excessive	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Not eating <input type="checkbox"/> Excessive
Litter Box Usage	<input type="checkbox"/> Normal <input type="checkbox"/> Frequent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Straining <input type="checkbox"/> Avoiding - <i>describe in notes</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Frequent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Straining <input type="checkbox"/> Avoiding - <i>describe in notes</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Frequent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Straining <input type="checkbox"/> Avoiding - <i>describe in notes</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Frequent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Straining <input type="checkbox"/> Avoiding - <i>describe in notes</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Frequent <input type="checkbox"/> Diarrhea <input type="checkbox"/> Straining <input type="checkbox"/> Avoiding - <i>describe in notes</i>
Energy Level	<input type="checkbox"/> Active <input type="checkbox"/> Normal <input type="checkbox"/> Mellow <input type="checkbox"/> Lethargic	<input type="checkbox"/> Active <input type="checkbox"/> Normal <input type="checkbox"/> Mellow <input type="checkbox"/> Lethargic	<input type="checkbox"/> Active <input type="checkbox"/> Normal <input type="checkbox"/> Mellow <input type="checkbox"/> Lethargic	<input type="checkbox"/> Active <input type="checkbox"/> Normal <input type="checkbox"/> Mellow <input type="checkbox"/> Lethargic	<input type="checkbox"/> Active <input type="checkbox"/> Normal <input type="checkbox"/> Mellow <input type="checkbox"/> Lethargic
Social Interaction	<input type="checkbox"/> Seeks Attention <input type="checkbox"/> Avoids Contact <input type="checkbox"/> Plays with Toys <input type="checkbox"/> Allows Handling - <i>describe in notes</i> <input type="checkbox"/> Defensive - <i>describe in notes</i>	<input type="checkbox"/> Seeks Attention <input type="checkbox"/> Avoids Contact <input type="checkbox"/> Plays with Toys <input type="checkbox"/> Allows Handling - <i>describe in notes</i> <input type="checkbox"/> Defensive - <i>describe in notes</i>	<input type="checkbox"/> Seeks Attention <input type="checkbox"/> Avoids Contact <input type="checkbox"/> Plays with Toys <input type="checkbox"/> Allows Handling - <i>describe in notes</i> <input type="checkbox"/> Aggressive - <i>describe in notes</i>	<input type="checkbox"/> Seeks Attention <input type="checkbox"/> Avoids Contact <input type="checkbox"/> Plays with Toys <input type="checkbox"/> Allows Handling - <i>describe in notes</i> <input type="checkbox"/> Aggressive - <i>describe in notes</i>	<input type="checkbox"/> Seeks Attention <input type="checkbox"/> Avoids Contact <input type="checkbox"/> Plays with Toys <input type="checkbox"/> Allows Handling - <i>describe in notes</i> <input type="checkbox"/> Aggressive - <i>describe in notes</i>
Body Language	<input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Hiding <input type="checkbox"/> Tail Twitching <input type="checkbox"/> Ears Back <input type="checkbox"/> Arched Back <input type="checkbox"/> Tail Upright <input type="checkbox"/> Eyes Dilated	<input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Hiding <input type="checkbox"/> Tail Twitching <input type="checkbox"/> Ears Back <input type="checkbox"/> Arched Back <input type="checkbox"/> Tail Upright <input type="checkbox"/> Eyes Dilated	<input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Hiding <input type="checkbox"/> Tail Twitching <input type="checkbox"/> Ears Back <input type="checkbox"/> Arched Back <input type="checkbox"/> Tail Upright <input type="checkbox"/> Eyes Dilated	<input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Hiding <input type="checkbox"/> Tail Twitching <input type="checkbox"/> Ears Back <input type="checkbox"/> Arched Back <input type="checkbox"/> Tail Upright <input type="checkbox"/> Eyes Dilated	<input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Hiding <input type="checkbox"/> Tail Twitching <input type="checkbox"/> Ears Back <input type="checkbox"/> Arched Back <input type="checkbox"/> Tail Upright <input type="checkbox"/> Eyes Dilated
Vocalization	<input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Purring <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Chirping	<input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Purring <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Chirping	<input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Purring <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Chirping	<input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Purring <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Chirping	<input type="checkbox"/> Normal <input type="checkbox"/> Silent <input type="checkbox"/> Purring <input type="checkbox"/> Hissing <input type="checkbox"/> Growling <input type="checkbox"/> Chirping

Behavior Grades and Enrichment Log

If you are unsure of how to grade your foster pet, please refer to the Foster Manual's behavior section to better understand your foster feline's behavior.



5	4	3	2	1
Positive body language (<i>leaning into pets, purring, kneading with front feet, etc.</i>), voluntarily approaching most people, seeking attention and contact	Engaging in contact but remaining hesitant and with continued contact. Body language is beginning to become positive.	Performing wellness tasks with a person in the room but not actively engaging with them. Avoiding contact and mild aversive body language.	Aversive body language, only engaging in minimum welfare criteria (<i>eating, drinking, using litter box</i>) while alone.	Hiding and avoiding body language. Will only perform minimum welfare criteria (<i>eating, drinking, using litter box</i>) while alone.

	<i>Date & Time</i>	<i>Enrichment & Socialization Description</i>	<i>Behavior Grade</i>
<i>Day 1</i>			
<i>Day 2</i>			
<i>Day 3</i>			
<i>Day 4</i>			
<i>Day 5</i>			

Overall Behavior Grade
This Week

Notes: