

SENIOR DOG HEALTH LOG

Month/Year: _____

Name:

Weight:

Medication Refill Date:

HEALTH MARKER

MTWTFSS

OBSERVATION / NOTES

DAILY MAINTENANCE

Morning Medication

Evening Medication

Joint Supplement

WELLNESS TRACKING

Appetite / Water Intake

Normal / Low / High

Mobility / Stiffness

Activity level:

Cognitive Awareness

Confusion/Pacing?

Elimination (Bowel/Urine)

Consistency/Frequency:

WEEKLY PHYSICAL CHECK (LUMPS, BUMPS, SKIN) & NOTES:

Record any changes in behavior, coughing, or specific concerns to discuss with the veterinarian. Monitor trends. Contact your veterinarian if you notice sudden changes in breathing, appetite, or mobility.