

**BERNESE MOUNTAIN DOG CLUB OF AMERICA
DRAFT TEST WEIGHT CERTIFICATE**

NAME OF VET CLINIC: _____

OWNER/HANDLER NAME: _____

DOG'S CALL NAME: _____

VET CLINIC TO FILL IN BY HAND:

I verify on _____ : _____ : Weighed _____ lbs.
(date) *(dog's call name)* *(insert weight)*

(Signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clinician)

(Print name of Vet employee signing this form) (Clinic Phone #)

Please provide **Vet Clinic Stamp** below, with name, address and phone number of the Clinic,
OR have the information above printed/provided on the Vet Clinic's letterhead.

VET STAMP HERE: