

PET NAME:

WEEK#:

DATE:

REVIEW

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

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

Separation Anxiety

Noise Sensitivity

Handling Comfort

Boredom/
Destruction

Appetite

Sleep

Progress & Goals

BIGGEST SUCCESS THIS WEEK

MAIN CHALLENGE TO WORK ON

NEXT WEEK