

Your HCF Pet 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.

Complete and send to:
HCF Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765

HCF Pet Insurance policy number

+

1 Your policy holder details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Sex (Please mark 'X')	
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
Home address:		
Unit No.	Street No.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone - home	Phone - work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address:		
Unit No.	Street No.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone - home	Phone - work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/> @ <input type="text"/> . <input type="text"/> . <input type="text"/>		
Date of birth (DD MM YYYY)		
<input type="text"/>		

2 Pet details (ONE FORM TO BE COMPLETED PER INSURED PET)

Name	Dog/Cat (Please mark 'X')
<input type="text"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Breed:	Date of birth (DD MM YYYY)
<input type="text"/>	<input type="text"/>

3 Important information

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

Veterinarian to complete the following sections (continued overleaf)

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.

Breed	Date of examination (DD MM YYYY)
<input type="text"/>	<input type="text"/>

4 Owner history

Has the owner ever reported a history of limping, or difficulty arising?
(if YES please provide a copy of clinical records)

Yes No

5 Clinical Observation

Observe the pet walking, trotting and arising from seated position.
Were there observable signs of clinical lameness?

Yes No

6 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

7 Pain or discomfort on palpitation

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

8 Joint abnormalities

Is there crepitus, or any other abnormality, in the joints?

Yes No

Is the joint thickened, or are there indications of past injury or surgery?

Yes No

9 Conclusion

The findings are all normal and there is no evidence of anterior cruciate disease

Yes No

10 Veterinarians notes - Please note location and nature of any positive findings

11 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

Date (DD MM YYYY)

Print name of veterinarian