

CLUB ITALIANO SCHNAUZER & PINSCHER

Razze Schnauzer

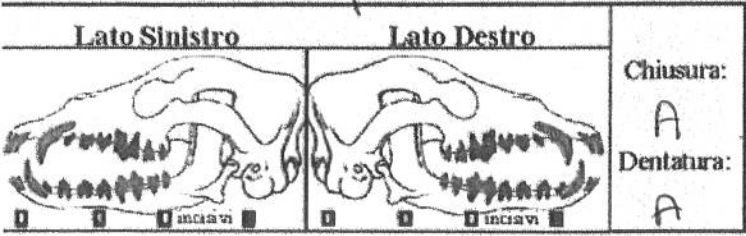
Nome: LION KING NANO STABIESE - N LOI: WUHOJ HD:
 Nato: 10.05.2016 Colore: NERO Sesso: M F Taglia: G M Chip: 38260002522157
 Padre: INDIANAJONS - N DEI DEMONI NERI Allev.: DONNARUMMA ANNI BALE
 Madre: SOLAR FLASH - N DI VALLE BOIARDA Propr.: DONNARUMMA ANNI BALE

<p>1) Giudizio Generale:</p> <p>a) Tipo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Impronta sessuale <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Ossatura <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Armonia <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Eleganza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>f) Comportam. sul ring <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>2) Mantello:</p> <p>a) Colore <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>b) Tessitura <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Sottopelo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Difese <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Pigmento <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>f) Maschera (PS) <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>g) Argento (NA) <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>3) Testa:</p> <p>a) Lunghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>b) Rapp. Testa Dorso <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Rapp. Cranio Muso <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Parallelismo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Stop <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>f) Cranio</p> <ul style="list-style-type: none"> - Conformazione <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Zigomi <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> 	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<p>g) Muso:</p> <ul style="list-style-type: none"> - Lunghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Larghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Inserimento <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Canna nasale <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> <p>h) Occhio</p> <ul style="list-style-type: none"> - Colore n.: <u>1A</u> <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Forma <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Posizione <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> <p>i) Espressione</p> <p>j) Orecchie <u>I</u> <u>A</u></p> <ul style="list-style-type: none"> - Dimensione <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Portamento <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Attaccatura <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> <p>4) Tronco:</p> <p>a) Collo:</p> <ul style="list-style-type: none"> - Lunghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Attaccatura <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Tegumento <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> <p>b) Garrese <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Linea Dorsale <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Rene <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Groppa:</p> <ul style="list-style-type: none"> - Lunghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Larghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Inclinazione <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Coda <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> 	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<p>f) Torace:</p> <ul style="list-style-type: none"> - Sviluppo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Profondità <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Larghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Forma <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Sterno <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> <p>g) Ventre <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>h) Testicoli <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>5) Arti Anteriori</p> <p>a) Spalla (inclinazione) <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>b) Rapp. Scap. - Omer <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>c) Gomiti <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>d) Metacarpo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>e) Piedi <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>f) Appiombi <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>6) Arti Posteriori</p> <p>a) Coscia <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Muscolatura <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Garretti <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Angolazioni <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Appiombi <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>7) Andatura</p> <p>a) Anteriore <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>b) Posteriore <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Laterale: <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p>	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<ul style="list-style-type: none"> - Allungo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> - Spinta <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table> - Linea Dorsale <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table> <p>8) Carattere</p> <p>a) Socievolezza <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>b) Equilibrio <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>c) Temperamento <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Indiff. allo sparo <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>e) Reaz. alla minaccia <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>f) Qualità della Presa <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>g) Coraggio <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>h) Aggressività <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>i) Combattività <table border="1" style="display: inline-table; text-align: center;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p>	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	A	B	C
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																																																
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	A	B	C																																																																																																																																																																																																																																																															

MISURAZIONI:	
ALTEZZA AL GARR.	<u>28</u>
LUNGIL TRONCO A	<u>35</u>
LUNGIL TESTA	<u>16,5</u>
LUNGIL COLLO	<u>14,5</u>
LARGIL PETTO	<u>13,5</u>
RAPPORTO ARTI-TRONCO	<u>A</u>
CIRCONFERENZA TORACE B	<u>51</u>
INDICE CORPORALE Ax100/B	<u>68,62</u>
PESO	<u>8</u>

Giudizio Sintetico Finale :

Soggetto b tipo giuste proporzioni b taglia
attenzione per selolo
carattere un po' sensibile



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




I Giudici Selezionatori

C. CALACE

L. LASSO

C. GROSSO

Firma



Luogo: CASALUCE

Data: 26.05.2018



PORTAMENTO DELLA CODA