Paris' Promise

FOUNDATION

Daily Care Tracker

How to Use This Tracker

This tracker helps you notice patterns, celebrate the good days, and keep important information in one place so you can share what you're seeing with your veterinary care team.

DAILY CHECK IN: HOW THE 1-5 SCALE WORKS

Use what's typical for your dog as the baseline.



APPETITE

How interested is your dog in food?

5	4	3	2	1
Like their usual self	Slight change from usual	Noticable change	Significant change	Very different from usual
Eats with enthusiasm, normal appetite	A little less interested or ate a bit less	Needed encouraged or topper	Ate very little or only treats	Refused food and treats



ENERGY AND ENGAGEMENT

How is your dog moving and engaging?

5	4	3	2	1
Like their usual self	Slight change from usual	Noticable change	Significant change	Very different from usual
Active, playful, interested in usual activities	Tired a bit faster, still enjoys some activities	More quiet, resting more, still greets you	Very low energy, not interested in activities	Unable or unwilling to get up



COMFORT

How comfortable is your dog?

5	4	3	2	1
Like their usual self	Slight change from usual	Noticable change	Significant change	Very different from usual
Relaxed, sleeping comfortably breathing	Mainly comfortable with mild stiffness	Subtle signs of pain and or trouble breathing	Pacing, whining, or cannot settle	Appears to be in intense pain or distress

TIPS FOR USING THIS TRACKER

- Try to check in at the same time each day.
- Use the “Notes or Questions” space to jot down anything you want to remember or ask.
- Bring this tracker to appointments to help your care team see patterns over time.
- Some days will be better than others.



You know your dog best. If something feels different, concerning, or changes suddenly, contact your veterinary care team for guidance. Follow the individualized instructions they have provided for your dog, including when to seek emergency care.

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Put a number in the box for each day.

	S	M	T	W	T	F	S
 **Appetite**							
 **Energy & Engagement**							
 **Comfort**							

Dog's Name: _____ **Week of:** _____

3. CHANGES & SYMPTOMS

Check all that apply and anything else you notice.

DIGESTIVE

- [ ] Vomiting
- [ ] Diarrhea
- [ ] Nausea/Lip Smacking
- [ ] Other: _____

PHYSICAL CHANGES

- [ ] Increased Thirst
- [ ] Heavy Panting
- [ ] Lethargy
- [ ] Other: _____

INCISION/TUMOR AREA

- [ ] Redness
- [ ] Swelling
- [ ] Discharge
- [ ] Other: _____

ANYTHING ELSE YOU NOTICED:

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4. NOTES OR QUESTIONS FOR YOUR VETERINARY TEAM

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A GOOD MOMENT

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2. DAILY CHECK-IN (Rate 1-5)

Put a number in the box for each day.

	S	M	T	W	T	F	S
 **Appetite**							
 **Energy & Engagement**							
 **Comfort**							

Dog's Name: _____ **Week of:** _____

3. CHANGES & SYMPTOMS

Check all that apply and anything else you notice.

DIGESTIVE

- [ ] Vomiting
- [ ] Diarrhea
- [ ] Nausea/Lip Smacking
- [ ] Other: _____

PHYSICAL CHANGES

- [ ] Increased Thirst
- [ ] Heavy Panting
- [ ] Lethargy
- [ ] Other: _____

INCISION/TUMOR AREA

- [ ] Redness
- [ ] Swelling
- [ ] Discharge
- [ ] Other: _____

ANYTHING ELSE YOU NOTICED:

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4. NOTES OR QUESTIONS FOR YOUR VETERINARY TEAM

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A GOOD MOMENT

What made you smile?

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VETERINARY/ONCOLOGY TEAM _____

EMERGENCY VETERINARY HOSPITAL _____

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ADDITIONAL NOTES

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Dog's Name: _____ **Week of:** _____

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