

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

State or Territory of Issue South Australia

04858

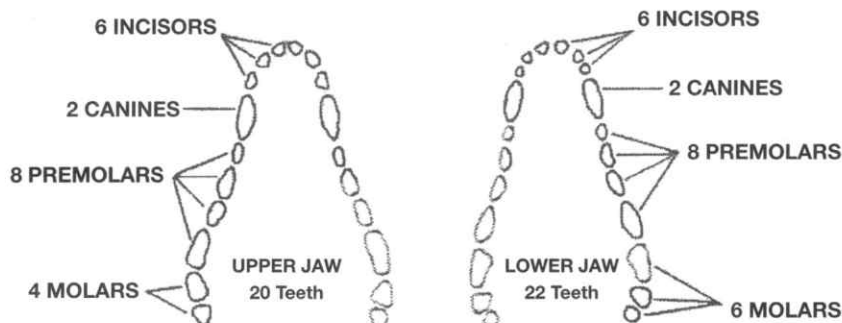
Dog's Registered Name: YARNIX AON PURPLE RAIN
 Date of Birth: 4 / 3 / 2022 Sex: Male / Female (Delete as appropriate)
 Registration Number: 8010007462 Microchip / Tattoo Number: 953010004964639

DENTITION

Full Dentition (42)

☒ Yes ☐ No

(tick which)



Please indicate any missing teeth on diagram.

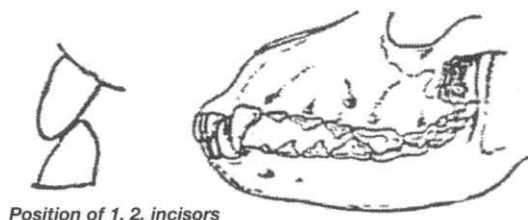
If additional teeth are present please note: _____

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

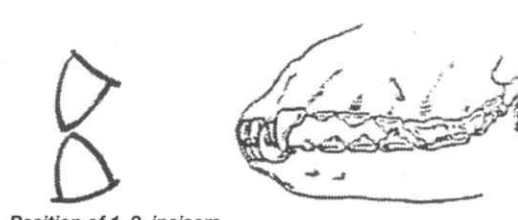
SCISSORS BITE

KRD

LEVEL BITE



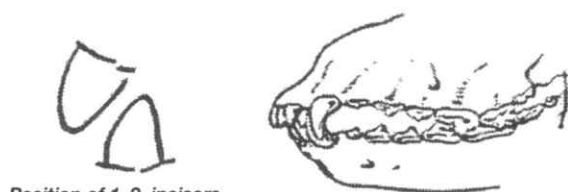
Position of 1, 2, incisors



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: DR K Smith
 Address: Litchfield Vet Group, Main Street, Coolalinga, NT, 0837
 Signature: [Signature] Date of Examination 27 / 7 / 23

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, Crookdale DC 3216 VIC

And YELLOW Copy to State Club 26 Avon Ct, Vines 5093
 White: Owner's Original Blue: NRCA Breed Recorder Copy Yellow: State Club Copy