



AMWA Working Pack Dog Scheme

VETERINARY PRACTICE WEIGHT VERIFICATION FORM

Applicant Information

Dog's Registered Name: _____ Pet Name: _____

Dog's Weight in KG's: _____ Date: _____

Veterinary Practice Information

Practice Name _____

Address: _____

Phone: _____

Signature's

We hereby certify that the above information is true and correct

Signed:

Official Practice Stamp

Veterinary Practice Witness:

Dog's Registered Owner:

Dog weight validity time: All levels = 4 months