| DOG'S CALL NAME: VET CLINIC TO FILL IN BY HAND: verify on: : Weighed: Weighed: (dog's call name) (date) (dog's call name) 'Signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clinic (Print name of Vet employee signing this form) (Clinic Phone # | ANDLER NAME: | BE | RNESE MOUNTAIN DOG CLUB O DRAFT TEST WEIGHT CERTIFI | - |
|---|--|-----------------------------|--|---------------------------------------|
| VET CLINIC TO FILL IN BY HAND: verify on: Weighed (date) (dog's call name) (date) (dog's call name) (signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clinic (Print name of Vet employee signing this form) (Clinic Phone # | G'S CALL NAME: VET CLINIC TO FILL IN BY HAND: (date) (bs. (date) (dog's call name) (date) (dog's call name) (insert weight) (insert weight) (of Vet Clinic employee witnessing weight of dog) (Position of Vet Clinician) (name of Vet employee signing this form) (Clinic Phone #) wide Vet Clinic Stamp below, with name, address and phone number of the Clinic he information above printed/provided on the Vet Clinic's letterhead. | NAME OF VET CLINIC: | | |
| VET CLINIC TO FILL IN BY HAND: verify on:: | VET CLINIC TO FILL IN BY HAND: | OWNER/HANDLER NAME: | | |
| verify on:: Weighed (date) (dog's call name) (insert weigh Signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clin (Print name of Vet employee signing this form) (Clinic Phone # | | DOG'S CALL NAME: | | |
| Signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clin (Print name of Vet employee signing this form) (Clinic Phone # Please provide Vet Clinic Stamp below, <u>with name, address and phone number of the</u> | e of Vet Clinic employee witnessing weight of dog) (Position of Vet Clinician) name of Vet employee signing this form) (Clinic Phone #) vide Vet Clinic Stamp below, <u>with name, address and phone number of the Clinic</u> ne information above printed/provided on the Vet Clinic's letterhead. | | VET CLINIC TO FILL IN BY F | IAND: |
| (Signature of Vet Clinic employee witnessing weight of dog) (Position of Vet Clin (Print name of Vet employee signing this form) (Clinic Phone # Please provide Vet Clinic Stamp below, <u>with name, address and phone number of the</u> OR have the information above printed/provided on the Vet Clinic's letterhead. | name of Vet employee signing this form) (Clinic Phone #) wide Vet Clinic Stamp below, <u>with name, address and phone number of the Clinic</u> he information above printed/provided on the Vet Clinic's letterhead. | verify on(date) | :: (dog's call name) | Weighed <u>Ibs</u> (insert weight) |
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| | ne information above printed/provided on the Vet Clinic's letterhead. | (Print name of Vet emp | bloyee signing this form) | (Clinic Phone #) |
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