Weight Certificate for BMDCA Draft Test

Name of Vet Clinic: Date:

Dogs Call Name: Weight of Dog:

Dogs BG#:

Owner or Handler's Name:

I verify that on this date _____ (date) that Dog _____ (Dog's name) weighed _____ (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 use Vet Clinic Stamp, below, with Name, Address & Phone Number of the Clinic or have this information provided on the Vet Clinic's letterhead.

Revised 1-29-2017