

CLUB ITALIANO SCHNAUZER & PINSCHER

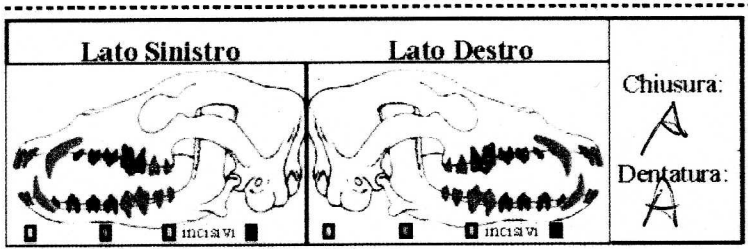
Razze Schnauzer

NOME: SCHNAUZER FREAMS WRAKATON **TAT.:** **LOI:** **HD:**
NATO: 12-03-09 **COLORE:** PEPE SILE **SESSO:** M F **TAGLIA:** G M X 3810981023360732
PADRE: SCHNAUZER FREAMS DE **LOI:** **SELEZ.:** **ALLEV.:** ORISL ROTGER
WATER FLY FRIEND
MADRE: SCHNAUZER FREAMS **LOI:** **SELEZ.:** **PROPR.:** SPANISLAR F.
CATALUNYA TOLMEANT

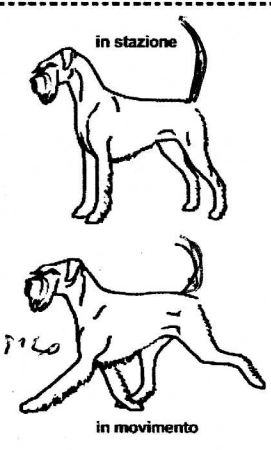
<p>1) Giudizio Generale:</p> <p>a) Tipo <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>b) Impronta sessuale <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</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>2) Mantello:</p> <p>a) Colore <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) Tessitura <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) Sottopelo <table border="1" style="display: inline-table;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>d) Difese <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) 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>f) Maschera (PS) <table border="1" style="display: inline-table;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>g) Argento (NA) <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>3) Testa:</p> <p>a) Lunghezza <table border="1" style="display: inline-table;"><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 checked="" type="checkbox"/></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>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>f) Cranio</p> <p>- 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>- 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 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	<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	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<p>g) Muso:</p> <p>- 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>- 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>h) Occhio</p> <p>- Colore n.: <u>28</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>- 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>i) Espressione</p> <p>j) Orecchie <u>I</u> - A <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>A</td><td><input checked="" type="checkbox"/></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>4) Tronco:</p> <p>a) Collo:</p> <p>- Lunghezza <table border="1" style="display: inline-table;"><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;"><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;"><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 checked="" type="checkbox"/></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>- 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>- 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>- Inclinazione <table border="1" style="display: inline-table;"><tr><td>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>- 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"/>	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	<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	<p>f) Torace:</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>A</td><td><input checked="" type="checkbox"/></td><td>C</td></tr></table></p> <p>g) Ventre <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></td><td>B</td><td>C</td></tr></table></p> <p>h) Testicoli <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>5) Arti Anteriori</p> <p>a) Spalla (inclinazione) <table border="1" style="display: inline-table;"><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;"><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 checked="" type="checkbox"/></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>6) Arti Posteriori</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>7) Andatura</p> <p>a) Anteriore <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) Posteriore <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) 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	<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	<p>- Allungo <table border="1" style="display: inline-table;"><tr><td><input checked="" type="checkbox"/></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>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>B</td><td>C</td></tr></table></p> <p>8) Carattere</p> <p>a) Socievolezza <table border="1" style="display: inline-table;"><tr><td>A</td><td><input checked="" type="checkbox"/></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>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>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>B</td><td>C</td></tr></table></p> <p>e) Reaz. alla minaccia <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>f) Qualità della Presa <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>g) Coraggio <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>h) Aggressività <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p> <p>i) Combattività <table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td><td>C</td></tr></table></p>	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	<input checked="" type="checkbox"/>	B	C	A	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	B	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	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																																																																																																																																																																																																																												
A	<input checked="" type="checkbox"/>	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																																																																																																																																																																																																																												
<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																																																																																																																																																																																																																												
<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																																																																																																																																																																																																																												
<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																																																																																																																																																																																																																												
<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	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																																																																																																																																																																																																																												
<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																																																																																																																																																																																																																												
A	B	C																																																																																																																																																																																																																												
A	B	C																																																																																																																																																																																																																												
A	B	C																																																																																																																																																																																																																												
A	B	C																																																																																																																																																																																																																												
A	B	C																																																																																																																																																																																																																												

MISURAZIONI:	
ALTEZZA AL GARR.	34
LUNGH. TRONCO A	35
LUNGH. TESTA	15,5
LUNGH. COLLO	11
LARGH. PETTO	14,3
RAPPORTO ARTI-TRONCO	1/1
CIRCONFERENZA TORACE B	48
INDICE CORPOREALE Ax100/B	
PESO	7,7

Giudizio Sintetico Finale:
*Femminile, di sostanza compatta, di giusta taglia
 un po' di chupo degli altri -*



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



PORTAMENTO DELLA CODA

I Giudici Selezionatori

PENTENERO

CASCO

ROSSO

Firma

[Signature]

Luogo: MASSENZANO RE

Data: 14-11-10