

CLUB ITALIANO SCHNAUZER & PINSCHER

Razze Schnauzer

Nome: HILDEBERT'S ENDLESS MAGIC LOI: 19/12/31 HD:
 Nato: 31-01-17 Colore: P.S. Sesso: F M Taglia: G M Chip: 900182001484301
 Padre: HILDEBERT'S KING OF MAGIC Allev.: LANCMA NE INARA
 Madre: DR. QUEEN FROM SOLINA RWENDEU Propr.: CAVAZZUTI ELISA

1) Giudizio Generale:

- a) Tipo

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- b) Impronta sessuale

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- d) Armonia

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- e) Eleganza

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- f) Comportam. sul ring

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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2) Mantello:

- a) Colore

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

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- d) Difese

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- e) Pigmento

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- f) Maschera (PS)

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- g) Argento (NA)

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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3) Testa:

- a) Lunghezza

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- c) Rapp. Cranio Muso

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- d) Parallelismo

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- e) Stop

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- f) Cranio

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

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

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

- Lunghezza

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

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

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- Canna nasale

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

- Colore n.: 2A

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- Forma

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

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

- j) Orecchie I - A

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

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

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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4) Tronco:

- a) Collo:

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

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

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

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

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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- d) Rene

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

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

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

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

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

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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f) Torace:

- Sviluppo

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

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

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

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

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

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

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

- a) Spalla (inclinazione)

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

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

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- d) Metacarpo

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- e) Piedi

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

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

- a) Coscia

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- b) Muscolatura

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- c) Garretti

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- d) Angolazioni

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

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

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

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- Linea Dorsale

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

- a) Socievolezza

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

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

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

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

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

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

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

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

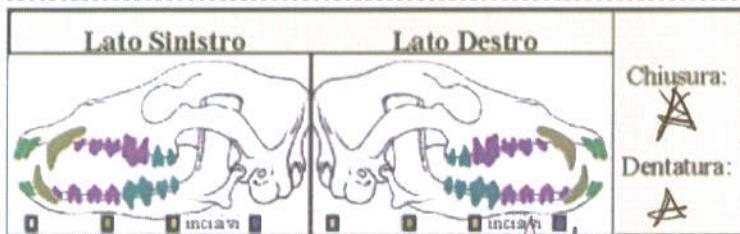
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C
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MISURAZIONI:

ALTEZZA AL GARR.	35
LUNGL TRONCO A	36,5
LUNGL TESTA	17,5
LUNGL COLLO	18,5
LARGH PETTO	14
RAPPORTO ARTI-TRONCO	1/1
CIRCONFERENZA TORACE B	50
INDICE CORPORALE Ax100/B	
PESO	6,5

Giudizio Sintetico Finale:

ha un tipo b Testa pelo. presenza di stop al muso.
buona.



Chiusura: A
 Dentatura: A

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



PORTAMENTO DELLA CODA

I Giudici Selezionatori

F. Accoti
C. CAZZE
C. CARRO

Firma

[Signature]
[Signature]

Luogo: GUASTALLA

Data: 07-09-19