

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 870800, Wasilla AK 99687**