

# Cruciate Ligament Exam Form

Your Petsecure 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**.
- The completed and signed form must be received within **14 days** of the examination date.

## Part 1: Your (Policyholder) details and Pet's details (one form to be completed per insured pet)

Insured's Policy Number: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Dog:  Cat:  Male:  Female:   
Address: \_\_\_\_\_ Desexed: Yes  No   
Suburb: \_\_\_\_\_ Pet's Age/DOB: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Breed: \_\_\_\_\_  
Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Colour: \_\_\_\_\_  
Email: \_\_\_\_\_ Please tick  if there has been a change of address or contact details:

## Part 2: 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.

The cost of this examination is not claimable under your Petsecure policy.

## Vet to complete sections overleaf

Please mail completed form to:

**Petsecure**  
**Locked Bag 9021**  
**Castle Hill NSW 1765**

or Fax **both sides** of this form to (02) 9843 2644.

or scan and **email** to [customercare@petsecure.com.au](mailto:customercare@petsecure.com.au)

**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 First Name and Surname: \_\_\_\_\_

Pet’s 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 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

▶ Signature of Policyholder:  \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Veterinarian \_\_\_\_\_ Practice name or Practice stamp \_\_\_\_\_