



IDITAROD TRAIL SLED DOG RACE 2024 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)

2024 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: _____

Fax to ITC Office at (907) 373-6998, email: sszelag@iditarod.com,
or mail to: Iditarod Trail Committee
2100 S. Knik-Goose Bay Rd.
Wasilla, AK, 99654