

## Cruciate Ligament Exam Form

Your 1300Insurance Pet Protect 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 reduced to the policy commencement date depending on the results of a veterinary examination of your pet.

For consideration to be given to reduce the prescribed waiting period:

- 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 (Policyholder) Details:

1300Insurance Pet Insurance policy number: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Name: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 starting from the policy commencement date.

## Vet to complete sections overleaf

**Please mail completed form to 1300Insurance Pet Protect, Locked Bag 9021, Castle Hill, NSW 1765 or Fax BOTH SIDES OF THIS FORM to 1800 639 906**

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

# To Be Completed by Veterinarian

**Veterinarian's Guidelines:** Please physically examine the pet as indicated. (No other diagnostic tests are required). Please circle **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.

**Owners Surname:** \_\_\_\_\_

**Pets Name:** \_\_\_\_\_ **Date of Examination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Owner History

- Has the owner ever reported a history of limping, or difficulty arising? YES NO  
(If YES please provide a copy of the clinical records)

**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? YES NO  
(If YES indicate the areas where pain was elicited on palpation in NOTES)

## 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)

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## 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: \_\_\_\_\_

Print Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice name or Practice stamp

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