

MUSHER _____ NUMBER _____ DATE _____

ADDRESS _____

NO.	NAME	BREED	SEX	AGE	WT.	MARKINGS	REMARKS
1.							
2.							
3.							
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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**