

**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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