

BATHROOM HISTORY

Keeping track of your puppy's bathroom habits can be very useful if your puppy is struggling with house training. It will allow you to see patterns and adjust your daily routine to give them more opportunities to relieve themselves in desired places.

DAY 1	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 2	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 3	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 4	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 5	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 6	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N
DAY 7	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N	Time _____ Poop/Pee <input type="checkbox"/> Urine <input type="checkbox"/> Accident Y N