

2027 IDITAROD PRE-RACE EXAM FORM

MUSHER: _____

DOG NAME: _____

MICROCHIP #: _____

AGE: _____

SEX: M M/N F F/S

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

<u>Vaccine</u>	<u>VACCINATION STATUS</u>	
	Date Administered	Administered By
DHPPi (<i>Distemper, Hepatitis, Parvo, Parainfluenza</i>)	_____	_____
Leptospirosis (<i>Lepto</i>)	_____	_____
Bordetella (<i>Bord Bronch</i>)	_____	_____
Rabies	_____	_____

<u>List Product Used</u>	<u>DEWORMING STATUS</u>	
	Date Dewormed:	Administered by:
_____	_____	_____

Veterinarian **PRINTED** Name: _____

Veterinarian Signature: _____ Date: _____