

# Pet Health Insurance Form

Need any help completing this form? **1300 880 750** 9am-5pm



## Cruciate Ligament Exam Form

Your InsuranceLine Pet Health Plan 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**.
- The completed and signed form must be received within **14 days** of the examination date.

### 1. YOUR DETAILS (Policy Owner)

Pet Health Plan Policy Number

Title: Mr  Mrs  Miss  Ms  Other

First name  Surname

Postal address

Suburb

State  Postcode

### 2. YOUR PET'S DETAILS (1 form to be completed per insured pet)

Your pet's name  Dog  Cat

Breed  Date of birth  /  /

### 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 to the pet identified on this form remains at 6 months starting from the policy commencement date.

Vet to complete sections overleaf

#### Once completed, please return this form to



InsuranceLine Pet Health Plan, Claims Department  
Locked Bag No. 9021, Castle Hill, NSW 1765  
or fax both sides of this form with all accompanying documents to 1300 367 229

#### How to contact the claims department



**Local phone**  
+61 (02) 9842 4800  
9am - 5pm (EST)  
Monday to Friday



**Email**  
petclaims@insuranceline.com.au

Please note that issuance or completion of this form does not constitute an automatic waiver of the cruciate ligament waiting period.  
Pet Health Plan is insured by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241436

# To be completed by veterinarian

**Veterinarian's guidelines:** Please physically examine the pet as indicated. (No other diagnostic tests are required). Please best describe your findings by ticking **YES** or **NO**, and add further details in the NOTES section at the end of this form. Please keep detailed notes in this pet's clinical records.

Owner's surname:

Pet's 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?  
*(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 anterior cruciate disease? YES  NO

## Veterinarian's notes (Please note location and nature of any positive findings)

  
  
  

## 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:

Sign here:

Date: dd / mm / yyyy

Print name of veterinarian:

Signature of Pet Owner:

Sign here:

Date: dd / mm / yyyy

Practice name or practice stamp

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