PET INSURANCE CRUCIATE LIGAMENT EXAM

Your HCF Pet Insurance policy has a waiting period of 6 months starting from the initial commencement date of the policy for the cruciate ligament (and related) conditions. This means that if such a condition develops during this waiting period (or was pre-existing prior to your policy commencement date) - your policy will not cover cruciate ligament conditions. This waiting period may be reduced to align with the accidental injury waiting period depending on the results of a veterinary examination of your pet (at your expense).

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.

If you need help completing this form, please call 1800 630 681 between 8am and 8pm (AET/AEDT) Monday to Friday.

Complete and mail to:
HCF Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765
or email:
hcf@petsure.com.au

HCF Pet Insurance policy number

1 POLICYHOLDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

First name

Surname

Home address

Suburb

State

Postcode

Phone

Email

@ . .

2 PET DETAILS (ONE FORM TO BE COMPLETED PER INSURED PET)

Name

Dog/Cat (Please mark 'X')

Dog Cat

Gender

Female Male

Breed

Pet's date of birth

3 IMPORTANT INFORMATION (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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.

VETERINARIAN TO COMPLETE THE FOLLOWING SECTIONS (CONTINUED OVERLEAF)

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.

Policyholder's surname

Pet's name

Date of examination (DD MM YYYY)

4 OWNER HISTORY (PLEASE MARK 'X')

Has the owner ever reported a history of limping, or difficulty arising? (if YES please provide a copy of clinical records)

Yes No

5 CLINICAL OBSERVATION (PLEASE MARK 'X')

Observe the pet walking, trotting and arising from seated position. Were there observable signs of clinical lameness?

Yes No

6 CLINICAL EXAMINATION (PLEASE MARK 'X')

The clinical examination is to be performed without sedation or anesthetic.

Joint laxity – Is there laxity in either of the knee joints? Can you detect:	Yes ☐	No ☐
a) Positive Cranial Drawer Test	Yes ☐	No ☐
b) Tibial Compression Test	Yes ☐	No ☐

7 PAIN OR DISCOMFORT ON PALPITATION (PLEASE MARK 'X')

Is there pain on palpation of either of the hind legs including hips and/or lower spine? (If YES indicate the areas where pain was elicited on palpation in NOTES)	Yes ☐	No ☐

8 JOINT ABNORMALITIES (PLEASE MARK 'X')

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 ☐

9 CONCLUSION (PLEASE MARK 'X')

The findings are all normal and there is no evidence of cruciate disease	Yes ☐	No ☐

10 VETERINARIAN'S NOTES (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Please note the location (on the pet's body) and nature of any findings of potential disease or injury

11 DECLARATION

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the review and/or cancellation of the policy. I/We understand that the information provided will be assessed in accordance with the policy terms and conditions. I/We authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. I/We consent to HCF, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to HCF, PetSure or Hollard and also to give this consent on both my and their behalf.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard). We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Information about how PetSure manages personal information is contained in the PetSure Privacy Policy **petsure.com.au/privacy-policy**. Information about how HCF manages personal information is contained in the HCF Privacy Policy **hcf.com.au/about-us/about-HCF/governance-and-structure/policies/privacy-policy**. Information about how Hollard manages personal information is contained in the Hollard Privacy Policy **hollard.com.au/privacy-policy**. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at **hcf.com.au/insurance/pet**

Signature of policyholder

X

Date (DD MM YYYY)

Veterinary practice stamp (if available)

Signature of veterinarian

X

Date (DD MM YYYY)

Print name of veterinarian

Name of attending veterinarian and practice details: (Please print)

HCF Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 and promoted and distributed by The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746, AFSL 241414. Please see your Certificate of Insurance to identify the issuer of your policy.