

Veterinary Treatment Consent – Canadian Challenge Sled Dog Race 2025

Musher's name	Phone #
Name of parent/guardian if under 18	Phone #
Handler's name	Phone #
Truck driver's name	Phone #
Owner 1 – list names of all owned dogs including alternates If dogs on the team are owned by more than one person, list each dog under the correct owner.	Phone #
Owner 2 (if applicable) – list names of all owned dogs including alternates	Phone #
Owner 3 (if applicable) – list names of all owned dogs including alternates	Phone #

1. I am the owner or agent of the animals listed above. I have authority to execute this consent and am over the age of 18. A parent or guardian must sign for owners under the age of 18.

2. I hereby consent to and authorize any treatment deemed necessary by the veterinary team during and after the race from February 17 to February 21, 2025.

3. I understand that the race veterinarians are equipped to provide basic field medicine only. I understand that I will not be charged a fee for this veterinary service. If my animal(s) require more extensive care, I understand that my animal(s) will be referred to other veterinary clinics and that this may necessitate travel to Saskatoon, depending on the nature of the treatment required, and that I will be financially responsible for any care needed at these facilities.

4. I understand that there are risks to veterinary treatments, including drug reactions or consequences of sedation, that could result in the death of my animal.

5. If unforeseen conditions of an urgent or emergency nature arise that, in the judgment of the attending veterinarian, call for humane euthanasia of my animal, I authorize the performance of this procedure if you are unable to contact me for further consent at the time.

6. I have read and understand this consent.

Owner 1 Name _____ Signature _____
Date _____

Owner 2 Name _____ Signature _____
Date _____

Owner 3 Name _____ Signature _____
Date _____