

PET WELLNESS & GROOMING LOG

Month/Year: _____

Pet Name:

Weight:

Last Vet Visit:

GROOMING ROUTINE

Bath

Brush Teeth

Nail Trim

Ear Cleaning

Coat Brushing

Paw Pad Care

Eye Wipe

De-shedding

HEALTH & MEDICATION TRACKING

DATE	ACTIVITY/MEDICATION	DOSAGE	OBSERVATIONS & SYMPTOMS
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DIET & APPETITE

Normal Appetite []
Low Energy []
High Energy []
Supplements Given []

NOTES & REMINDERS