

Yukon Quest
1,000 MILE INTERNATIONAL SLED DOG RACE
MUSHER ASSESSMENT FORM

MUSHER NAME: _____

Email: _____ Mailing Address: _____

QUALIFYING RACE: _____ Distance: _____

Date of Race: _____ Race Location: _____

Race Mailing Address or Email: _____

Number of Teams in Race: _____ Mushers Finishing Position: _____

RACE OFFICIALS:

Race Marshal: _____ Email: _____

Phone: _____

Head Vet: _____ Email: _____

Phone: _____

MUSHER SKILL ASSESSMENT (To be completed by Race Marshal)
(Scale of 1 to 5, where 5 is excellent, 3 is average, and 1 is poor)

- | | |
|-------------------------------------------|-------------------------------|
| ___ Overall Attitude | ___ Ability to Compete |
| ___ Organization & Efficiency | ___ Cold Weather Preparedness |
| ___ Compliance with Race Rules & Policies | |

DOG CARE ASSESSMENT (To be completed by the Head Veterinarian)

- | | |
|-------------------------------------------|-----------------------------------|
| ___ Condition of Dogs at Start | ___ Condition of Dogs at Finish |
| ___ Control of Dog Team | ___ Feeding Program |
| ___ Dog Foot Care | ___ Management of Females in Heat |
| ___ Drivers Attitude towards Dogs | ___ Overall Dog Care |
| ___ Communication with Race Veterinarians | |

Do you have any concerns about the musher in any of the above criteria? ___ Yes ___ No

If yes, please explain: _____

Additional Comments: _____

Race Marshal Signature

Head Veterinarian Signature

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