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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date ou jour** |  |  |  |  |  |  |  |
| **Petit-déjeuner** |  |  |  |  |  |  |  |
| **Collation** |  |  |  |  |  |  |  |
| **Déjeuner** |  |  |  |  |  |  |  |
| **Collation** |  |  |  |  |  |  |  |
| **Diner** |  |  |  |  |  |  |  |
| **Collation** |  |  |  |  |  |  |  |
| **Activité physique** |  |  |  |  |  |  |  |
| **Nombres de selles, consistance et couleur?** |  |  |  |  |  |  |  |
| **Nombres d'urines, couleurs?** |  |  |  |  |  |  |  |

NOM :

Prénom :