



# Pet Daily Care Checklist Log for Long-Term Survival

## 1. Basic Information

Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

## 2. Feeding and Water Intake

### Morning Feeding

Food Type: \_\_\_\_\_

Amount: \_\_\_\_\_

### Evening Feeding

Food Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Treats/Snacks Given (if any): \_\_\_\_\_

### Water Intake

Morning Water Refill: Yes / No | Amount: \_\_\_\_\_

Evening Water Refill: Yes / No | Amount: \_\_\_\_\_

Total Water Consumed (Estimate): \_\_\_\_\_

## 3. Exercise and Enrichment

### Exercise Activity

Type of Exercise (e.g., walking, playtime): \_\_\_\_\_

Duration: \_\_\_\_\_

### Enrichment Activities

Activity (e.g., toy play, training): \_\_\_\_\_

Duration: \_\_\_\_\_

Notes on Behavior/Response: \_\_\_\_\_





## 4. Medications and Supplements

### Morning Medications

Medication Name: \_\_\_\_\_ | Dosage:

\_\_\_\_\_ | Time Given: \_\_\_\_\_

### Evening Medications

Medication Name: \_\_\_\_\_ | Dosage:

\_\_\_\_\_ | Time Given: \_\_\_\_\_

Supplements: \_\_\_\_\_

Notes on Administration (e.g., reactions, difficulties):

\_\_\_\_\_

## 5. Signs of Stress or Health Issues

### Behavioral Observations

Signs of Stress (e.g., pacing, whining, hiding):

\_\_\_\_\_

Response to Stress Relievers (e.g., toys, calming techniques):

\_\_\_\_\_

### Physical Health Observations

Appetite Changes: \_\_\_\_\_

Digestive Issues (e.g., diarrhea, constipation):

\_\_\_\_\_

Skin or Coat Condition: \_\_\_\_\_

Other Physical Symptoms (e.g., coughing, limping):

\_\_\_\_\_

## 6. General Notes and Observations

Energy Level: \_\_\_\_\_

Mood (e.g., calm, anxious, playful): \_\_\_\_\_

Interactions with Other Pets: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

## 7. Caregiver Signature

Signature: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

