

**IDITAROD TRAIL SLED DOG RACE  
2016 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)

2016 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