

Cruciate Ligament Examination Form



Petmed 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:	<input type="text"/>		
Title:	<input type="text"/>	First name: <input type="text"/>	Last name: <input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

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

Your pet's name:	<input type="text"/>	Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Breed:	<input type="text"/>	Pet's age / DOB:	<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 for cruciate ligament conditions starting from the policy commencement date.

Veterinarian to complete sections overleaf

Please mail this completed form to:

Petmed Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

or fax both sides of this form to 1300 732 172.

For any claim enquiry, please call 1300 732 172 between 8:30am – 5:30pm (EST) Monday to Friday

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

Petmed Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and distributed and promoted by Marketing Services Pty Ltd (Marketing Services) ABN 951 631 726 83, AR 458417. Marketing Services is an Authorised Representative of PetSure; and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183.

3. To be completed by a 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 anaesthetic

- 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

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	

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