Seniors Pet InsuranceCruciate Ligament Examination Form



Seniors Pet Insurance has a waiting period of 6 months starting from the initial commencement date of the policy for cruciate ligament (and related) conditions. This waiting period may be reduced to the policy commencement date depending on the results of a veterinary examination of your pet.

To apply for this waiting period to be waived:

- Your Vet must examine your pet and complete and sign this form (at your expense) on or after the policy commencement date.
- The completed and signed form must be received within 14 days of the examination date.

STEP 1.	Your details		
Policy number	: Surname:		
Address:			
Suburb/City:	State: Postcode:		
STEP 2. Pet's details (one form to be completed per insured pet)			
Pet's name:	Species: Dog Cat		
Breed:	Pet's Age/date of birth:		
Important			

You will receive written confirmation from us in the event that the waiting period for cruciate ligament conditions in respect of your pet is reduced. Unless you receive such written notification, the waiting period in respect of the pet identified on this form remains at 6 months for cruciate ligament conditions starting from the policy commencement date.

Veterinarian to complete section 3 overleaf.
Pet owner and Veterinarian to complete Section 4 overleaf.

Please post the completed form to: Seniors Pet Insurance

Locked Bag 9021 Castle Hill NSW 1765

You can also return the form by fax to 1300 367 229.

For any questions, please call 1300 751 699 between 8am – 8pm Monday to Friday (EST)

STEP 3. To be completed by the Veterinarian

Forther details in the NOTES section at the end of this form, Please keep detailed notes in this pet's clinical records. Policy owner's name: Date of examination: Do / MM / YYYY	Veterinarian's instructions:			
Pets name: Date of examination Ves No	Please physically examine the pet as indicated. (No other diagnostic tests are required). Please tick YES or NO that best describes your findings, and add further details in the NOTES section at the end of this form. Please keep detailed notes in this pet's clinical records.			
Has the owner ever reported a history of the pet limping, or difficulty rising? (If YES please provide a copy of the clinical records) Clinical observation - observe the pet walking, trotting, and rising from a seated position Were there observable signs of clinical lameness? Clinical examination - the clinical examination is performed without sedation or anesthetic Is there joint laxity in the knee joint? Detected by: Positive Cranial Drawer Test Tibial Compression Test Yes No Pain or discomfort on palpation Is there pain on palpation of the hind legs including hips and low spine? If YES indicate the areas where pain was elicited on palpation in NOTES) Joint abnormalities Is there crepitus, or any other abnormality, in the joints? Are the joints thickened, or are there indications of past injury or surgery? Conclusion Are there any findings or evidence of cruciate disease? Veterinarian's notes (please note location and nature of any positive findings) STEP 4. Examining Veterinarian's declaration Locatify that the animal described on this certificate, and named above, has the clinical history and clinical signs as detailed above, and that the information provided by me on this form is truthful, accurate and complete.	Policy owner's name:			
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Were there observable signs of clinical lameness? Yes	(If YES please provide a copy of the clinical records)	Yes No		
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• Tibial Compression Test	Clinical examination – the clinical examination is performed without sedation or anesthetic Is there joint laxity in the knee joint? Detected by:			
Pain or discomfort on palpation Is there pain on palpation of the hind legs including hips and low spine? (If YES indicate the areas where pain was elicited on palpation in NOTES) Joint abnormalities Is there crepitus, or any other abnormality, in the joints? Are the joints thickened, or are there indications of past injury or surgery? Conclusion Are there any findings or evidence of cruciate disease? Veterinarian's notes (please note location and nature of any positive findings) STEP 4. Examining Veterinarian's declaration Lecrtify that the animal described on this certificate, and named above, has the clinical history and clinical signs as detailed above, and that the information provided by me on this form is truthful, accurate and complete.	Positive Cranial Drawer Test	Yes No		
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Signature of Veterinarian Date DD / MM / YYYY	I certify that the animal described on this certificate, and named above, has the clinical history and clinical signs as detailed above, and that the information provided by me on this form is truthful, accurate and complete.			
Signature of Veterinarian Date DD / MM / YYYY	V			
	Signature of Veterinarian	Date DD / MM / YYYY		
Signature of Pat Owner DD / MM / YYYY	X	DD / MAAA / VVVV		
Signature of Pet Owner Date	Signature of Pet Owner	Date Do / WINT / TITE		

Please note the completion of this form does not mean an automatic waiver of the cruciate waiting period.

Name of attending Veterinarian and practice: (please print)

Seniors Pet Insurance is issued by The Hollard Insurance Company Pty Ltd 78 090 584 473, AFSL 241436. Seniors Pet Insurance is distributed and promoted by Australian Seniors Insurance Agency Pty Ltd ABN 31 604 937 902 an Authorised Representative (AR 1008593) of Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079. Seniors Pet Insurance is arranged and administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183.

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