

Tag	Name	ID last 5	Sex M/F	AGE	WEIGHT	Anti- Ulcer	HR/ HEART/ LUNGS	Teeth, mucus membranes, general condition, other findings.	BCS

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Musher fill in grey area. Last column: Anti Ulcer medication during race Yes/ No per dog.

Veterinarian fill in white area. Mark "RC" if dog needs to be rechecked. Comment reason for RC.

PreRace Musher Information / Risk analysis

Team information:

Mushing your own team? Yes [] No [] Training own team before race: _____ km.

Last race competed: _____ When: _____ Finish place: _____ DNF: []

Ambitions this race: _____

Borrowed dogs in team? Yes [] No []

No. of borrowed dogs in team: _____ Since: _____ No. of kennels: _____

Km trained with borrowed dogs: _____ km

Food during race:

No knowledge of feeding: []

Diet: % energy from Fat: _____ %_Karbs: _____ %_Prot: _____ %_Kcal/day/dog ca: _____ kcal

Appetite during training: _____ Diarrhea during training: _____

Anti-ulcer treatment during race: No [] Yes [] Drug _____ Mark witch dogs in form

Individual information:

Name/ Tag of dogs who has been injured last 3 months: _____

Name/ Tag of dogs who has been ill last 6 months: _____

Name/ Tag of dogs who has been treated with antibiotics last 6 months: _____

For what reason?: _____ Name/ type of antibiotics: _____

Name/ Tag of dogs who has been performing suboptimal last 3 months: _____

Name/ Tag of dogs who has known diagnoses: _____

Name/ Tag of dogs who has other known issues: _____

Name/ Tag of dogs who IS or HAS BEEN pregnant, given birth, suckled last 3 months: _____

I guarantee to have given correct information to the best of my knowledge

Place date

Signature musher.

These dogs presented to me with the musher information and my own examination and health evaluation are considered fit to participate a long distance sled dog race. Valid 2 weeks.

Place date

Signature PreRace veterinarian