

Cruciate Ligament Examination Form



Prime Pet Insurance has a Waiting Period of six months for Cruciate Ligament Conditions, which means that if such a Condition develops during this Waiting Period (or existed or occurred before the Commencement Date of the First Policy Period), your policy won't 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; and

👑 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"/>	Surname: <input type="text"/>
Address:	<input type="text"/>		
Suburb/City:	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Phone:	(home) <input type="text"/>	(work) <input type="text"/>	(mobile) <input type="text"/>
Email:	<input type="text"/>		

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

Pet's name:	<input type="text"/>	Species: Dog <input type="checkbox"/>	Cat <input type="checkbox"/>
Breed:	<input type="text"/>	Pet's age/ date of birth:	<input type="text"/>

Important

You'll 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 six months for Cruciate Ligament Conditions starting from the Commencement Date of the First Policy Period.

For any claim enquiry, please call 1300 881 735 Monday - Friday, between 8am and 8pm (AEST).

Vet to complete sections overleaf

3. To be completed by Vet

Vet'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.

Policy owner's surname: Policy owner's first name:
Pet's name: Date of examination:
How long has the Pet been a client of your clinic? Less than six months More than six months

Policy owner history

Has the policy 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 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', please 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 cruciate disease?

Yes No

NOTES (please note location and nature of any positive findings):

4. Examining Vet's declaration

I certify that the Pet 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 Vet and practice: (please print or stamp)
	Signature of policy owner	Date	
SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	
	Signature of Vet	Date	
	<input type="text"/>	<input type="text"/>	
	Your Vet registration number	Registration state	

Please mail this completed form to:

Prime Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

or fax both sides of this form with all accompanying documentation to 1300 367 229.

For any questions, please call 1300 881 735 Monday - Friday, between 8am and 8pm (AEST)

Please note the completion of this form doesn't mean an automatic waiver of the Cruciate Ligament Condition Waiting Period.

Prime Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241 436 and is a trading name of and is arranged and promoted by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079 and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183. Any advice provided is general only and may not be right for you. Please read the relevant Policy Booklet (available at primepetinsurance.com.au/useful-documents) to ensure the product is right for you. Neither Greenstone Financial Services Pty Ltd nor any of its related entities, directors, or employees guarantees the assessment or payment of claims under any policy issued and underwritten by The Hollard Insurance Company Pty Ltd.