

# Cruciate Ligament Examination Form

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 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 (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 details

Pet Insurance policy number:

Title:	First Name:	Surname:
Address:		
Suburb:	State:	Post Code:

## 2. Pet's details (1 form to be completed per insured pet)

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

## 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 for cruciate ligament conditions starting from the policy commencement date.

## Vet to complete sections overleaf

Please mail this completed form to:

**petinsurance.com.au**  
**Locked Bag 9021,**  
**Castle Hill, NSW 1765 or**  
**fax both sides of this form to 1300 367 229**

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



#### 4. 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.

Owner's surname:

Pet's name:

Date of Examination: / /

**Owner history**

Has the owner ever reported a history of the pet 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 any 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 anterior cruciate disease?  Yes  No

**Veterinarian's notes** (Please note location and nature of any positive findings)

#### 5. 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.

Print Name of Veterinarian:

Date: / /

Signature of vet:

Practice name or Practice stamp

Signature of pet owner:

Date: / /