

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)

Policy Number:	<input type="text"/>	Pet's Name:	<input type="text"/>
Policyholder's Name:	<input type="text"/>	Pet Type:	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Address:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Suburb:	<input type="text"/>	Desexed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text" value="Home"/>	Pet's Age/DOB:	<input type="text"/>
	<input type="text" value="Work"/>	Breed:	<input type="text"/>
Email:	<input type="text"/>	Colour:	<input type="text"/>
		Tick if there has been a change of address or contact details:	<input type="checkbox"/>

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.

Part 3: 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.

Policyholder's First Name:	<input type="text"/>	Policyholder's Surname:	<input type="text"/>
Pet's Name:	<input type="text"/>	Date of examination:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>

Policyholder history

- Has the policyholder 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

Part 3: To be completed by veterinarian (cont'd)

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.

Signature of Veterinarian:

Date: / /

Print Name of Veterinarian:

Practice name or Practice stamp:

Part 5: Your (Policyholder) declaration

I/We consent to Petsecure, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to PetSecure, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Petsecure, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of Policyowner:

Date: / /

Privacy Notice:

In this Privacy Notice, 'we', 'us' or 'our' refers to Petsecure, 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 www.petsecure.com.au.

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



Any questions?
Call 1300 367 229
8:30am to 5:00pm (AEST)
Monday – Friday
(except public holidays)

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