



# Family Dog



# Walking Schedule



Day	Name	Time	Status
<b>M</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>T</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>W</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>Tu</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>F</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>S</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing
<b>Su</b>		AM _____ PM _____	<input type="checkbox"/> Pee <input type="checkbox"/> Poo <input type="checkbox"/> Nothing