

**IDITAROD TRAIL SLED DOG RACE  
2025 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)

2025 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](mailto:sszelag@iditarod.com),  
or mail to: Iditarod Trail Committee  
2100 S. Knik-Goose Bay Rd.  
Wasilla, AK, 99654