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 Clinic employee signing this form) (Clinic Phone #)

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

VET STAMP HERE:

01-14-2025