

# IDITAROD PRE-RACE EXAM – 2022

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

Sex: M F M/N F/S Age: \_\_\_\_ Temperature: \_\_\_\_\_ Microchip# \_\_\_\_\_

Body Condition Score (circle one): 1/9 2/9 3/9 4/9 5/9 6/9 7/9 8/9 9/9 \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
<b>Weight</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Attitude</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 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"/>	_____

<b><u>Vaccination Status</u></b>		
<u>Vaccine</u>	<u>Date Administered</u>	<u>Administered By</u>
Distemper, Hepatitis, Parvo	_____	_____
Lepto. Parainfluenza	_____	_____
Bordetella	_____	_____
Rabies	_____	_____
<b><u>Deworming Status</u></b>		
<u>Product Used</u>	<u>Date Dewormed</u>	
_____	_____	
_____	_____	

Veterinarian **PRINTED** Name: \_\_\_\_\_

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

*-This paperwork is due on Wednesday, March 2, no later than 5 PM*