National Rottweiler Council (Australia)

DENTAL CERTIFICATE

004132

State or Territory of Issue RCT

Dog's Registered Name: KLASIK THE PERFECT STORM

Date of Birth: 06 / 10 / 2019 Sex: Male / ~~Female~~ (Delete as appropriate)

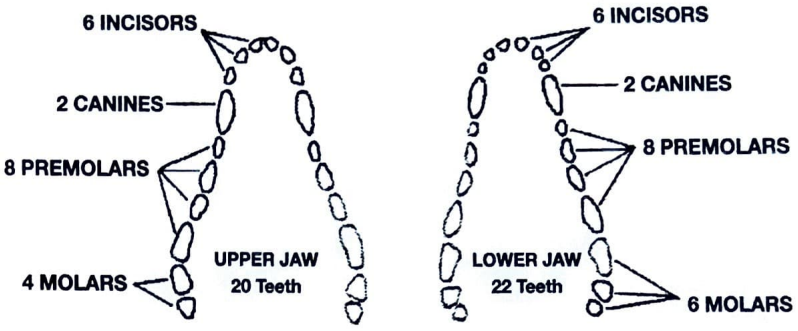
Registration Number: 610011968 1 Microchip / ~~Tattoo~~ Number: 953010004036294

DENTITION

Full Dentition (42)

Yes ☑ No ☐

(tick which)

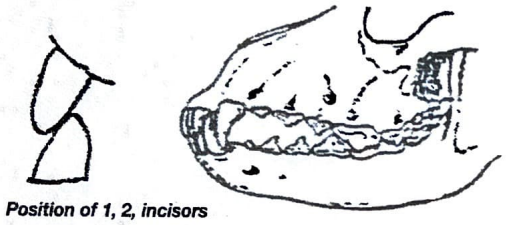


Please indicate any missing teeth on diagram.

If additional teeth are present please note: N/A

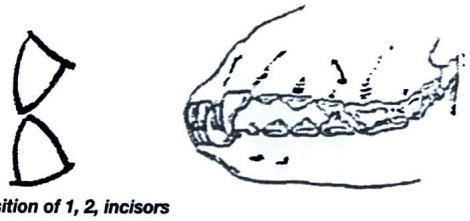
BITE: Please initial or sign in the shaded area of the correct box

SCISSORS BITE ☑



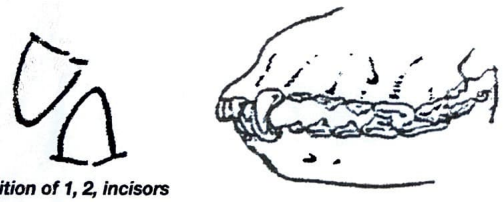
Position of 1, 2, incisors

LEVEL BITE ☐



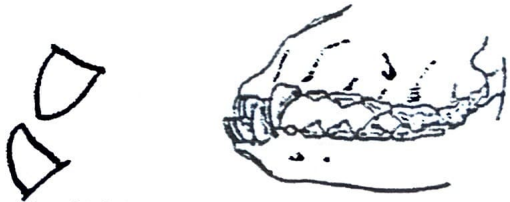
Position of 1, 2, incisors

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: NIL

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: NADINE GRUENTHAL

The Pet Practice Veterinary Clinic
3/1083 Albany Hwy, St James 6102
Tel: (08) 9351 9700
vet@thepetpractice.com.au

Address:

Signature:

Date of Examination 16 / 3 / 2021

Owner's Name: MRS S. GRIFFITHS-LUMBIS

Addres

Please forward BLUE copy to NRCA Breed Recorder:

Name: S. BAIRD

Address: