

# CLUB ITALIANO SCHNAUZER & PINSCHER

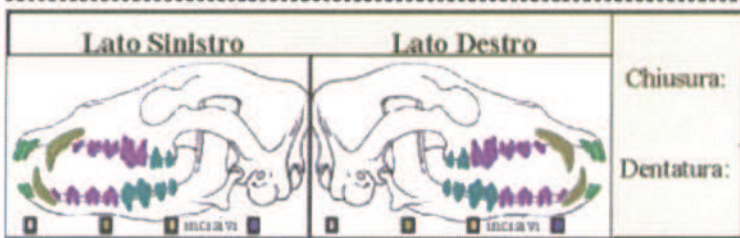
## Razze Schnauzer

Nome: TESSY DELLE ONDE NERE LOI: 13/15865 HD: A  
 Nato: 08-03-13 Colore: P.S. Sesso:  M  F Taglia:  G  N Chip: 39026000944564  
 Padre: UBI MAJOR TUNDO LESSAT ANOR DI SCHNAUZER Allev.: CARRIOLA FLORA NOPI S  
 Madre: NIMPFA DELLE ONDE NERE Propr.: SAVIANO LESSINA

<p><b>1) Giudizio Generale:</b></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><b>2) Mantelle:</b></p> <p>a) Colore <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) 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) Figmento <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>B</td><td>C</td></tr></table></p> <p>g) Argento (NA) <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</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; text-align: center;"><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; 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> <p>- 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></p> <p>- 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></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 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	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	<p><b>g) Muso:</b></p> <p>- Lunghezza <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>- 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></p> <p>- 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></p> <p>- 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> <p><b>h) Occhio</b></p> <p>- Colore n.: <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>- 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></p> <p>- Posizione <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>i) Espressione</b></p> <p><b>j) Orecchie I - A</b></p> <p>- 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></p> <p>- Portamento <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>- 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> <p><b>4) Tronco:</b></p> <p><b>a) Collo:</b></p> <p>- Lunghezza <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>- 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> <p>- 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> <p><b>b) Garrese</b></p> <p>a) Garrese <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></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><b>e) Groppa:</b></p> <p>- Lunghezza <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>- 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></p> <p>- Inclinazione <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>- 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></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 checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	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; text-align: center;"><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; text-align: center;"><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; text-align: center;"><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; text-align: center;"><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; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p><b>g) Ventre</b></p> <p>a) Testicoli <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</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; text-align: center;"><tr><td><input checked="" type="checkbox"/></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>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>B</td><td>C</td></tr></table></p> <p>d) Metacarpo <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>e) Piedi <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>f) Appiombi <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p><b>6) Arti Posteriori</b></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>A</td><td><input checked="" type="checkbox"/></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>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p><b>7) Andatura</b></p> <p>a) Anteriore <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></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:</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	A	<input checked="" type="checkbox"/>	C	A	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	A	<input checked="" type="checkbox"/>	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	<p>- Allungo <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>- 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></p> <p>- 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><b>8) Carattere</b></p> <p>a) Socievolezza <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) Equilibrio <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) Temperamento <table border="1" style="display: inline-table; text-align: center;"><tr><td>A</td><td><input checked="" type="checkbox"/></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>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>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>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>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>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>A</td><td>B</td><td>C</td></tr></table></p>	A	<input checked="" type="checkbox"/>	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	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	A	B	C	A	B	C	A	B	C	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																																																																																																																																																																																																																						
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 checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	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																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
A	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	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																																																																																																																																																																																																																						
A	<input checked="" type="checkbox"/>	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
<input checked="" type="checkbox"/>	B	C																																																																																																																																																																																																																						
A	B	C																																																																																																																																																																																																																						
A	B	C																																																																																																																																																																																																																						
A	B	C																																																																																																																																																																																																																						
A	B	C																																																																																																																																																																																																																						

MISURAZIONI:	
ALTEZZA AL GARR.	46
LUNGH. TRONCO A	46,5
LUNGH. TESTA	20,5
LUNGH. COLLO	18,5
LARGH. PETTO	17,5
RAPPORTO ARTI-TRONCO	1/1
CIRCONFERENZA TORACE B	63
INDICE CORPORALE As100/B	
PESO	16,5

**Giudizio Sintetico Finale:**  
Soggetto tipico femminile di buona costituzione con qualche imperfezione



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



**I Giudici Selezionatori**  
C. CALACE  
ACCIATI  
A. BARBALESI

**Firma**

**Luogo:** FELINO  
**Data:** 08-03-17

PORTAMENTO DELLA CODA