14-DAY

RECOVERY JOURNEY TRACKER

For dogs recovering from FCE / spinal stroke

Your dog's name: _____

Welcome to Your Journey Tracker

A calm, practical place to record care, changes, questions and meaningful moments throughout your FCE journey.

Recovery after a canine spinal stroke can include encouraging changes, quiet days and unexpected turns. This tracker helps you notice patterns and share clear observations with your veterinary and rehabilitation teams. It is not a test, and your dog does not need to meet every milestone.

How to use it

- ☐ Complete one daily page at a convenient time.
- ☐ Record what you observe without testing your dog.
- ☐ Follow only exercises approved for your dog.
- ☐ Take the tracker to veterinary and rehabilitation visits.
- ☐ Use the concerns box for new or worsening changes.
- ☐ Celebrate small signs of comfort, movement and confidence.

Observation scale

Record as	What it means
Not observed	You did not see this today.
Attempted	Your dog initiated or tried the movement.
Full support	Completed with substantial physical support.
Some support	Completed with light or partial support.
Independent	Completed safely without physical support.

Important

This tracker supports - but does not replace - professional care.

Contact your veterinarian promptly about sudden deterioration, new or increasing pain, difficulty urinating, breathing changes, marked lethargy, vomiting, medication reactions, pressure sores, broken skin, or any change that concerns you.

Always follow your own veterinary team's emergency instructions.

Your Dog and Veterinary Team

Dog's name	
Breed	
Date of birth / age	
Current weight	
FCE event date and time	
Diagnosis date	
Hospital / clinic	
Primary veterinarian	
Neurologist	
Rehabilitation professional	
Emergency clinic and phone	

What happened

Briefly record the event, diagnosis and areas of the body affected:

Affected areas observed or identified by your veterinary team:

☐ Left front limb	☐ Right front limb
☐ Left hind limb	☐ Right hind limb
☐ Bladder function	☐ Bowel function
☐ Other:	

Individual Care Plan

Complete this page from the instructions provided by your veterinary and rehabilitation professionals.

Current diagnosis and professional care instructions:

_____

_____

_____

_____

_____

_____

_____

_____

Medication and treatment record

Medication / treatment	Dose	Times	Important instructions

Approved rehabilitation activities

Activity	Frequency / duration	Support or precautions

Positioning, toileting, feeding, movement or equipment instructions:

_____

_____

_____

Daily Record Guide

Each daily page uses the same layout so recording becomes easier. Write only what is useful for your dog's care; leave anything irrelevant blank.

What to observe

Comfort & wellbeing	Rest, interest, calmness and any signs that concern you.
Food & water	What was offered, how much was taken and any change in appetite.
Bladder	Voluntary urination or assistance, approximate times and unusual changes.
Bowels	Bowel movements, assistance and notable changes.
Mobility	Movements that occurred naturally or during approved activities.
Rehabilitation	Only activities prescribed or approved for your dog.
Skin & positioning	Redness, dampness, pressure areas, bedding and position changes.
Today's pawprint	One encouraging moment, however small.

A gentle reminder

Progress is not always linear.

A quieter day does not automatically mean recovery has stopped. Avoid comparing your dog's timeline with another dog's. Record changes and ask your veterinary team for guidance when you are unsure.

Need some encouragement?

Find encouragement and resources on FCEtalk.com or simply scan the barcode below

Useful appointment preparation

☐ Circle or mark new changes before the appointment.
☐ Bring medication names and doses.
☐ Note bladder and bowel concerns.
☐ Record questions while they are fresh.
☐ Ask before adding or changing exercises.
☐ Take short videos only when safe to do so.

Daily Recovery Record DAY 1

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 2

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 3

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 4

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 5

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 6

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 7

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Week 1 Reflection

Looking back over Days 1-7 without comparing your dog's journey to anyone else's.

Changes or patterns I noticed this week:

_____

_____

_____

Areas to discuss with the veterinary or rehabilitation team

☐ Comfort / pain	☐ Medication
☐ Eating / drinking	☐ Bladder function
☐ Bowel function	☐ Skin / pressure areas
☐ Movement / mobility	☐ Exercises / equipment
☐ Sleep / behaviour	☐ Other:

Milestones or encouraging moments

Small changes are worth recording:

_____

_____

_____

Questions for the next appointment

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

For the week ahead

Continue with the individual plan provided for your dog. Contact your veterinary team if you notice deterioration, new pain, urinary concerns, medication reactions, skin damage or another worrying change.

Daily Recovery Record DAY 8

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 9

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 10

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 11

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 12

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 13

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Daily Recovery Record DAY 14

Record observations only; do not test movement or change treatment without professional guidance.

Date:	Completed by:	Appointment today: ☐ Yes ☐ No

Comfort, rest and connection

☐ Comfortable / settled	☐ Restless or unsettled	☐ Interested and engaged
☐ More tired than expected	☐ New or increasing pain signs	☐ Other change noted below

Notes:

Food, water and medication

	Morning	Afternoon	Evening
Food / water			
Medication	☐ Given ☐ N/A	☐ Given ☐ N/A	☐ Given ☐ N/A

Notes:

Bladder and bowel care

	Morning	Afternoon	Evening
Bladder and bowel			

☐ Urinated voluntarily	☐ Bladder assistance provided	☐ No urine / difficulty noted
☐ Bowel movement	☐ Bowel assistance provided	☐ No bowel movement today

Notes:

Movement and mobility observed

Observation	Level	Notes
Voluntary limb movement	☐ None ☐ Attempted ☐ Seen	
Sitting / trunk control	☐ Full ☐ Some ☐ Independent	
Standing / weight-bearing	☐ Full ☐ Some ☐ Independent	
Steps / walking	☐ Full ☐ Some ☐ Independent	
Paw placement / knuckling	☐ Same ☐ Better ☐ Concern	

Notes:

Approved rehabilitation and body care

☐ Approved exercises completed	☐ Position changed as directed	☐ Harness / sling used
☐ Skin and pressure areas checked	☐ Bedding clean and dry	☐ Paws / nails checked

Notes:

TODAY'S PAWPRINT One encouraging moment:	CHANGES OR CONCERNS Record anything to discuss:

Week 2 Reflection

Looking back over Days 8-14 without comparing your dog's journey to anyone else's.

Changes or patterns I noticed this week:

_____

_____

_____

Areas to discuss with the veterinary or rehabilitation team

☐ Comfort / pain	☐ Medication
☐ Eating / drinking	☐ Bladder function
☐ Bowel function	☐ Skin / pressure areas
☐ Movement / mobility	☐ Exercises / equipment
☐ Sleep / behaviour	☐ Other:

Milestones or encouraging moments

Small changes are worth recording:

_____

_____

_____

Questions for the next appointment

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

For the week ahead

Continue with the individual plan provided for your dog. Contact your veterinary team if you notice deterioration, new pain, urinary concerns, medication reactions, skin damage or another worrying change.

Recovery Milestones

Dates are optional. Record what matters to your dog and family; not every milestone will apply.

Milestone	Date	Notes
☐ First voluntary limb movement		
☐ First tail movement or wag		
☐ Improved head or trunk control		
☐ First comfortable supported sit		
☐ First supported stand		
☐ First weight-bearing attempt		
☐ Improved paw placement		
☐ First assisted steps		
☐ First independent steps		
☐ Longer or steadier walking		
☐ Return of voluntary urination		
☐ Improved bowel routine		
☐ First comfortable night		
☐ Return of interest in a favourite activity		

A milestone unique to my dog:

Appointments and Professional Guidance

Date	Professional	Purpose	Next steps / changes

Questions to take with you

- ☐
- ☐
- ☐
- ☐

Updated instructions

Record changes to medication, activities, assistance or follow-up care:

Fourteen-Day Reflection

A place to recognise how far your dog and family have travelled.

The most meaningful change we noticed:

_____

_____

_____

What is helping our dog feel safe and comfortable:

_____

_____

_____

What remains difficult or uncertain:

_____

_____

_____

Questions and priorities for the next stage:

_____

_____

_____

A moment we want to remember:

_____

_____

_____

Your journey continues

Recovery is individual. Your careful observations, everyday support and willingness to ask for guidance all matter. Keep working with your veterinary and rehabilitation professionals as your dog's needs change.

Notes

FCEtalk.com

Trusted guidance, practical recovery resources and compassionate support for families navigating canine spinal stroke.

No family should travel the journey alone

Share Your Story

Behind every FCE diagnosis is a family navigating fear, hope, setbacks, and small victories. We thank everyone who shares their story with our community, offering hope and support to other pet owners through such a difficult time. Scan the QR code or head to https://www.fcetalk.com/spinal-stroke-stories/