



National Rottweiler Council (Australia)

DENTAL CERTIFICATE

003645

State or Territory of Issue RCSA

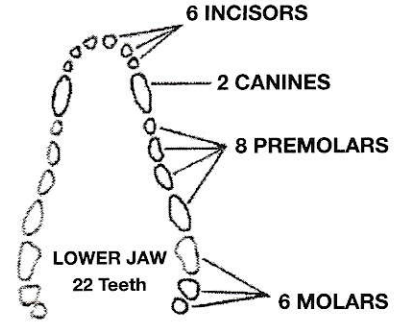
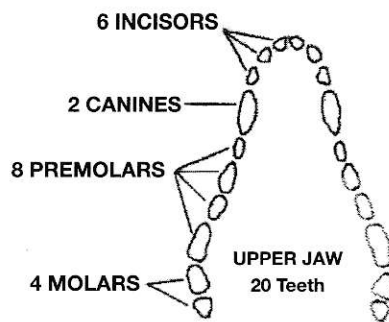
Dog's Registered Name: ROTTGEMS KAERAH LEXA
 Date of Birth: 13 / 08 / 15 Sex: ~~Male~~ / Female (Delete as appropriate)
 Registration Number: 610009509 Microchip / Tattoo Number: 953016000657833

DENTITION

Full Dentition (42)



(tick which)



Please indicate any missing teeth on diagram.

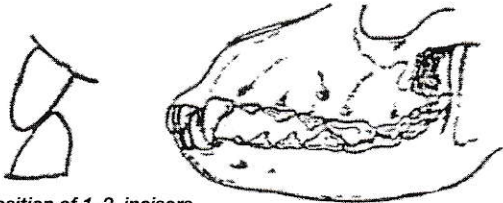
If additional teeth are present please note: _____

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

SCISSORS BITE

G1

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: GWINETH INGHAM
 Address: SANFORD VET CLINIC 163 NUUCH GERALDTON WA 6530
 Signature: [Signature] Date of Examination 27 10 17

Owner's Name: S. BOESENBERG
 Address: PO BOX 1712 GERALDTON WA 6531 Phone No.: (08) 427 251131

Please forward BLUE copy to NRCA Breed Recorder:
 Name: S. BAIRD
 Address: PO BOX 1102 GROVEDALE DC 3216

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