

Your Petinsurance.com.au 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 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 (at your expense).

- 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.

Petinsurance.com.au policy number

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First Name

[illegible]

Surname

[illegible]

Phone

[illegible]

Email

Name

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Breed

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Dog

Date of birth

D	D	M	M	Y	Y
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Male

Female

×

Cat

You will receive written confirmation from us in the event that the waiting period for cruciate ligament conditions in respect of your pet is waived. 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 commencement date of the first policy period.

Petinsurance.com.au Locked Bag 9021, Castle Hill NSW 1765

Person who looks after me when I am sick to fill in

3. To be completed by veterinarian

Veterinarian instructions:
Please physically examine the pet as indicated. (No other diagnostic tests are required). Please tick YES or NO, whichever best describes your findings, and add further details in the NOTES section at the end of the form. Please keep detailed notes in this pet's clinical records.

Policyholder's surname

Pet's name

Date of examination

D

D

M

M

Y

Y

Owner history

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

X

 Yes

X

 No

Clinical observation

- observe the pet walking, trotting, and arising from a seated position

Were there observable signs of clinical lameness?

X

 Yes

X

 No

Clinical examination

- the clinical examination is performed without sedation or anaesthetic

Joint laxity - is there laxity in either of the knee joints? Detected by:

Positive Cranial Drawer Test

X

 Yes

X

 No

Tibial Compression Test

X

 Yes

X

 No

Pain or discomfort on palpation

Is there pain on palpation of either of the hind legs including hips and low spine? (If YES indicate the areas where pain was elicited on palpation in NOTES)

X

 Yes

X

 No

Joint abnormalities

Is there crepitus, or any other abnormality in the joints?

X

 Yes

X

 No

Are the joints thickened, or are there indications of past injury or surgery?

X

 Yes

X

 No

Conclusion

Are the findings all normal (i.e. there is no evidence of cruciate disease)?

X

 Yes

X

 No

Veterinarian notes (please specify location and nature of any positive findings)

4. 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 of veterinarian

Date

D

D

M

M

Y

Y

Name of attending veterinarian and practice

Signature of pet owner

You can scan and email both sides of this form to: petinsurance@petsure.com.au.
Alternatively you can mail the completed form to: Petinsurance.com.au – Claims Department, Locked Bag 9021, Castle Hill NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.

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