

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

003647

State or Territory of Issue PCSA

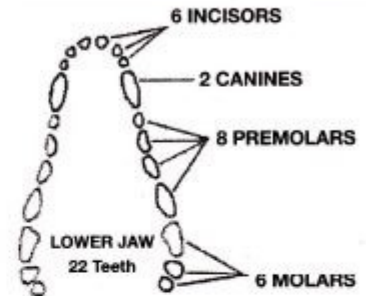
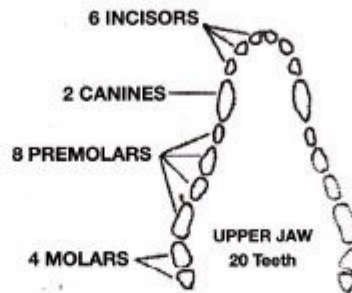
Dog's Registered Name: ROTTGEMS YASCON TERRAH
 Date of Birth: 02 / 01 / 2015 Sex: ~~Male~~ / Female (Delete as appropriate)
 Registration Number: 6100091329 Microchip / Tattoo Number: 953010000286132

DENTITION

Full Dentition (42)



(tick which)



Please indicate any missing teeth on diagram.

If additional teeth are present please note: _____

BITE: Please initial or sign in the shaded area of the correct box

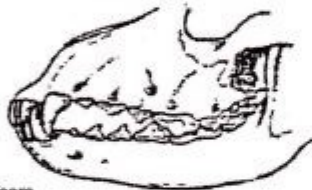
SCISSORS BITE

GI

LEVEL BITE



Position of 1, 2, incisors



Position of 1, 2, incisors

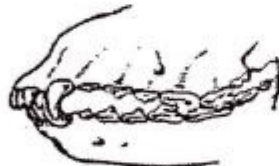


OVERSHOT BITE

UNDERSHOT BITE



Position of 1, 2, incisors



Position of 1, 2, incisors



Any deviation from the above please comment: Eg. Wry Mouth, etc: _____

I hereby certify that the information contained in this Certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting information: G INGHAM
 Address: SANFORD VET CLINIC, 163 NWCH GERALDTON WA 6530
 Signature: [Signature] Bur Med Date of Examination 03 / 11 / 2017

Owner's Name: S. BOESENBERG
 Address: _____ Phone No.: () 0427 251 131

Please forward BLUE copy to NRCA Breed Recorder:

Name: S BAIRD
 Address: PO BOX 1102 GROVEDALE DC VIC 3216

And YELLOW Copy to State Club

White: Owner's Original Blue: NRCA Breed Recorder Copy Yellow: State Club Copy