

# CLUB ITALIANO SCHNAUZER & PINSCHER

## Razze Schnauzer

Nome: BLAYLOCK DRAGONFLY LOE: 2327839 HD: .....  
 Nato: 08-06-16 Colore: B Sesso: M  Taglia: G M  Chip: 93900000777961  
 Padre: BLAYLOCK AUSTIN POWERS Allev.: VINCENTI CARO  
 Madre: UNIQUE MEALO CELEBRATION Propr.: VIRCHI FRANCESCA

**1) Giudizio Generale:**

a) Tipo	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
b) Impronta sessuale	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
c) Ossatura	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
d) Armonia	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
e) Eleganza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
f) Comportam. sul ring	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**2) Mantello:**

a) Colore	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
b) Tessitura	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
c) Sottopelo	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
d) Difese	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
e) Pigmento	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
f) Maschera (PS)	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
g) Argento (NA)	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**3) Testa:**

a) Lunghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
b) Rapp. Testa Dorso	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
c) Rapp. Cranio Muso	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
d) Parallelismo	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
e) Stop	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
f) Cranio	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Conformazione	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Zigomi	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**g) Muso:**

- Lunghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Larghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Inserimento	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Canna nasale	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**h) Occhio**

Colore n.: 2B

- Colore n.: <u>2B</u>	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Forma	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Posizione	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**i) Espressione**

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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**j) Orecchie I - A**

- Dimensione	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Portamento	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Attaccatura	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**4) Tronco:**

a) Collo:

- Lunghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Attaccatura	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Tegumento	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

b) Garrese

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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c) Linea Dorsale

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d) Rene

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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e) Groppa:

- Lunghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Larghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Inclinazione	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Coda	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**f) Torace:**

- Sviluppo	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Profondità	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Larghezza	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Forma	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Sterno	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**g) Ventre**

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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**h) Testicoli**

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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**5) Arti Anteriori**

a) Spalla (inclinazione)

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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b) Rapp. Scap. - Omer

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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c) Gomiti

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d) Metacarpo

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e) Piedi

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f) Appiombi

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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**6) Arti Posteriori**

a) Coscia

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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b) Muscolatura

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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c) Garretti

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d) Angolazioni

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e) Appiombi

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**7) Andatura**

a) Anteriore

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b) Posteriore

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c) Laterale:

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- Allungo	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Spinta	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
- Linea Dorsale	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C

**8) Carattere**

a) Socievolezza

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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b) Equilibrio

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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c) Temperamento

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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d) Indiff. allo sparo

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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e) Reaz. alla minaccia

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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f) Qualità della Presa

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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g) Coraggio

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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h) Aggressività

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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i) Combattività

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C
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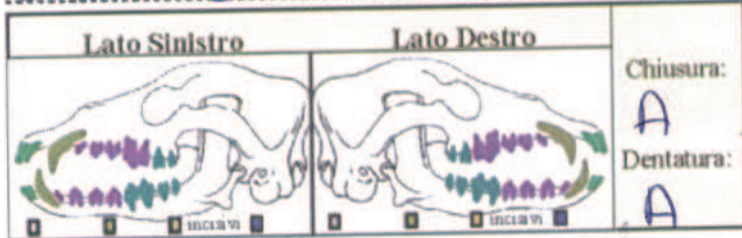
**MISURAZIONI**

ALTEZZA AL GARR.	<u>32</u>
LUNGH. TRONCO A	<u>32</u>
LUNGH. TESTA	<u>16</u>
LUNGH. COLLO	<u>14</u>
LARGH. PETTO	<u>13</u>
RAPPORTO ARTI-TRONCO	<u>111</u>
CIRCONFERENZA TORACE B	<u>41</u>
INDICE CORPORALE Ax100/B	
PESO	<u>7</u>

**Giudizio Sintetico Finale:**

SOGGETTO TIPICO FEMMINILE DI BUONA COSTRUZIONE.

DETTO CARATTERE BUON TEMPERAMENTO SOCIEVOLE



**Chiusura:**

A

**Dentatura:**

A

ESITO:	SI	NO	R
Morfologia	<input checked="" type="checkbox"/>	B	/
Carattere	<input checked="" type="checkbox"/>	B	/
HD:	A	B	C



In stazione



In movimento

**I Giudici Selezionatori**

FELINDO  
C. CALAGE  
D. BARBARIERA

**Firma**

*[Handwritten signature]*

**Luogo:** FELINDO

**Data:** 09-09-17

**PORTAMENTO DELLA CODA**