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

NAME OF VET CLINIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER/HANDLER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify on \_\_\_\_\_\_\_\_\_ *(insert date)* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert dog’s call name)*

 Weighed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert weight).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of vet employee witnessing weight

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee Name and Title

**Please use vet clinic stamp below (with name, address, and phone of clinic) or have the above information printed/provided on clinic letterhead.**