

Chip List

Class: _____



Musher:

Name: _____

First Name: _____

Country: _____

Dogs

	Name	Sex M/F	Birthdate	Micro-Chips	Drugs?	Racing Dog?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

All your dogs must be on the list! All participating dogs have to be marked with yes in column "Racing Dogs".
Any dog who gets some drugs has to be marked X in column "Drugs".

Signature: _____