

# Recognizing My Limitations

List your limitations in caring for your mobility-challenged dog

## LIMITATIONS

My **physical** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **emotional** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **financial** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **time** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **social** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My **support network** limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIMITATIONS *(continued)*

My limitations from **recent life events**:

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## OTHER LIMITATIONS

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