Animal Name _____ **Daily Observation** Animal ID # _____

DATE																		
TIME																		
APPETITE DRY																		
Good																		
Average																		
Nibbling																		
Not eating																		
APPETITE WET																		
Good																		
Average																		
Nibbling																		
Not eating																		
STOOLS																		
Normal																		
Loose																		
Diarrhea																		
Bloody																		
None																		
URINE																		
Normal																		
Excessive																		
Strong odor																		
Bloody																		
Straining																		
None																		
VOMITING																		
Food																		
Bile																		
Hairball																		
Blood																		
Coughing																		
SNEEZING																		
Clear																		
Yellow																		
Green																		
Blood																		
EYES																		
Clear Discharge																		
Pus/mucus																		
Red/irritated																		
Swollen																		
MEDS																		

Local Jurisdiction _____ Shelter Location _____