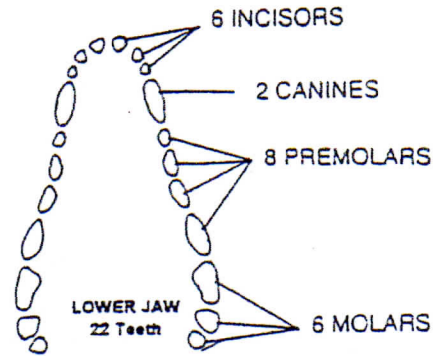
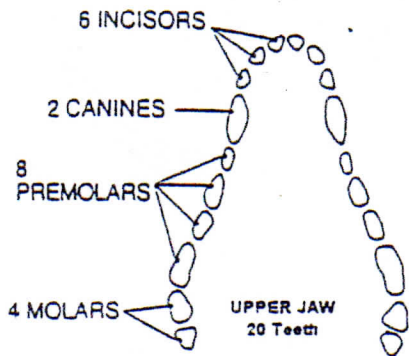


Veterinary Dental Examination Certificate

Name of Owner/s: R Crouch, W & J Grundy
 Address: 26 Kingsley Avenue
 Suburb: West Croydon Post Code: 5008
 Phone: _____ Mobile: 0404 833 924
 Pedigree Name: Aust Ch Kimura's Murphy (IMP Norway)
 Reg. No.: NO39370/11 M/chip No.: 578098100341473
 Date of Birth: March 28, 2011 Sex: Male

(Please indicate findings by placing a tick in the appropriate box)



Full Dentition

Yes

No

Bite:

(please circle correct bite)

Scissor Bite

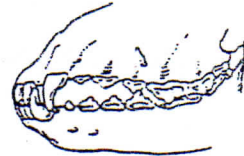
Level Bite



Position of 1,2, incisors



Position of 1,2, incisors

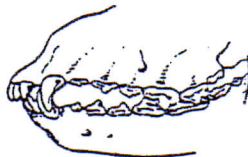


Overshot Bite

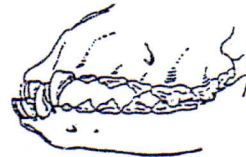
Undershot Bite



Position of 1,2, incisors



Position of 1,2, incisors



Any deviation from the above, please comment:

No deviation

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

Veterinary Surgeon: Math O'Dwyer BVSc

Address: 79 Valley Rd Bull Creek SA 5157

Signature: MO'Dwyer Date: 2 Aug 2014