

# CLUB ITALIANO SCHNAUZER & PINSCHER

## Razze Schnauzer

Nome: FELMOR LEX LUTHOR ..... LOI: 15-125376 HD: A ..  
 Nato: 7-6-15 .. Colore: NERO Sesso:  F  M  N Taglia:  M  N Chip: 380260002435419  
 Padre: HANNIBAL BARKAS RADINE ..... Allev.: ALL TO FELMOR .....  
 Madre: FELMOR HAESTER LULLABY ..... Propr.: GIOVANNI BOCCETTI .....

**1) Giudizio Generale:**

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

**2) Mantello:**

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

**3) Testa:**

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

**g) Muso:**

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

**h) Occhio**

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

**i) Espressione**

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

**j) Orecchie I - A**

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

**4) Tronco:**

a) Collo:

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

b) Garrese

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

c) Linea Dorsale

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

d) Rene

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

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

**f) Torace:**

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

**g) Ventre**

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

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

**5) Arti Anteriori**

a) Spalla (inclinazione)

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

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

c) Gomiti

|                                       |                            |
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| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
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d) Metacarpo

|                                       |                            |
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| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
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e) Piedi

|                                       |                            |
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| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
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f) Appiombi

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

a) Coscia

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

|                                       |                            |
|---------------------------------------|----------------------------|
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c) Garretti

|                                       |                            |
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| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

d) Angolazioni

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

e) Appiombi

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
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**7) Andatura**

a) Anteriore

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

b) Posteriore

|   |                                       |                            |
|---|---------------------------------------|----------------------------|
| A | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---|---------------------------------------|----------------------------|

c) Laterale:

- Allungo

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

- Spinta

|   |                                       |                            |
|---|---------------------------------------|----------------------------|
| A | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---|---------------------------------------|----------------------------|

- Linea Dorsale

|                                       |                            |
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| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
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**8) Carattere**

a) Socievolezza

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

b) Equilibrio

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

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

|                                       |                            |
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e) Reaz. alla minaccia

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

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

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

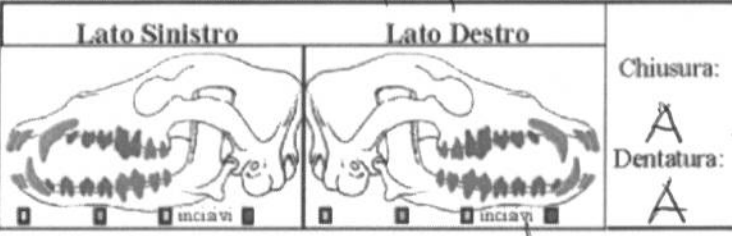
|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

i) Combattività

|                                       |                            |
|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> B | <input type="checkbox"/> C |
|---------------------------------------|----------------------------|

| MISURAZIONI:             |      |
|--------------------------|------|
| ALTEZZA AL GARR.         | 71   |
| LUNGH. TRONCO A          | 82,5 |
| LUNGH. TESTA             | 27   |
| LUNGH. COLLO             | 27   |
| LARGH. PETTO             | 24   |
| RAPPORTO ARTI-TRONCO     |      |
| CIRCONFERENZA TORACE B   | 86   |
| INDICE CORPORALE Ax100/B |      |
| PESO                     | 41,8 |

**Giudizio Sintetico Finale:**  
 Cane in tipo maschile, con un filo di pelle, una spinta che deve migliorare - bellissima espressione schauale  
 Carattere attivo, equilibrato, ottime qualità naturali



|            |  |                            |
|------------|--|----------------------------|
| ESITO:     | <input checked="" type="checkbox"/> No | <input type="checkbox"/> R |
| Morfologia | <input checked="" type="checkbox"/> B  | /                          |
| Carattere  | <input checked="" type="checkbox"/> B  | /                          |
| HD:        | <input checked="" type="checkbox"/> B  | <input type="checkbox"/> C |



**I Giudici Selezionatori**  
 F. ACCOTTI .....  
 C. CALACE .....  
 D. BARBANERA .....

**Firma**

**Luogo:** CHIARAVALLE

**Data:** 14-5-17



PORTAMENTO DELLA CODA