Rescue Dog Wellness *and Adaptation Journal*

Pet's Name: _

Date: _

Daily Food Intake

Breakfast:

Time:	
Food Type:	
Quantity:	
Supplements/ Medications:	

Lunch (if applicable):

Time:	
Food Type:	
Quantity:	
Supplements/ Medications:	

Dinner:

Time:	
Food Type:	
Quantity:	
Supplements/ Medications:	

Treats/Snacks:

Time:	
Туре:	
Quantity:	

Daily Activity

Morning Walk/Exercise:

Time:	
Duration:	
Type of Activity:	
Observations:	

Afternoon/Evening Walk/Exercise:

Time:	
Duration:	
Type of Activity:	
Observations:	

Playtime/Training Sessions:

Time:	
Duration:	
Type of Activity:	
Observations:	



General Observations and Notes

Behavioral Observations:

Health Observations:

Other Notes:

Daily Adaptation and Comfort Observations

Comfort Level in Home: (e.g., relaxed, exploring, hiding)

Interactions with Family Members: (e.g., friendly, shy, nervous)

Response to New Experiences: (e.g., walks, meeting new people/pets)

Signs of Stress or Anxiety: (e.g., pacing, whining, excessive barking)

Sleeping Patterns: (e.g., restful, restless, location preference)

Weekly Adaptation Summary

Overall Progress:

Reflections on how the dog is adapting to its new home and family.

Notable Improvements or Concerns:

Any significant changes in behavior, confidence, or comfort level.

Adjustment Strategies Used:

Any specific techniques or routines that have helped in the dog's adaptation process.