

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

ADDRESS \_\_\_\_\_

| NO. | NAME | BREED | SEX | AGE | WT. | MARKINGS | REMARKS |
|-----|------|-------|-----|-----|-----|----------|---------|
| 1.  |      |       |     |     |     |          |         |
| 2.  |      |       |     |     |     |          |         |
| 3.  |      |       |     |     |     |          |         |
| 4.  |      |       |     |     |     |          |         |
| 5.  |      |       |     |     |     |          |         |
| 6.  |      |       |     |     |     |          |         |
| 7.  |      |       |     |     |     |          |         |
| 8.  |      |       |     |     |     |          |         |
| 9.  |      |       |     |     |     |          |         |
| 10. |      |       |     |     |     |          |         |
| 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, PO Box 2965, Palmer, AK 99645**