



Keep track of your [Bathroom Training](#) with this daily worksheet.

Your Goal: accident-free within one week.

**Tips**

- 1. A puppy, who is out of the crate, moving around, will need a bathroom break every 15 minutes.
- 2. Put a critter-proof jar of treats in your bathroom zone so you are reinforcement ready.
- 3. Unclear on your Action Plan? [Read This](#).
- 4. If there are 5 or more accidents a day, examine your action plan.

**Chart the Day**

*Make a note of any medications, weather changes, or distractions.*

Date .....	Weather .....					Notes
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	
Time .....	<input type="checkbox"/> Pee	<input type="checkbox"/> Poo	<input type="checkbox"/> Accident	<input type="checkbox"/> No Go	.....	