

National Rottweiler Council (Australia)



EYE EXAMINATION CERTIFICATE

04462

State or Territory of Issue South Australia

Dog's Registered Name: MARSACHI BACK IN BLACK Registration No.: 6100120009
Sire: WISEWEILERS SILVERS RAYLEIGH (IP No.) Dam: YARNIX YARRAH SACHI
Date of Birth: 31 / 10 / 2019 Sex: Male / Female (Delete as appropriate)
Microchip No.: 941000024297219 Tattoo No.: _____

Please indicate the findings by initialing in the shaded area

EYELIDS Normal Ectropian Entropion

EYE COLOUR Similar Dissimilar

Please note any other abnormalities below – eg: Cataracts, Persistent Pupillary Membranes and Signs of any previous surgical correction or other alteration.

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 the information DR Ambre Smith, Kudan Vet
Address: 39A Alexwood Drive, Forrestdale WA 6112
Signature: [Signature] Date of examination: 5 FEB 2021

Name of the Owner: Mr S. Beck Phone No.: 0404656067
Address: 7 Satine Turn, Aveley (WA) Postcode: 6069

Please forward BLUE copy to NRCA Breed Recorder:

Name: Susie Baird
Address: PO Box 1102, Grovevale DC 3216 Vic

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

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

State or Territory of Issue South Australia

04462

Dog's Registered Name: MARSACHI BACK IN BLACK

Date of Birth: 31 / 10 / 2019

Sex: Male / Female (Delete as appropriate)

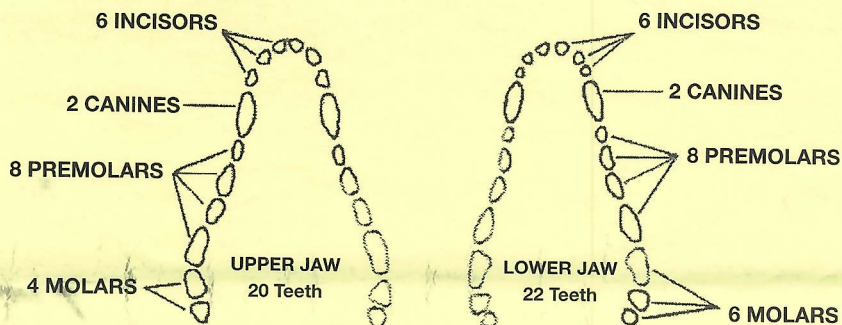
Registration Number: 6100120009

Microchip / Tattoo Number: 941000024297219

DENTITION

Full Dentition (42)

Yes No
 (tick which)



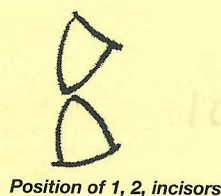
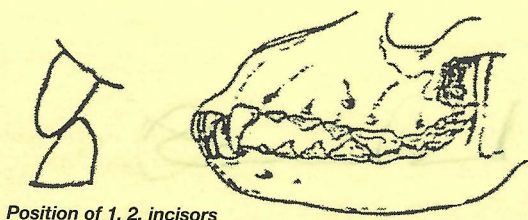
Please indicate any missing teeth on diagram.

If additional teeth are present please note: _____

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

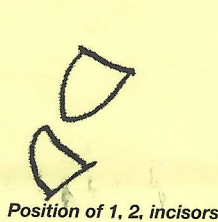
SCISSORS BITE

LEVEL BITE



OVERSHOT BITE

UNDERSHOT BITE



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 Ambre Smith, Kudan Vet Services

Address: 39A Alexwood Drive Forrestdale WA 6012

Signature: [Signature]

Date of Examination 5 / 2 / 21

Owner's Name: Mr. S. Beck

Address: 7 Satine Turn Aveley WA 6069 Phone No.: (____) 0404656067

Please forward BLUE copy to NRCA Breed Recorder:

Name: Susie Baird

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