

**IDITAROD TRAIL SLED DOG RACE
2012 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)

2012 Iditarod Trail Sled Dog Race. I/we have received a deposit in the amount of \$200.00 or otherwise agree to be responsible for that amount should I/we be unable to make personal contact with the aforementioned individual or their representative and need to proceed with treatment and care for any of his/her dogs which are dropped during the race.

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