

**IDITAROD TRAIL SLED DOG RACE  
2014 DOG CARE AGREEMENT**

I/We, \_\_\_\_\_, agree to treat dropped dogs for  
(print veterinarian's name)

\_\_\_\_\_ while he/she is participating in the  
(print musher's name)

2014 Iditarod Trail Sled Dog Race. I/we have received a deposit in the amount of \$200.00 or otherwise agree to be responsible for that amount should I/we be unable to make personal contact with the aforementioned individual or their representative and need to proceed with treatment and care for any of his/her dogs which are dropped during the race.

Veterinarian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Veterinarian \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Business Hours Monday - Friday \_\_\_\_\_

Business Hours Saturday & Sunday \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

This form may be mailed to:  
Iditarod Trail Committee  
PO Box 870800  
Wasilla AK 99687

Or submitted online

Or faxed to: (907)373.6998