

Each Local Contact Must Complete & SIGN 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:** _____

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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:** _____