



PetInsuranceAustralia

## Cruciate Ligament Exam Form

### For consideration to be given 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"/>	<input type="text"/>	<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 is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436, is arranged and administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) and is promoted and distributed by PetSure's Authorised Representative (AR) Pet Insurance Australia Pty Ltd ABN 85 113 507 850, AR 326233. Any advice provided is general only and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) to ensure this product meets your needs before purchasing. PDS and Target Market Determination available at [petinsuranceaustralia.com.au](http://petinsuranceaustralia.com.au).

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:

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

#### Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to Pet Insurance Australia, PetSure and 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. 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 [petinsuranceaustralia.com.au](http://petinsuranceaustralia.com.au)