

# HCF Pet Insurance Cruciate Ligament Exam Form

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.

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

HCF Pet Insurance Policy Number

Title

First name

Middle initial

Surname

Sex (Please mark 'X')

M  F

Home address:

Unit No.

Street No.

Street name

Suburb

State

Postcode

Phone - home

Phone - work

Mobile

Postal address (if different from your home address)

Suburb

State

Postcode

Email

@

Date of birth (DD MM YYYY)

Date you wish your membership to commence (DD MM YYYY)

## 2 Pet details (1 FORM TO BE COMPLETED PER INSURED PET)

Name

Dog/cat (Please mark 'X')

Dog  Cat

Breed

Date of birth (DD MM YYYY)

## 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 sections overleaf**

**Please mail completed form to HCF Pet Insurance Locked Bag 9021, Castle Hill, NSW, 1765**

# HCF Pet Insurance Cruciate Ligament Exam Form cont.

## To be completed by Veterinarian

**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.

Pet's name

Date of examination

### 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 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

### 8 Joint abnormalities

- Is there crepitus, or any other abnormality, in the joints?
- Is the joint thickened, or are there indications of past injury or surgery?

Yes  No

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

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### Examining Veterinarians 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: \_\_\_\_\_

Print name of Veterinarian: \_\_\_\_\_