

Rottweiler LRL Dental Certificate

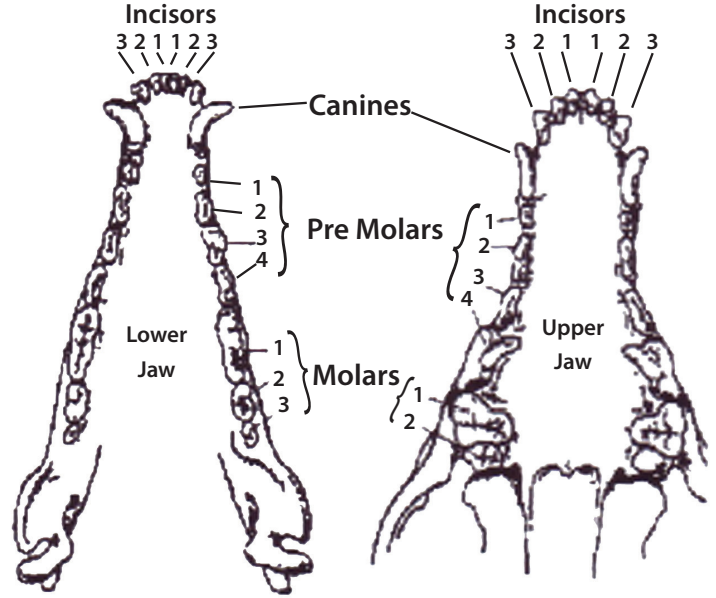
Please type or print legibly. Scan this as a pdf and upload against your dog on Dogs NZ website. Logon and under my dogs on your home page you can upload test against the dog. If posting send to Dogs New Zealand, Private Bag 50903, Porirua 5240. Phone: (04) 237-4489 www.dogsnz.org.nz

Registered Name	Registration number
Microchip number	









Dentition - Full (42) Yes No

If incomplete please indicate missing teeth on diagram provided

If additional teeth please note:



BITE (please sign correct box)

<p>A. SCISSOR BITE</p>  <p>A. Position of upper/lower incisors</p>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>	<p>B. LEVEL BITE</p>  <p>B. Position of upper/lower incisors</p>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>
<p>C. OVERSHOT BITE</p>  <p>C. Position of upper/lower incisors</p>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>	<p>D. UNDERSHOT BITE</p>  <p>D. Position of upper/lower incisors</p>  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>

Any comment

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 _____

Address _____

Veterinarian Signature

Date

Vet stamp