

**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.**