

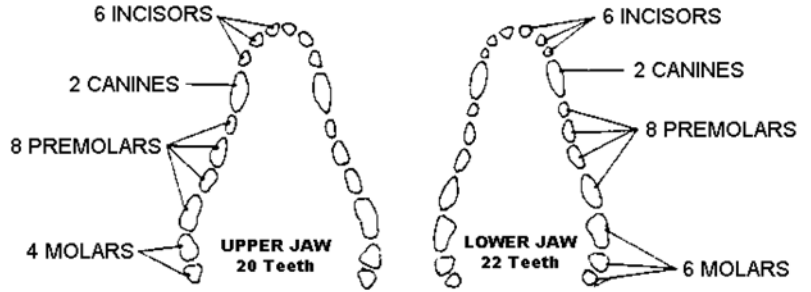
Pedigree Name: _____

Reg. No.: _____ Tattoo/Microchip: _____

DENTITION – Full Dentition (42)

Yes

No



If incomplete please indicate missing teeth on diagram.
If additional teeth are present please note: _____

BITE: (Please sign correct box)

SCISSORS BITE



Position of 1,2, incisors



LEVEL BITE



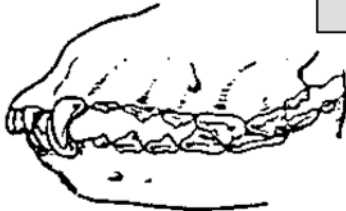
Position of 1,2, incisors



OVERSHOT BITE



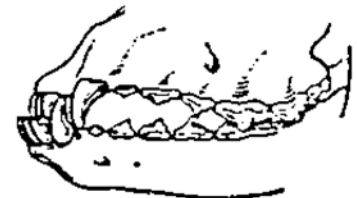
Position of 1,2, incisors



UNDERSHOT BITE



Position of 1,2, incisors



Any deviation from the above please comment: _____

I hereby certify that the information contained in this certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting information: _____

Address: _____

Signature: _____ Date of Examination: _____