Your plant, your notes.

A reusable record for observation, not a fixed watering timetable.

Plant / botanical name: _____

Location & light: _____

Pot / mix / drainage: _____

My moisture check: _____

DATE	SOIL & POT WEIGHT	ACTION TAKEN	WHAT CHANGED?

NEXT TIME I CHECK

□ Feel the mix □ Lift the pot □ Look under leaves

□ Empty standing water □ Note new growth

One thing I’m learning: _____