



Chipping List

Class: _____

BIB: _____

Musher:

Name: _____

First Name: _____

DID: _____

Country: _____

Dogs

	Name	Sex M/F	Date of Birth	Micro-Chip number	Drugs Yes/No	Racing Dog Yes/no
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 running dogs has to be marked with yes in column "Racing Dogs".
Any dog who gets some drugs has to be marked in column "Drugs".

Unterschrift / Signature: