

# IDITAROD PRE-RACE EXAM – 2015

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

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

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
<b>Attitude</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Weight</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Haircoat</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Skin</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Eyes</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Ears</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nose</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Teeth/Mouth</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Heart</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Respiration/Lungs</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Musculo-Skeletal</b>	<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"/>	_____
<b>Feet</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Genito-Urinary</b>	<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"/>	_____
<b>Rectum</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Abdomen</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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