

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

State or Territory of Issue QLD

003260

Dog's Registered Name: BLACKLOMBE SHAKIRA

Date of Birth: 06 / 08 / 12

Sex: ~~Male~~ / Female (Delete as appropriate)

Registration Number: 6100078350

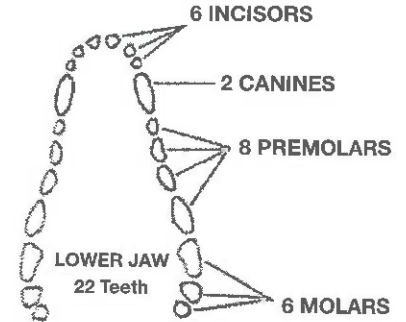
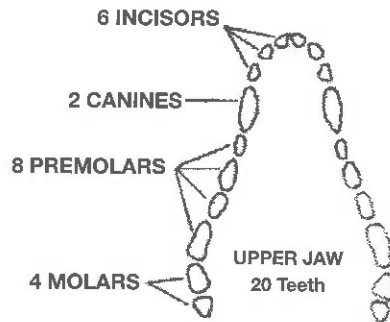
Microchip / Tattoo Number: 941000014060152

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

JS

LEVEL BITE



Position of 1, 2, incisors



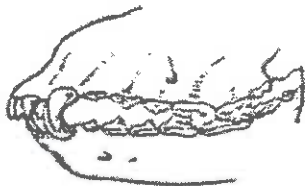
Position of 1, 2, incisors



OVERSHOT BITE



Position of 1, 2, incisors



Position of 1, 2, incisors

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. JO. BECKETT BVSc (Hons) BSc

Address: SHOP 11, 2 SHEPPARDS DRIVE, GREENBANK, QLD 4104

Signature:

Date of Examination 1 / 1 / 14

Owner's Name: V & A SMITH

Address: PO BOX 100 PINKENBA 4003, Phone No.: () _____

Please forward BLUE copy to NRCA Breed Recorder:

Name: Samantha Bradley

Address: 19 Bannons Lane Yarrambat VC3091

And YELLOW Copy to State Club

White: Owner's Original

Blue: NRCA Breed Recorder Copy

Yellow: State Club Copy