



PetInsuranceAustralia

Cruciate Ligament Exam Form

Application to reduce the prescribed waiting period:

Your 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 means that if your pet develops such a condition during this period (or had it at the policy commencement date) — your policy will not cover it. 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 reduced:

- Your vet must examine your pet and complete and sign this form (at your expense) **on or after the policy commencement date**.
- We must receive the completed and signed form **within 14 days** of the examination date.

1. Your (Policy holder) Details:

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"/>	Post Code:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>		

2. Pet's Details: (1 form to be completed per insured pet)

Name:	<input type="text"/>	Dog/Cat:	<input type="text"/>		
Breed:	<input type="text"/>	Gender:	<input type="text"/>	Date of Birth:	<input type="text"/>

3. 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

Please mail completed form to Pet Insurance Australia, Locked Bag 9021, Castle Hill, NSW 1765 or Fax BOTH SIDES OF THIS FORM to 1300 367 229

Pet Insurance Australia policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) and promoted and distributed by PetSure's Authorised Representative (AR) Pet Insurance Australia Pty Ltd ABN 85 113 507 850, AR 326233. Please see your Certificate of Insurance to identify the issuer of your policy.

Please note that issuance or completion of this form does not acknowledge an automatic waiver of the cruciate waiting period.

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 Holders Surname:

Pet Name:

Date of Examination:

Owner History

• Has the owner ever reported a history of 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 observable signs of clinical lameness? Yes No

Clinical Examination - The clinical examination is performed without sedation or anesthetic

Joint Laxity – Is there 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 anterior cruciate disease? Yes No

Veterinarians Notes (Please note location and nature of any positive findings)

4. Examining veterinarian's declaration:

I certify that the animal described on this form, 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:

Print Name of Veterinarian:

Date:

Practice name or Practice stamp

Name of Policy Holder:

Date:

Signature of Policy Holder:

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Privacy Notice

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