



Policies and Procedures

Senior Monitoring Chart

ESSENTIALS FOR EACH KENNEL:		
<input type="checkbox"/> Shallow Litter Box	<input type="checkbox"/> Extra Water if Needed	<input type="checkbox"/> Hiding Box/Cover
<input type="checkbox"/> Resting Spot (Soft Bed)	<input type="checkbox"/> Weigh Once Weekly	<input type="checkbox"/> Wet and Dry Food

DATE	TIME	PADDED AREA	SHALLOW / CLEAN LITTER BOX	HIDING SPOT	URINE	FECES (diarrhea, normal)	APPETITE? HOW MUCH EATEN? WHAT TYPE?	FRESH WATER? DRINKING?	FRESH FOOD (CIRCLE)	ATTITUDE (BAR/QAR/LETHARGIC)
	AM								WET / DRY BOTH	
	PM								WET / DRY BOTH	
	AM								WET / DRY BOTH	
	PM								WET / DRY BOTH	
	AM								WET / DRY BOTH	
	PM								WET / DRY BOTH	
	AM								WET / DRY BOTH	
	PM								WET / DRY BOTH	
	AM								WET / DRY BOTH	
	PM								WET / DRY BOTH	

WEIGHT TRACKING (Carry over page to page)

Date	Weight	Date	Weight	Date	Weight
Date	Weight	Date	Weight	Date	Weight