

PET NAME:

WEEK#:

DATE:

### REVIEW

DAY	ROUTINE DID YOU STICK TO IT?	THE BASICS EAT, POTTY, PLAY, SLEEP	WERE THEY CALM CONFIDENT? CIRCLE SCORE	NOTES/ TRIGGERS WHAT HAPPENED TODAY?
MON	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
TUE	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
WED	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
THUR	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
FRI	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
SAT	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	
SUN	MISSED? DONE <input type="checkbox"/>	MISSED? ALL GOOD <input type="checkbox"/>	LOW TO HIGH 1 2 3 4 5	

Score each metric from 1 (Worst) to 5 (Best) **SCORE**

Separation Anxiety ☆☆☆☆☆

Noise Sensitivity ☆☆☆☆☆

Handling Comfort ☆☆☆☆☆

Boredom/  
Destruction ☆☆☆☆☆

Appetite ☆☆☆☆☆

Sleep ☆☆☆☆☆

### Progress & Goals

**BIGGEST SUCCESS** THIS WEEK

**MAIN CHALLENGE** TO WORK ON

NEXT WEEK

