

# POTTY TRAINING TRACKER

## USING THE TRACKER

This Potty Training Tracker is for newly adopted adolescent or adult dogs that are on a schedule of two feedings daily. This tracker would also be appropriate for an existing dog if you're revisiting and polishing up preexisting potty training.

This tracker will help multiple family members all stay on the same page. At a glance, anyone will be able to see if the dog's been taken out. If you're flying solo, this is a super way to stay organized and focused.

## DIRECTIONS

- Print one sheet per week.
- Mark off breakfast when it's been given.
- For each time you take your dog out and they eliminate, check the appropriate boxes and note the approximate time. You may not need to fill in every box per day.
- Check off dinner when it is served (and don't forget to take your dog out afterwards).
- Record the number of indoor accidents in the center hexagon.

We want to see those accidents staying as close to zero as possible. If the numbers decrease, keep doing what you're doing. If they stay the same, you need to keep working and stay vigilant. If the numbers increase, you need to reexamine your program.

When your number of accidents is consistently zero, you can stop printing off trackers.

See our book, *Potty Training Decoded*, for greater detail on your potty training regimen!

GOOD LUCK!



**SIMPAWTICO**  
DOG TRAINING

# POTTY TRAINING TRACKER



## Accidents

Breakfast	<b>MONDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>TUESDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>WEDNESDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>THURSDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>FRIDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>SATURDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time:

Breakfast	<b>SUNDAY</b>					Dinner
Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>		Pee <input type="checkbox"/>	Pee <input type="checkbox"/>	Pee <input type="checkbox"/>
Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>		Poo <input type="checkbox"/>	Poo <input type="checkbox"/>	Poo <input type="checkbox"/>
Time:	Time:	Time:		Time:	Time:	Time: