

# IDITAROD QUALIFYING RACE

## MUSHER ASSESSMENT FORM

**MUSHER NAME:**

**RACE NAME:**

**Number of Teams in Race/Finishing Position:**

**Date of Race:**

**Your Name:**

**Date of Form Submission:**

**Your Phone Contact:**

**Your Official Race Role:**

The purpose of this document is to inform members of the Iditarod Trail Sled Dog Race Qualifying Review Board about the performance of a musher in an approved qualifying race. This form is to be completed by the Race Marshal or their qualified designee. It is suggested that input be sought from other race judges, officials and veterinarians. Form must be completed and returned **within 10 days** of race finish directly to the Iditarod Trail Committee at the contacts listed at the bottom of this form.

### MUSHER SKILL ASSESSMENT

General Attitude

Ability to Compete

Physical Stamina

Cold Weather Preparedness and Tolerance

Compliance with Race Rules and Policies

Sleep Deprivation Tolerance

Equipment Selection

Mental Perseverance

Organization and Efficiency

Wilderness Survival Skills

Did you have any concerns about the musher in any of the the above mentioned criteria? Yes No  
Please mark off the musher skills and note any concerns or suggestions below:

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### DOG CARE ASSESSMENT

Condition of Dogs at Start

Control of Dog Team

Condition of Dogs at Finish

Feeding Program

Musher's Attitude toward Dogs

Dog Foot Care

Musher Interaction with People

Management of Females in Heat

Communication with Race Veterinarians

Overall Dog Care

Did you have any concerns about the musher in any of the above mentioned criteria? Yes No  
Please mark off the above dog care skills and note any concerns or suggestions below:

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**ADDITIONAL COMMENTS:**

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**Please return with in 10 days of race finish to: Iditarod Trail Committee**

Mail: PO Box 870800, Wasilla, Alaska 99687 or Fax: (907) 373-6998 or E-Mail [jpotts@iditarod.com](mailto:jpotts@iditarod.com)