



Dear Journal,

I'm hoping to be able to tell you a little about me and how I am doing. Here goes nothing!

My Nutrition:

I eat _____ cups of _____ times per day.
quantity type of food frequency

I have been eating this food for about _____.
length of time

Lately, I have been eating: Well Poorly Not at all Way more than normal

I have been drinking: Well Poorly Not at all Way more than normal

Other than my regular food, my family also gives me _____ as a treat.
type of treat

I usually get treats about _____ times per day.
frequency

My Medications:

Currently, I take _____ of _____, _____ times per day.
dosage type of medication or supplement frequency

I usually take my medicine at _____ with _____.
time of day type of treat/food

My medication seems to be working: Well Maybe a little No improvement Can't tell

My medications are causing me to be _____.
list any side effects

I am no longer taking _____ as of _____.
type of medication or supplement date

My "Bathroom" Habits:

I am pooping: Normally Infrequently Very often

I am peeing: Normally Infrequently Very often

My potty habits have been: Appropriate Some accidents Peeing/pooping everywhere

My stools have been: Normal Loose Crazy diarrhea Constipated

I have or have not vomited recently. The last time I did was _____.
date

My Activity:

Most days I exercise for _____, by going for a _____.

minutes

type of activity

When I know I'm going to exercise, I am: Very Enthusiastic Apathetic Don't want to go

During my exercise, I sometimes _____.

any observations. i.e. pant excessively, breath hard, tire easily, pee a lot, etc.

After I exercise, I typically feel: Great! Relaxed A little tired Exhausted

Lately, my _____ seems to be hurting/bothering me. My people can tell because I _____.

body part

describe symptom

My Routine:

I recently traveled to _____ on _____.

place

date

Recently, my people started taking me to new places like _____.

new activities. i.e. dog parks, training classes, swimming, etc

More About Me:

Lately, I've been acting: Completely normal A little anxious Depressed Lethargic

I want my vet to know that _____.

any additional information

The veterinary staff should know that I am really afraid of _____.

i.e. loud noises, men, needles, other dogs, etc

And when I get stressed out, I might: Growl Bite Pee Cower Pant Cry

People should also know that I have a hard time _____.

i.e. walking, getting up, seeing, hearing, etc

I really like to be praised with _____.

i.e. pats on the head, scratches behind the ear, belly rubs, told good boy/girl, play, etc

My favorite thing to do at home is _____.

i.e. sleep, play ball, chew on toys, watch TV, be outside, etc

My favorite treat is _____. Could I please have one NOW?

type of treat/food

Thank you for taking the time to read!

Love,
Fido