



Cruciate ligament examination form

Your Bupa 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 means that if such a condition develops during this waiting period (or was pre-existing at the policy commencement date), your policy will not cover cruciate ligament conditions. This waiting period may be waived depending on the results of a veterinary examination of your pet (at your expense).

To apply for this waiting period to be waived:

1. your vet must examine your pet and complete and sign this form (at your expense) on or after the policy commencement date.
2. we must receive the completed and signed form within 14 days of the examination date.

1: Your details

Bupa Pet Insurance policy number

First name Address

Surname Suburb

Initial Title Other State Postcode

2: Pet details (one form to be completed per insured pet)

Name

Breed

Dog Cat Date of birth

Gender Male Female

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 waived. Unless you receive such written notification, the waiting period in respect to the pet identified on this form remains at 6 months for cruciate ligament conditions starting from the policy commencement date.

Vet to complete sections overleaf.

3: To be completed by veterinarian

Veterinarian's instructions:

Please physically examine the pet as indicated. (No other diagnostic tests are required). Please tick YES or NO as 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.

Policyholder history

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

Yes No

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 anaesthetic

Joint laxity - Is there laxity in either of the knee joints?
Detected by:

Positive Cranial Drawer Test

Yes No

Tibial Compression Test

Yes No

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

Policyholder's surname

Pet's name

Date of examination

Pain or discomfort on palpation

Is there pain on palpation of either 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 the findings all normal (i.e. there is no evidence of anterior cruciate disease)?

Yes No

4: 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. I/We consent to Bupa HI Pty Limited ABN 81 000 057 590 (Bupa), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to Bupa, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Bupa, PetSure or Hollard and also to give this consent on both my and their behalf.

Veterinarian's signature

Date

Name of attending veterinarian and practice (Please print)

Policyholder's signature

Date

You can scan and email both sides of this form to bupa@petsure.com.au

Alternatively you can mail the completed form to **Bupa 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 assistance with the completion of this form, please call **134 135** between 8:00am and 8:00pm (AET) Monday-Friday.

Please note the completion of this form does not mean an automatic waiver of the cruciate waiting period.

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