National Rottweiler Council (Australia)

DENTAL CERTIFICATE

State or Territory of Issue South Australia 04884

Dog's Registered Name: YARNIX JOPLIN NOTHING LEFT

Date of Birth: 19 / 1 / 2025 Sex: ~~Male~~ / Female (Delete as appropriate)

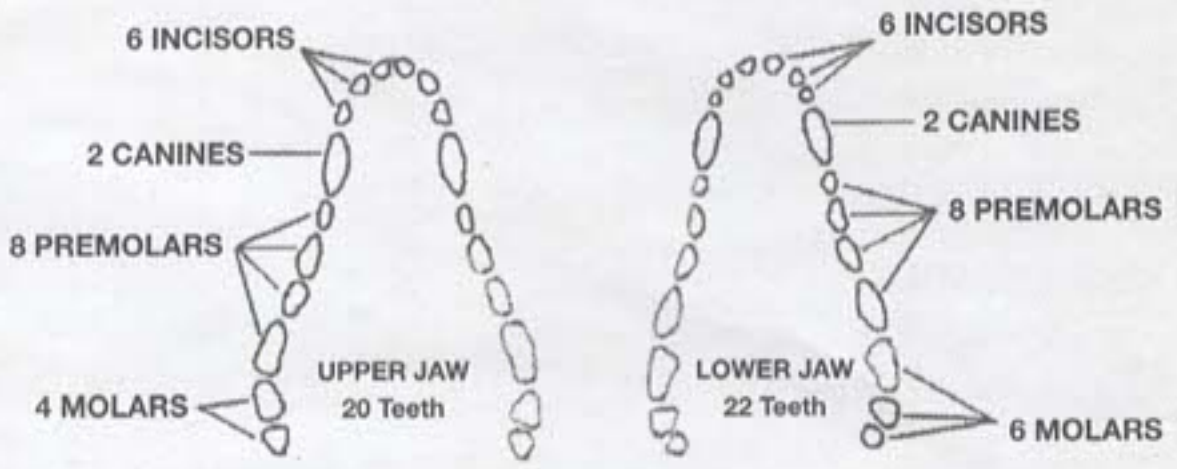
Registration Number: 8010008024 Microchip / ~~Tatto~~o Number: 953010006763843

DENTITION

Full Dentition (42)

Yes No

(tick which)

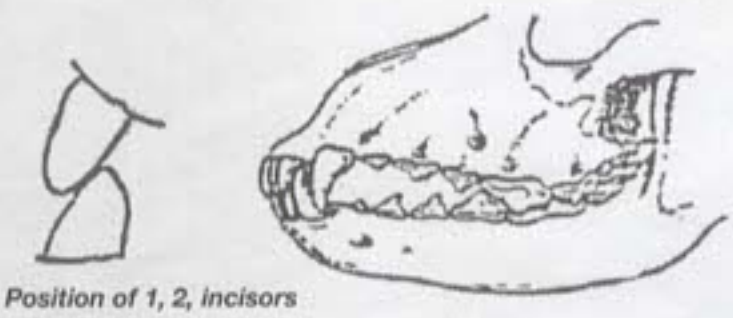


Please indicate any missing teeth on diagram.

If additional teeth are present please note: _____

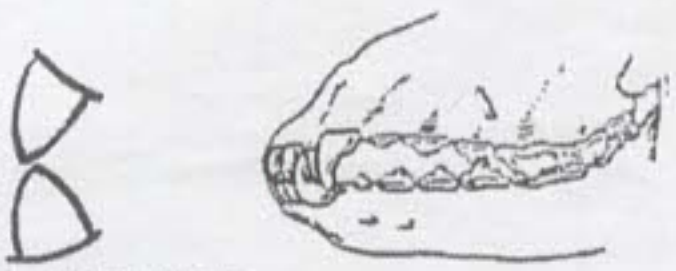
BITE: Please initial or sign in the shaded area of the correct box

SCISSORS BITE KP



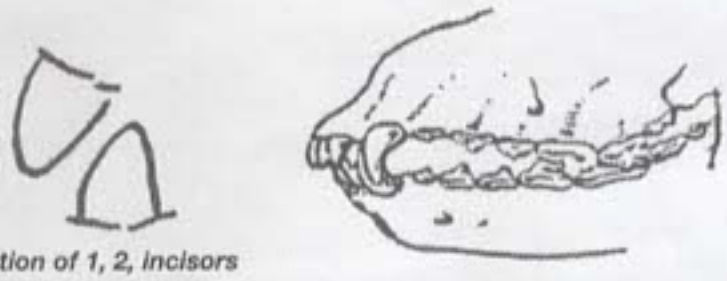
Position of 1, 2, incisors

LEVEL BITE



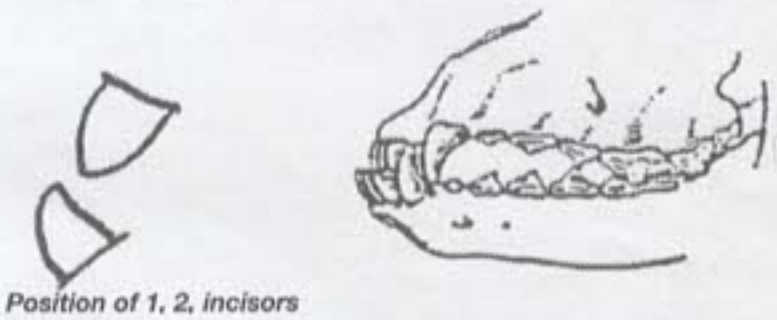
Position of 1, 2, incisors

OVERSHOT BITE



Position of 1, 2, incisors

UNDERSHOT BITE



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: DR KATE PETRUE.

Address: 43 SMYTH RD, HOWARD SPRINGS, NT 0835

Signature: _____ Date of Examination 20 / 02 / 26.

Owner's Name: Mrs K Nixon

Address: PO Box 621, Humpty Doo NT 0836 Phone No.: ( )0412590386

Please forward BLUE copy to NRCA Breed Recorder:

Name: Susie Baird

Address: PO BOX 1102, Gravedale DC 3216 Vic

And YELLOW Copy to State Club T. Osterman, 26 Avis Ct, Valley View SA 5093

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