

Cruciate Ligament Examination Form

Guardian Pet Insurance has a waiting period of 6 months for cruciate ligament conditions, which means that if such a condition develops during this waiting period (or was pre-existing at the policy commencement date), your policy will not cover cruciate ligament conditions. This waiting period may be waived 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
- The completed and signed form must be received within 14 days of the examination date

1. Your details

Policy number:

Title: First name: Last name:

Address:

Suburb/City: State: Postcode:

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 sections overleaf

Please mail this completed form to:

Guardian Pet Insurance
 Locked Bag 9021
 Castle Hill NSW 1765

or fax both sides of this form to 1300 367 229.

For any questions, please call 1300 709 431 between 8am – 8pm (EST) Monday to Friday

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

Guardian Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and distributed and promoted by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079, and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183.

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3. To be completed by veterinarian

Veterinarian's instructions:

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.

Owner's surname:

Pet's name: Date of examination:

How long has the pet been a client of your clinic? Less than 6 months More than 6 months

Owner history

■ Has the owner ever reported a history of the pet limping, or difficulty rising?
(If YES please provide a copy of the clinical records) Yes No

Clinical observation – observe the pet walking, trotting, and rising from a seated position

■ Were there 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)

4. 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.

SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	Name of attending veterinarian and practice: (please print or stamp)
	Signature of Veterinarian	Date	
<input type="text"/>	<input type="text"/>		
Your Veterinarian Registration Number	Registration State		
SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	
	Signature of Policy owner	Date	

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

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