

# Each Local Contact Must Complete A Form

## IDITAROD TRAIL COMMITTEE, INC. LOCAL CONTACT #1

### YOU MUST USE A LOCAL CONTACT FROM EITHER ANCHORAGE, WASILLA OR BIG LAKE

#### PLEASE PRINT!

MUSHER NAME: \_\_\_\_\_

MUSHER HOME ADDRESS: \_\_\_\_\_

MUSHER HOME PHONE: \_\_\_\_\_

NAME OF LOCAL CONTACT #1: \_\_\_\_\_

I have informed local contact person #1 and local contact person #2 that one or the other will be notified when a dropped dog of mine has arrived in Anchorage. In addition, I have advised both contact persons that dropped dogs must be picked up within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on my Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**MUSHER  
SIGNATURE:** \_\_\_\_\_

LOCAL CONTACT # 1 HOME PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT # 1 WORK PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT # 1 CELL PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT # 1 E-MAIL ADDRESS: \_\_\_\_\_

LOCAL CONTACT # 1 HOME ADDRESS: \_\_\_\_\_

LOCAL CONTACT # 1 WORK ADDRESS: \_\_\_\_\_

#### THE FOLLOWING MUST BE COMPLETED BY LOCAL CONTACT #1:

I have read the foregoing and agree to act as a local contact for \_\_\_\_\_  
musher's name

I understand that I will be responsible for picking up his/her dropped dogs at the Millennium Alaskan Hotel and the Eagle River Correctional Center within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on the musher's Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**LOCAL CONTACT #1  
SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Each Local Contact Must Complete A Form

## IDITAROD TRAIL COMMITTEE, INC. LOCAL CONTACT #2

**YOU MUST USE A LOCAL CONTACT FROM EITHER  
ANCHORAGE, WASILLA OR BIG LAKE**

### PLEASE PRINT!

MUSHER NAME: \_\_\_\_\_

MUSHER HOME ADDRESS: \_\_\_\_\_

MUSHER HOME PHONE: \_\_\_\_\_

NAME OF LOCAL CONTACT #2: \_\_\_\_\_

I have informed local contact person #1 and local contact person #2 that one or the other will be notified when a dropped dog of mine has arrived in Anchorage. In addition, I have advised both contact persons that dropped dogs must be picked up within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on my Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**MUSHER  
SIGNATURE:** \_\_\_\_\_

LOCAL CONTACT #2 HOME PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT #2 WORK PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT #2 CELL PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT #2 E-MAIL ADDRESS: \_\_\_\_\_

LOCAL CONTACT #2 HOME ADDRESS: \_\_\_\_\_

LOCAL CONTACT #2 WORK ADDRESS: \_\_\_\_\_

### THE FOLLOWING MUST BE COMPLETED BY LOCAL CONTACT #2:

I have read the foregoing and agree to act as a local contact for \_\_\_\_\_  
musher's name

I understand that I will be responsible for picking up his/her dropped dogs at the Millennium Alaskan Hotel and the Eagle River Correctional Center within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on the musher's Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**LOCAL CONTACT #2  
SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_