

DOG WALKING & MEDICATION ADMINISTRATION LOG

CANINE EXERCISE DISTANCE, DAILY POTTY RHYTHM, RX DOSAGE & BEHAVIORAL WELLNESS

DOG NAME: _____ WEEK OF: ____/____/____ to ____/____/____ DAILY TARGET: _____ MILES WALKER: _____

TARGET EXERCISE

60+ Mins Total Active Play

POTTY RHYTHM

3-4 Outdoor Outings Daily

ACTIVE MEDICATIONS

☐ Morning ☐ Evening

CANINE ENERGY SCORE

[1] [2] [3] [4] [5]

7-DAY CANINE WALKING, EXERCISE & ELIMINATION RECORD

DAY	MORNING OUTING (TIME/MI)	AFTERNOON OUTING	EVENING OUTING	TOTAL MIN / MI	POTTY AUDIT	WALKER
MONDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
TUESDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
WEDNESDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
THURSDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
FRIDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
SATURDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	
SUNDAY	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	Time: ____:____ Dist: ____ mi	____ m / ____ mi	☐ Pee ☐ Poop	

DAILY MEDICATION & SUPPLEMENT ADMINISTRATION MATRIX

MEDICATION / SUPPLEMENT NAME	DOSAGE (MG / PILLS)	TIMING & INSTRUCTIONS	M T W T F S S	REFILL DUE
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____
		With food / AM / PM	☐ ☐ ☐ ☐ ☐ ☐ ☐	____/____

DAILY BEHAVIORAL & PHYSICAL VITAL AUDIT:

Appetite: ☐ Ate All ☐ Left Food | Water Intake: ☐ Normal ☐ High | Mobility: ☐ Limping ☐ Playful & Normal | Stool: ☐ Firm ☐ Loose

Dog Sitter / Walker Notes: _____