



Australia Post Pet Insurance Cruciate Ligament Examination Form

Your Australia Post Pet Insurance policy 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.

Your (Policy owner) Details:

Australia Post Pet Insurance Policy number:	<input type="text"/>				
Title:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
Suburb/City:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>

Pet's Details: (Please complete one form for each insured pet)

Your pet's name:	<input type="text"/>	Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Breed:	<input type="text"/>	Pet's Age/D.O.B.:	<input type="text"/>	

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 starting from the Policy Commencement Date.

Vet to complete sections overleaf

**The completed and signed form must be received within 14 days of the examination date.
Please mail completed form to Australia Post Pet Insurance, Locked Bag 9021, CASTLE HILL NSW 1765
or email to auspost@petsure.com.au**

To Be Completed by Veterinarian

Veterinarian's Guidelines: 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.

Policy Owner's name:

Pet's name: Examination Date:

Owner History

Has the owner ever reported a history of the pet limping or difficulty arising?
(If yes please provide a copy of the clinical records): Yes No

Clinical Observation

Observe the pet walking, trotting and arising from a seated position.
Were there any observable signs of clinical lameness? Yes No

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 Yes No
- 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) Yes No

Joint Abnormalities

Is there crepitus, or any other abnormality, in the joints? Yes No
Are the joints thickened, or are there indications of past injury or surgery? Yes No

Conclusion

Are there any findings or evidence of cruciate disease? Yes No

Veterinarian's Notes (Please note location and nature of any positive findings)

Examining Veterinarian's Declaration

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:

Signature of pet owner: Date:

Name of attending veterinarian and practice:
(Please print)

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