

# CLUB ITALIANO SCHNAUZER & PINSCHER

## Razze Schnauzer

Nome: SCEAR LADY DIANA LOI: 178334 HD: .....  
 Nato: 13/03/17 Colore: NA Sesso:  M  F Taglia:  G  M  X Chip: 38026004767558  
 Padre: FLEA PARK BEGINTO WONDER Allev.: FERRAZZA 'FABI'  
 Madre: CH SCEAR BONNIE PARKER Propr.: Berami Laura F. B.

### 1) Giudizio Generale:

- a) Tipo 

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

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

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

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

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

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

### 2) Mantello:

- a) Colore 

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

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

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

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

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

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

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

### 3) Testa:

- a) Lunghezza 

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

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

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

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

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

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

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

### g) Muso:

- Lunghezza 

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

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

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

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

### h) Occhio

- Colore n.: 1B

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

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

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

### i) Espressione

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

### j) Orecchie 1 - A

- Dimensione 

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

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

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

### 4) Tronco:

#### a) Collo:

- Lunghezza 

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

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

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

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

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

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

#### e) Groppa:

- Lunghezza 

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

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

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

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

### f) Torace:

- Sviluppo 

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

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

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

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

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

### g) Ventre

### h) Testicoli

### 5) Arti Anteriori

- a) Spalla (inclinazione) 

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

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

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

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

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

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

### 6) Arti Posteriori

- a) Coscia 

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

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

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

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

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

### 7) Andatura

- a) Anteriore 

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

|                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| A                                   | B                                   | C                                   |
- c) Laterale: 

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

- Allungo 

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

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

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

### 8) Carattere

- a) Socievolezza 

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

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

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

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

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

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

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

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

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

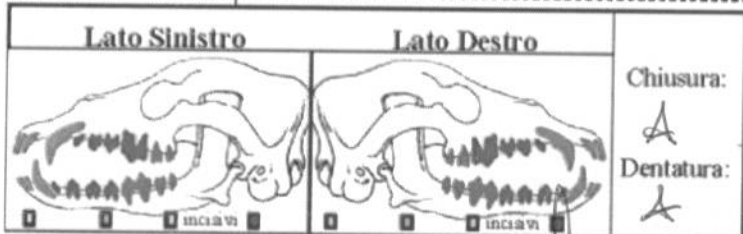
### MISURAZIONI:

|                          |   |            |
|--------------------------|---|------------|
| ALTEZZA AL GARR.         |   | <u>33</u>  |
| LUNGL TRONCO             | A | <u>34</u>  |
| LUNGL TESTA              |   | <u>16</u>  |
| LUNGL COLLO              |   | <u>16</u>  |
| LARGIL PETTO             |   | <u>14</u>  |
| RAPPORTO ARTI-TRONCO     |   | <u>1:1</u> |
| CIRCONFERENZA TORACE     | B | <u>48</u>  |
| INDICE CORPORALE Ax100/B |   |            |
| PESO                     |   |            |

### Giudizio Sintetico Finale:

Sog. femminile tipica / qual. nuove linee

Buone qualità naturali



Chiusura: A

Dentatura: A

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



in stazione

I Giudici Selezionatori

ACCOTI

CAUACE

BARBAFEM

Firma

*[Handwritten signature]*

Luogo: fuorile

Data: 08/09/18



in movimento

PORTAMENTO DELLA CODA