

**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 employee signing this form) (Clinic Phone #)

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

VET STAMP HERE: