

# 2026 IDITAROD PRE-RACE EXAM FORM

MUSHER: \_\_\_\_\_

OWNER OF DOG: \_\_\_\_\_

DOG NAME: \_\_\_\_\_

MICROCHIP #: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX:    M    M/N    F    F/S

<b>Body Condition Score</b> <small>(circle one):</small>	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	<b>Temp</b> <small>(rectal) °F</small>
<b>Comments:</b>										
<b>BODY SYSTEM/PART</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>COMMENTS</b>							
<b>Haircoat Skin</b> <small>(include rub, wounds, dermal lumps)</small>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Eyes/Ears/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>Abdomen</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Rectum-</b> perform if indicated <small>(only make notes if examined)</small>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Musculo-Skeletal</b> <small>(include sub-dermal lumps and bumps)</small>										
<b>Front Limbs</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Hind Limbs</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Trunk</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Feet</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Genito-Urinary</b>										
<b>Mammary Glands</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Testicles, prepuce/Vulva</b>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Directly ask Musher: If dog is female, is there any chance that this dog could be pregnant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>										

**Vaccine**

**DHPPI** (*Distemper, Hepatitis, Parvo, Parainfluenza*)

**Leptospirosis** (*Lepto*)

**Bordetella** (*Bord Branch*)

**Rabies**

**VACCINATION STATUS**

Date Administered:

Administered By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Product Used**

**DEWORMING STATUS**

Date Dewormed:

Administered by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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