

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.**