| PGS: CH DARKCIYPSY DA MIGHTY ANGAS. MGS: AMCH CH | PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS Date of Birth: 28/12/2017 Sex: Temale Date Radiography Taken: SOCK ED COMBE BRIENNE TONOPAH LOW VON AN AM CD AM RNCIMP KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
|---|---|
| Dog's Registration No.: \$100103865 Tattoo No. / Microchip No.: 956000009595151 Dog's Registered Name: BLACKCOMBE CRACES SECRET Jame of Owner: Prof. R. Crouch - Ms N Pascale Address: 26 Kingsley Are west Groydon SA PEDIGREE DETAILS MUST BE INSERT! Sire: UBERSEIN GET A CRIP - Dam: CH BLAC PGS: CH DARKCUYPSY DA MIGHTY ANGAS MGS: AMGH CH BOYL PGD: CH UBERSEIN DROP DEAD MGD: CH BLAC hereby declare that: a) The particulars above are correct and relate to the dog submitted for radiographic examin b) The dog has not previously been submitted for scoring. b) I give permission for the results of the examination to be used at a future date for the purp Downer's Signature: Date: Jeterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph Jame: Michelle Hagyle Address: Addelate Plant Vet Surgery Two Wells attoo Number has been checked and recorded on the x-ray plate. (Y/N) | PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS Date of Birth: 28/12/2017 Sex: Temale Date Radiography Taken: SOCO ED COMBE BRIENNE TONOPAH LOW VON AN AM CD AM RNCIMP KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
| Dog's Registration No.: \$100103865 Tattoo No. / Microchip No.: 956000009595151 Dog's Registered Name: 64 ACKCOMBE GRACES SECRET Jame of Owner: Prof. R. Crouch - Ms N Pascale Address: 26 Kingsley Ave west Graydon SA PEDIGREE DETAILS MUST BE INSERT! Sire: UBERSEIN GET A GRIP - Dam: CH BLACE PGS: CH DARKCHYPSY DA MIGHTY ANGAS MGS: AMGH CH PGD: CH UBERSEIN DROP DEAD A ORGEOUS (A) CD RN . MGD: CH BLACE hereby declare that: a) The particulars above are correct and relate to the dog submitted for radiographic examination. The dog has not previously been submitted for scoring. b) The dog has not previously been submitted for scoring. c) I give permission for the results of the examination to be used at a future date for the purp owner's Signature: Date: eterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph and Coderess: Adelaide Plants Vet Surgery Two Wells and Coderess: Adelaide Plants Vet Surgery Two Wells and Coderess: Adelaide Plants Vet Surgery Two Wells and Coderess and Coderess and Coderess and Coderes and Code | Date of Birth: 28/12/2017 Sex: Temale Date Radiography Taken: SOCO ED COMBE BRIENNE TONOPAH LOW VON AN AM CD AM RNCIMP KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
| Tattoo No. / Microchip No.: 95600009595151 Dog's Registered Name: BLACKCOMBE CRACES SECRET Jame of Owner: Prof. R. Crouch & Ms. N. Pascale Iddress: 26 Kingsley Ave. West Croydon SA PEDIGREE DETAILS MUST BE INSERT! Sire: UBERSEIN GET A GRIP. Dam: CH BLACE PGS: CH DARKCHYPSY DA MIGHTY ANGAS MGS: AMGHCHE PGD: CH UBERSEIN DROP DEAD MGD: CH BLACE PGD: CH UBERSEIN DROP DEAD MGD: CH BLACE The particulars above are correct and relate to the dog submitted for radiographic examination to be used at a future date for the purp of the properties of the examination to be used at a future date for the purp of the properties of the examination to be used at a future date for the purp of the properties of the examination of the anaesthetized dog (b) Elbow Radiograph dame: MICHAELE MAGNETICAL PLANT OF TWO WE IS attoo Number has been checked and recorded on the x-ray plate. (Y/N) | Date Radiography Taken: SOCO ED COMBE BRIENNE TONOFAH LOW VON AN AM CD AM RN CIMP KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
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| PEDIGREE DETAILS MUST BE INSERTING. Sire: UBERSEIN GET A GRIP. Dam: CH BLACE PGS: CH DARKGYPSY DA MIGHTY ANGAS MGS: AMBECH PGD: H UBERSEIN DROP DEAD MGD: CH BLACE Description of the particulars above are correct and relate to the dog submitted for radiographic examination. The dog has not previously been submitted for scoring. I give permission for the results of the examination to be used at a future date for the purpowner's Signature: Date: Sterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph Codress: Adelaide May Vet Surgery Two Wells Adelaide May Vet Surgery Two Wells Attoo Number has been checked and recorded on the x-ray plate. (Y/N) | TONOPAH LOW VON AN AM AM CD AM RNCIND KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
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| ereby declare that: The particulars above are correct and relate to the dog submitted for radiographic examination to be used at a future date for the purpowner's Signature: Date: MGD: CH UBERSEIN DROP DEAD MGD: CH BLACE MGD: C | TONOPAH LOW VON AN AM AM CD AM RNCIND KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
| GS: CH DARKCYPSY DA MIGHTY ANGAS MGS: AMCHCHGOYL GD: CH GERSEIN DROP DEAD MGD: CH BLACE ereby declare that: The particulars above are correct and relate to the dog submitted for radiographic examination. The dog has not previously been submitted for scoring. I give permission for the results of the examination to be used at a future date for the purpowner's Signature: Date: terinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph and Gress: Adelated Plant Vet Surgery Two Wells too Number has been checked and recorded on the x-ray plate. (Y/N) | TONOPAH LOW VON AN AM AM CD AM R N CIMP (KCOMBE AGNIESZKA(A ation. ose of statistical research. (c) Both (please indicate) |
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| me: Michelle Hague dress: Adelaide Plains Vet Surgery Two Wells too Number has been checked and recorded on the x-ray plate. (Y/N) | |
| Idress: Adelaide Plains Vet Surgery Two Wells Itoo Number has been checked and recorded on the x-ray plate. (Y/N) | CA |
| ttoo Number has been checked and recorded on the x-ray plate. (Y / N) | |
| perwork Number has been checked and recorded on the x-ray plate. (Y / N) | |
| te: 25/2/19 Signed: Malloy Signed: Sig | |
| Positioning: Costioning: Costi | emora not evenly extended |
| lip Joint Right Left Comment orberg Angle | |
| ubluxation 2 | |
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| emoral Head/Neck Exostosis | |
| emoral Head Recontouring | |
| IIP GRADING ELBOW GRADE Right(0)B 1 2 3 (0 mm | |
| ate submitted for examination: | |
| | |

National Rottweiler Council (Australia)



EYE EXAMINATION CERTIFICATE

004076

State or Territory of Issue South Australia

| Dog's Registered Name: BLACKCOMBE GRACES Registration No.: 5100 10 3865 | | |
|--|--|--|
| SIRE: UBERSEIN GET AGRIP Dam: CH BLACK COMBE BRIENNE | | |
| Date of Birth: 28 / 12 / 2017 Sex: Male / Female (Delete as appropriate) | | |
| Microchip No.: 95600009595151 Tattoo No.: NIA | | |
| | | |
| Please indicate the findings by initialing in the shaded area) | | |
| EYELIDS Normal M, Ectropian Entropian | | |
| EYE COLOUR Similar Dissimilar | | |
| Please note any other abnormalities below – eg: Cataracts, Persistent Pupiliary 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 Michelle Hague | | |
| Veterinary Surgeon submitting the information | | |
| Address: Addaude Plain; Vet Surgery Two Wells SA 5501 | | |
| Signature: Date of examination: _25/2/19 | | |
| *************************************** | | |
| Name of the Owner: PROF & CROUCH & MS N Pascale 0438 358829 | | |
| Address: 26 Kingsley Ave, west Cray destcode: 5008 | | |
| Please forward BLUE copy to NRCA Breed Recorder: | | |
| Name: Susie Bourd | | |
| Address: POBOX 1102, Crovedale Vic 3216 | | |
| And YELLOW Copy to State Club | | |

National Rottweiler Council (Australia) DENTAL CERTIFICATE

State or Territory of Issue South Australia

004076

| Dog's Registered Name: BLACKCOMBE GRACES SECRET Date of Birth: 28 / 12 / 2017 Sex: Male / Female (Delete as appropriate) Registration Number: 5100 103865 Microchip / Tattoo Number: 986 00000595151 | | |
|---|---|--|
| DENTITION | CISORS 6 INCISORS | |
| Full Dentition (42) 2 CANINES 8 PREMOLARS (tick which) 4 MOLARS UPPER JAW 20 Teeth 1 LOWER JAW 22 Teeth 6 MOLARS 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 | |
| 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: MIChelle Mague Address: Adelatole Plains Vet Surgery, Two Wells SA 5501 Signature: Mague Date of Examination 25 12 119 | | |
| Owner's Name: Prof R Crouch r MSN Pascale Address: 26 Kingsley Are west Cropped 5008 Phone No.: (_) 0438358829 Please forward BLUE copy to NRCA Breed Recorder: Name: Susie Baird Address: Po Box 1102 Groundale Vic 3216 | | |
| White: Owner's | Original Blue: NBCA Broad Becorder Conv. Vellow: State Club Conv. | |