

**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. Financial arrangements have been made directly with this veterinarian/clinic.

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