

CATS NAME(S):

DATE:

WEEK #:



ROUTINE	MON	TUE	WED	THURS	FRI	SAT	SUN
FOOD	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>
TREATS	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>
PLAYTIME	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>	DONE <input type="checkbox"/> <input type="checkbox"/>

DAILY LITTER	SCOOPED?	FECES 1 (SOFT) 5 (SOLID)	URINE COLOR OF LITTER	WHO HELPED	HEALTH NOTES
MON	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
TUE	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
WED	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
THURS	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
FRI	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
SAT	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		
SUN	YES / NO		<input type="radio"/> Yellow <input type="radio"/> Blue <input type="radio"/> Orange <input type="radio"/> Red		

DEEP CLEAN	FREQUENCY	DATE DONE	PRODUCT USED	WHO HELPED	NOTES/ COMMENTS
BOWLS	DAILY				
WATER FOUNTAIN	WEEKLY		CHECK/ CLEAN FILTER <input type="checkbox"/>		
BEDDING	WEEKLY				
TOYS WASH	WEEKLY				
TOY ROTATION	WEEKLY				
LITTER CHANGE	WEEKLY				
LITTER BOX(S)	MONTHLY		NEW LITTER <input type="checkbox"/> FULL WASH <input type="checkbox"/>		
BRUSHING	WEEKLY				
NAILS	MONTHLY				
GROOMER	MONTHLY				