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# ENRICHMENT PROGRAMME

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DATE \_\_\_\_\_

CLIENTS NAME \_\_\_\_\_

Dogs name \_\_\_\_\_

Concerning Behaviours	Desirable Behaviours
➤ 1	➤ 1
➤ 2	➤ 2
➤ 3	➤ 3
➤ 4	➤ 4
➤ 5	➤ 5

*This will be assessed via description of typical week as provided by the client, observation of videos of the dog's daily environment, observations of the dog, communications from their vet, and further discussion with client.*

Aspect of Enrichment	Is this need being met?	Priority	Plan of Action for Improvement
Health / Veterinary			
Hygiene			
Diet / Nutrition			
Physical Exercise			
Sensory Stimulation			
Safety			
Security			
Instinctual Behaviours			
Foraging			
Social Interactions			
Mental Exercise			
Choice			
Independence			
Environmental			
Calming			