PORCHLIGHT DOGS · PRINTABLE JOURNAL

# Senior Comfort & Health Journal

*Companion to Golden Years at Home. Small notes today help your vet see the bigger picture.*

## How to use this journal

1. Spend one minute each evening filling in the daily page.
2. Score each area: **2** normal for my dog, **1** a bit off, **0** worrying.
3. Bring the journal to every vet visit. Patterns over weeks matter more than one bad day.

**CALL YOUR VET**

Don't wait for the next checkup if you see sudden changes in eating, drinking, peeing, breathing, walking, or behavior.

## Week 1 daily journal

| Day | Appetite | Water | Potty | Mobility | Mood | Sleep | Notes (pain signs, accidents, good moments) |
|---|---|---|---|---|---|---|---|
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

### Weekly body check

- [ ] New lumps or sore spots
- [ ] Eyes and ears clear
- [ ] Teeth and gums
- [ ] Paws and nails
- [ ] Weight: _____

## Week 2 daily journal

| Day | Appetite | Water | Potty | Mobility | Mood | Sleep | Notes (pain signs, accidents, good moments) |
|---|---|---|---|---|---|---|---|
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

### Weekly body check

- [ ] New lumps or sore spots
- [ ] Eyes and ears clear
- [ ] Teeth and gums
- [ ] Paws and nails
- [ ] Weight: _____

## Week 3 daily journal

| Day | Appetite | Water | Potty | Mobility | Mood | Sleep | Notes (pain signs, accidents, good moments) |
|---|---|---|---|---|---|---|---|
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

### Weekly body check

- [ ] New lumps or sore spots
- [ ] Eyes and ears clear
- [ ] Teeth and gums
- [ ] Paws and nails
- [ ] Weight: _____

## Week 4 daily journal

| Day | Appetite | Water | Potty | Mobility | Mood | Sleep | Notes (pain signs, accidents, good moments) |
|---|---|---|---|---|---|---|---|
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

### Weekly body check

- [ ] New lumps or sore spots
- [ ] Eyes and ears clear
- [ ] Teeth and gums
- [ ] Paws and nails
- [ ] Weight: _____

## Medication & supplement schedule

Only what your vet has approved.

| Name | Dose | When | Started | Notes |
|---|---|---|---|---|
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## Weight log

| Date | Weight | Notes |
|---|---|---|
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## Vet visit notes

| Date | Reason | What the vet said | Next steps |
|---|---|---|---|
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## Monthly quality-of-life check

Talk these through with your vet. Score 0-10 (10 = great).

| Month | Pain controlled | Eating & drinking | Clean & comfortable | Enjoys things | Moves enough | More good days? |
|---|---|---|---|---|---|---|
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