

**IDITAROD TRAIL SLED DOG RACE
2020 DOG CARE AGREEMENT**

I/We, _____, agree to treat Returned Dogs for
(print veterinarian's name)

_____ while he/she is participating in the
(print musher's name)

2020 Iditarod Trail Sled Dog Race. Financial arrangements have been made directly with this veterinarian/clinic.

Printed Name of Veterinarian: _____

Veterinarian Signature: _____ Date: _____

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
2100 S Knik Goose Bay Road
Wasilla AK 99654

Or submitted online

Or faxed to: (907) 373-6998