

WEIGHT CERTIFICATE FOR BMDCA DRAFT TEST

Name of Vet Clinic: _____

Dog's Call Name: _____ Dog's B-G#: _____

Weight of Dog: _____ Date weighed: _____

Owner's or Handler's Name: _____

Vet Clinic to fill in by hand:

I verify that on this date _____ (date), _____

(dog's name) weighed _____ lbs. (dog's weight).

Signature of Vet Clinic employee witnessing weight of dog:

Please print name and position of Vet Clinic employee signing this form:

Please provide **Vet Clinic Stamp** below, with Name, Address & Phone Number of the Clinic OR have the information above provided on the Vet Clinic's letterhead.

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