

# IDITAROD PRE-RACE EXAM – 2017

Musher: \_\_\_\_\_ Dog Name: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_\_ Microchip # \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Haircoat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiration/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculo-Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hind Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lumps, Bumps or Sores	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mammary Glands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vulva	<input type="checkbox"/>	<input type="checkbox"/>	_____
Testicles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prepuce	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Vaccination Status</u>		
<u>Vaccine</u>	<u>Date Given</u>	<u>Given by Whom</u>
Distemper, Hepatitis, Parvo	_____	_____
Kennel Cough	_____	_____
Lepto	_____	_____
Rabies	_____	_____
<u>Worming Status</u>		
<u>Product Used</u>	<u>Date Wormed</u>	
_____	_____	
_____	_____	

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