**Cat Care Plan**

|  |  |
| --- | --- |
| Pet name |  |
| Room number |  |

Insert photo of owner and pet

|  |  |
| --- | --- |
| Date completed |  |
| Completed by |  |
| Annual review date |  |

|  |  |
| --- | --- |
| Admission date |  |

**General information**

|  |  |
| --- | --- |
| Breed |  |
| Sex |  |
| Spayed/neutered |  |
| Colour |  |
| DOB |  |
| Cat registration |  |
| Microchip number |  |

**Emergency details**

|  |  |
| --- | --- |
| Guarantor name |  |
| Mobile number |  |
| Landline number |  |
| Email address |  |

|  |  |
| --- | --- |
| Veterinary Service |  |
| Veterinary Practitioner name |  |
| Address |  |
| Day contact number |  |
| After hours contact |  |
| Email address |  |

**Pre and post-admission assessments**

|  |  |
| --- | --- |
| Physical assessment - veterinarian | |
| Preadmission assessment date |  |
| Date report complete and with RACH |  |
| Post admission (2-4 weeks) assessment date |  |
| Date report complete and with RACH |  |

|  |  |
| --- | --- |
| Behavioural/Temperament assessment - veterinarian with behavioural expert | |
| Preadmission assessment date |  |
| Date report complete and with RACH |  |
| Post admission (2-4 weeks) assessment date |  |
| Date report complete and with RACH |  |

**Veterinary care**– as advised by Veterinarian

|  |  |
| --- | --- |
| Annual (and as required) Veterinarian visit | |
| Date last visit |  |
| Date next visit |  |

**Cat specifics**

This section works with the veterinary assessment report

|  |  |
| --- | --- |
| Pet likes |  |
| Pet dislikes |  |
| Pet general health |  |
| Pet temperament/personality |  |
| Pet illnesses and care required |  |
| Pet roaming routine and management |  |

**Pet alert signage** (laminated)

|  |  |
| --- | --- |
| Residential Aged Care Home (RACH) entry points |  |
| Older persons room door |  |
| Home enclosed outdoor areas (as applicable) |  |

**Infection Prevention and Control**

|  |
| --- |
| Hand hygiene |
| Hand hygiene (liquid soap and water or alcohol gel) is performed before and after contact with a pet or pet items and preparing or eating food, drinking or any other hand to mouth activities. Washed hands are dried with disposable paper towel and where gel is used the hands are rubbed completely dry. |
| Older people are assisted with hand hygiene as required |
| Signage (laminated) is available at the point of hand hygiene to instruct in the correct steps to wash or gel. |
| Human skin care |
| Skin breaks or wounds on older persons, HCW or visitors are to be covered in an appropriate dressing before any interaction with the pet |
| Licking |
| Pets are discouraged from licking older people, health care workers (HCW) or visitors. |

**Grooming** – as advised by Veterinarian

|  |  |
| --- | --- |
| Claws | |
| Claw review and cutting requirements |  |
| Grooming service engaged? |  |
| Person responsible |  |
| Date monthly |  |
| Hair/fur | |
| Long hair cats grooming requirements |  |
| Grooming service engaged? |  |
| Person responsible |  |
| Date monthly |  |

**Medication**– as prescribed/advised by Veterinarian

Medication chart recommended for all medications

|  |  |
| --- | --- |
| Vaccination | |
| Name and date administered |  |
| Name and date administered |  |
| Name and date administered |  |
|  | |
| Anti-worming, parasiticide treatments | |
| Name, frequency |  |
| Name, frequency |  |

|  |  |
| --- | --- |
| Fleas, ticks, and other ectoparasites treatments | |
| Name, frequency |  |
| Name, frequency |  |

|  |  |
| --- | --- |
| Medication chart: Drug name, frequency, time, route, duration/stop date |  |
| Administration instructions |  |
| Person responsible |  |
| Assistance required (including expiry date checks) |  |
| Medication Storage (medications will require secure storage) |  |

**Food and feeding** – as advised by Veterinarian

|  |  |
| --- | --- |
| Designated feeding area | |
| Location |  |
| Cleaning and pest free requirements |  |
| Pet drinking water | |
| Fresh water daily |  |
| Person responsible |  |
| Time re-filled |  |
| Water bowl cleaning management  (Water bowl washed (detergent and water) daily at designated sink (not at hand washing sinks or where food is stored or prepared for human consumption) |  |
| Person responsible |  |
| Pet food | |
| Commercial pet food (no raw meat or chews) should only be provided  In the event homemade diets are required, risk assessment with veterinarian and RACH is required |  |
| Moist food single serve brand |  |
| Dry food brand |  |
| Feed times |  |
| Person responsible |  |
| Cleaning bowls and utensils | |
| Dedicated food bowl and utensils washed (detergent and water) after every use (not attended at hand washing sinks or where food is stored or prepared for human consumption) |  |
| Person responsible |  |
| Food storage | |
| Designated area (not in older persons fridge or near other human consumption items or utensils) location |  |
| Moist pet food not served is discarded immediately or if served and not eaten in 4 hrs is discarded - in general waste |  |
| Dried food is stored in its original packaging in a sealed labelled plastic container – away from human foods |  |
| Catering safety and IPC | |
| Persons do not come between pets and their food |  |
| Hand hygiene is performed before and after handling pet food, feeding animals and cleaning bowls/plates and utensils |  |

**Pet Waste and litter management**

|  |  |
| --- | --- |
| Waste management | |
| Person responsible |  |
| Waste management system type |  |
| Litter tray |  |
| Litter box |  |
| Self-cleaning automatic litter box are not recommended by the AVA, due to challenges of proper disinfection | |
| Designated toileting location | |
| Older person’s room |  |
| Outdoor area |  |
| A scoop and disposable waste bag are used to collect/remove urine/faeces. Bagged waste is disposed in an external (labelled) general waste bin. |  |
| Litter tray/box management | |
| Litter tray or box daily removal of urine/faeces – time schedule |  |
| Weekly litter tray or box cleaning/disinfection and litter change-day and time schedule |  |
| Infection prevention and control | |
| Pregnant women or those with animal allergies, do not manage pet body products |  |
| A scoop and disposable waste bag are used to collect/remove faeces. |  |
| Bagged waste is disposed in an external (labelled) general waste bin. |  |
| PPE (gloves and aprons) for handling or managing anything contaminated with faeces or urine. |  |
| Hand Hygiene is performed pre donning and post doffing PPE. |  |
| If a person comes into direct or indirect contact with faeces, urine, vomit or saliva, remove soiled items and wash the area of body/hands with soap and water |  |

**Sleeping/resting**

|  |  |
| --- | --- |
| Location | |
| Location that cat rests (i.e. cat bed, windowsill) |  |
| Location that cat sleeps (i.e. cat bed) |  |
| Cat bedding cleaning process | |
| Person responsible |  |
| Weekday allocated for cleanliness and insect infestation check |  |
| Date allocated for monthly (or as required) machine wash with detergent and hot water or ozone |  |
| Process: i.e. items can be taken offsite to laundromat, domestic machine or place in dissolvable washbag for laundering at RACH |  |

**Cat Exercise and Enrichment**– as advised by Veterinarian

|  |  |
| --- | --- |
| Cats need to roam outside for wellbeing, exercise and toileting | |
| In discussions with veterinarian, older person and RACF access for cat to exit and enter the older persons room should be established |  |
| Consideration to facility common spaces for cats or potentially a small, fenced-off leash area |  |

**Environmental Controls**

|  |  |
| --- | --- |
| Environment cleaning/disinfection process | |
| Person/s responsible |  |
| RACH routine environmental cleaning process |  |
| Older person room and where pet is frequently taken (consideration to fur/hair) additional cleaning process |  |
| Outdoor additional cleaning requirements (where pet attends) |  |
| Spill management and spill kit locations |  |
| Vermin/pest control management | |
| External vermin/pest control provider |  |
| Frequency of routine vermin/pest control management throughout facility |  |
| Contract for additional services in event of infestation |  |
| The vermin/pest control provider advised that pets reside within the facility, may require alternative pest control method |  |
| Cat to be removed from the area during treatment and for any required time following treatment |  |
| Consideration to any type of traps/baits being used that could be accessed or hazardous to the cat |  |

**Secure carry container**

|  |  |
| --- | --- |
| Carry container management | |
| Storage location for cat carry container |  |
| Container clean and disinfection | |
| Person responsible |  |
| Nominated weekday check for insect infestation and clean |  |
| Process for cleaning and disinfection |  |
| Date of the month for container bedding machine wash |  |
| Process for bedding wash |  |