|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anmeldung zur Körung für Airedale Terrier** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **am** | | | **17.10.21** | | | | | | | **in** | | | | | | | | **Sarstedt** | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Besitzer des Hundes: | | | | | | | | | Name: | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | PLZ / Ort: | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Name des Hundes:  siehe Ahnentafel | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Geschlecht: | | | | | | | | | Rüde  Hündin | | | | | | | | | | | | | | | | | | | |
| geb. am | | | | | | | | |  | | | | | | | | | | | Zuchtbuch-Nr.: | | | |  | | | | |
| Chip-Nr.: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ausstellungsergebnisse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Datum | | | | Ort | | | | | | | | | | | | | | | | Zuchtrichter | | | | | | Formwert-beurteilung | |
| 1. |  | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | |
| 2. |  | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | |
| 3. |  | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Angaben zur Zuchtzulassungsprüfung (ZZP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum: | | | | |  | | | | | | Ort: | | | |  | | | | | | | | | | | | | |
| Zuchtrichter: | | | |  | | | | | | | | | | | | | | | | Gemessene Größe in cm (lt. ZZP-Protokoll): | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Angaben zu Prüfungen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ausdauerprüfung: | | | | | | | Datum: | | | | | | |  | | | | | Ort: | | |  | | | | | | |
| IGP-Prüfung: | | | | | | | Stufe: | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | Datum: | | | | | | |  | | | | | Ort: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gesundheitsuntersuchungen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HD: | |  | | | | ED: | |  | | | | | | | | Augenuntersuchung/PRA | | | | | | |  | | Datum der letzten Untersuchung | | |  |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Ort / Datum** | | | | | | | | | | | | **Unterschrift** | | | | | | | | | | | | | | | | |