

# CLUB ITALIANO SCHNAUZER & PINSCHER

## Razze Pinscher

Nome: LISA DELL'ALTO FONDALE LOI: 17/36826 HD: .....

Nato: 17/06/17 Colore: ..... Sesso:  M  F Razze:  P  Z  A Chip: 3806010582649

Padre: DEL FIORINO REDDINGTON Allev.: Gambaccioni Lino

Madre: DAFNA DELL'ALTO FONDALE Propr.: u u

<p><b>1) Giudizio Generale:</b></p> <p>a) Tipo <table border="1" style="display: inline-table;"><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;"><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;"><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;"><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;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>2) Mantello:</b></p> <p>a) Unicolore</p> <p style="margin-left: 20px;">marrone <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">rosso cervo <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Bicolore</p> <p style="margin-left: 20px;">focato marrone <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">focato rosso <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>c) Tessitura <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>d) Pigmento <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>3) Testa:</b></p> <p>a) Lunghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Rapp. Testa Dorso <table border="1" style="display: inline-table;"><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;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>d) Parallelismo <table border="1" style="display: inline-table;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>f) Cranio</p> <p style="margin-left: 20px;">- Conformazione <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Zigomi <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></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"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input type="checkbox"/>	A	B	C	<input type="checkbox"/>	A	B	C	<input type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input 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	<p><b>g) Muso:</b></p> <p>- Lunghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>- Larghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Inserimento <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Canna nasale <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>h) Occhio</b></p> <p>- Colore n.: <u>3B</u> <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>- Forma <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Posizione <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>i) Espressione</b></p> <p><b>j) Orecchie</b> <u>I -</u> <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Dimensione <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Portamento <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Attaccatura <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>4) Tronco:</b></p> <p>a) Collo:</p> <p style="margin-left: 20px;">- Lunghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Attaccatura <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Tegumento <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Garrese <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>c) Linea Dorsale <table border="1" style="display: inline-table;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>e) Groppa:</p> <p style="margin-left: 20px;">- Lunghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Larghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Inclinazione <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p style="margin-left: 20px;">- Coda <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></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"/>	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"/>	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 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><b>f) Torace:</b></p> <p>- Sviluppo <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Profondità <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Larghezza <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Forma <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>- Sterno <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>g) Ventre</b> <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>h) Testicoli</b> <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>5) Arti Anteriori</b></p> <p>a) Spalla (inclinazione) <table border="1" style="display: inline-table;"><tr><td><input 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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>c) Gomiti <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>d) Metacarpo <table border="1" style="display: inline-table;"><tr><td><input 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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>f) Appiombi <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>6) Arti Posteriori</b></p> <p>a) Coscia <table border="1" style="display: inline-table;"><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;"><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;"><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;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p><b>7) Andatura</b></p> <p>a) Arti anteriori <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Arti posteriori <table border="1" style="display: inline-table;"><tr><td><input type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>c) Laterale: <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></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"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input 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"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input type="checkbox"/>	A	B	C	<input checked="" type="checkbox"/>	B	C	<p>- Allungo <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>- Spinta <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>- Linea Dorsale <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p><b>8) Carattere</b></p> <p>a) Socievolezza <table border="1" style="display: inline-table;"><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;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>d) Indiff. allo sparo <table border="1" style="display: inline-table;"><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;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>f) Coraggio <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>g) Aggressività <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>A</td><td>B</td><td>C</td></tr></table></p> <p>h) Combattività <table border="1" style="display: inline-table;"><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"/>	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"/>	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 type="checkbox"/>	A	B	C																																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input type="checkbox"/>	A	B	C																																																																																																																																																																																																																																														
<input type="checkbox"/>	A	B	C																																																																																																																																																																																																																																														
<input type="checkbox"/>	A	B	C																																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input 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"/>	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"/>	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 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"/>	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 type="checkbox"/>	A	B	C																																																																																																																																																																																																																																														
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input 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"/>	B	C																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																																															
<input 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"/>	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																																																																																																																																																																																																																																														

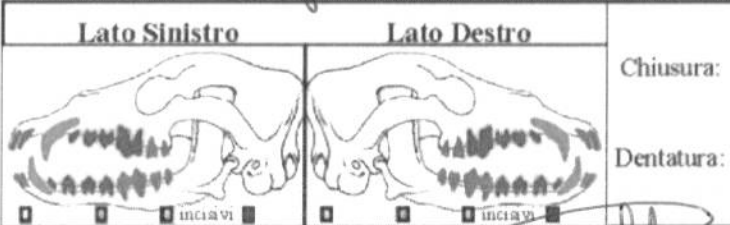
MISURAZIONI:	
ALTEZZA AL GARR.	99
LUNGH. TRONCO A	29
LUNGH. TESTA	16
LUNGH. COLLO	13
LARGH. PETTO	13
RAPPORTO ARTI-TRONCO	1/1
CIRCONFERENZA TORACE B	38
INDICE CORPORALE As100/B	
PESO	

**Giudizio Sintetico Finale:**

Sog. di Taglia Ideale, con fatto ottimo

Da migliorare la sicurezza di se

Manella



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



**I Giudici Selezionatori**

PENTENERO

RESIDORI

BARBANERA

*[Signature]*

Firma

Luogo: Quindici

Data: 08/05/18



PORTAMENTO DELLA CODA