

Pet's Name:	Daily Activity Morning Walk/Exercise:	
Daily Food Intake		
Breakfast:		
Time:	Time:	
Food Type:	Duration:	
Quantity:	Type of Activity:	
Supplements/ Medications:	Observations:	
Lunch (if applicable):	Afternoon/Evening Walk/Exercise:	
Time:	Time:	
Food Type:	Duration:	
Quantity:	Type of Activity:	
Supplements/ Medications:	Observations:	
Dinner:	Playtime/Training Sessions:	
Time:	Time:	
Food Type:	Duration:	
Quantity:	Type of Activity:	
Supplements/ Medications:	Observations:	
Treats/Snacks:		
Time:		
Type:		
Quantity:		

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.