

MUSHER \_\_\_\_\_ NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NO.	NAME	BREED	SEX	AGE	WT.	MARKINGS	REMARKS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
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11.							
12.							
13.							
14.							
15.							

The above dogs were examined by me and were found to be physically qualified to participate in the Jr. Iditarod. I have verified rabies & distemper/parvo vaccination requirements.

\_\_\_\_\_  
 Veterinarian Signature

**Note: During the race, we must be able to reach the person responsible for picking up your dropped dogs whenever the dogs come in. Please provide us with a number that we can reach any time, preferable a cell number.**

\_\_\_\_\_  
 phone #

\_\_\_\_\_  
 person to call

Please return to: **Jr. Iditarod, 2100 S Knik Goose Bay Rd, Wasilla, AK 99654**