

**CRUCIATE LIGAMENT EXAMINATION FORM**

Petbarn Pet Insurance 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.

**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.

**STEP 1. YOUR DETAILS**

Policy number:

**POLICY OWNER'S DETAILS**

Title:

First name:

Surname:

Address:

Suburb/City:

State:

Postcode:

**PET'S DETAILS (ONE FORM TO BE COMPLETED PER INSURED PET)**

Pets Name:

Species:

Dog

Cat

Breed:

Pet's Age/date of birth:

**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.

**VETERINARIAN TO COMPLETE SECTION 3 OVERLEAF.****PET OWNER AND VETERINARIAN TO COMPLETE SECTION 4 OVERLEAF.**

Please post the completed form to:

Petbarn Pet Insurance  
Locked Bag 9021  
Castle Hill NSW 1765

You can also return the form by fax to **1300 367 229**.**FOR ANY QUESTIONS, PLEASE CALL 1300 618 412 BETWEEN 8AM – 8PM MONDAY TO FRIDAY (AEST)****PLEASE NOTE THE COMPLETION OF THIS FORM DOES NOT MEAN AN AUTOMATIC WAIVER OF THE CRUCIATE WAITING PERIOD.**

### STEP 3. TO BE COMPLETED BY THE VETERINARIAN

#### Veterinarian'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 name:

Pet's name:

Date of examination:

#### OWNER HISTORY

Has the owner ever reported a history of the pet limping, or difficulty rising?

(If YES please provide a copy of the clinical records)

#### CLINICAL OBSERVATION - OBSERVE THE PET WALKING, TROTGING, AND RISING FROM A SEATED POSITION

Were there observable signs of clinical lameness?

Yes  No

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
- Tibial Compression Test

Yes  No

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 cruciate disease?

Yes  No

#### VETERINARIAN'S NOTES (PLEASE NOTE LOCATION AND NATURE OF ANY POSITIVE FINDINGS)


### STEP 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

DD / MM / YYYY

Signature of Pet Owner

Date

DD / MM / YYYY

Name of attending Veterinarian and practice: (please print)

PLEASE NOTE THE COMPLETION OF THIS FORM DOES NOT MEAN AN AUTOMATIC WAIVER OF THE CRUCIATE WAITING PERIOD.