



## CRUCIATE LIGAMENT EXAMINATION FORM

Your Bondi Vet 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:

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"/>

### Your 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
Pet's age/D.O.B.:	<input type="text"/>	Breed:	<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 Bondi Vet Pet Insurance, Locked Bag 9021,  
CASTLE HILL NSW 1765 or email to [bondivet@petsure.com.au](mailto:bondivet@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
- Tibial compression test

Yes

No

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?  
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 Policy Owner:

Date:

Signature of veterinarian:

Date:

Name of attending veterinarian  
and practice (please print):

Veterinarian registration no:

Registration state: