

PET INSURANCE CRUCIATE LIGAMENT EXAM

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 A. YOUR POLICYHOLDER 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		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from your home address)		
<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 (ONE FORM TO BE COMPLETED PER INSURED PET)

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) (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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 (PLEASE TICK YES OR NO AND USE A BLACK PEN)

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 (PLEASE TICK YES OR NO AND USE A BLACK PEN)

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

Yes No

6 CLINICAL EXAMINATION (PLEASE TICK YES OR NO AND USE A BLACK PEN)

The clinical examination is performed without sedation or anesthetic.
Joint laxity - Is there laxity in the knee joint? Detected by:

- Positive Cranial Drawer Test
- Tibial Compression Test

Yes No

Yes No

7 PAIN OR DISCOMFORT ON PALPITATION (PLEASE TICK YES OR NO AND USE A BLACK PEN)

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 (PLEASE TICK YES OR NO AND USE A BLACK PEN)

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 (PLEASE TICK YES OR NO AND USE A BLACK PEN)

Are there any findings or evidence of cruciate disease?

Yes No

10 VETERINARIANS NOTES - PLEASE NOTE LOCATION AND NATURE OF ANY POSITIVE FINDINGS**11 EXAMINING VETERINARIAN'S DECLARATION** (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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

X

Date (DD MM YYYY)

Print name of veterinarian

Please note that issuance or completion of this form does not acknowledge an automatic waiver of the cruciate ligament waiting period.
Underwritten by The Hollard Insurance Company Pty Ltd ABN 79 090 584 473 AFSL 241 436.

**Please mail this completed form, with all accompanying documentation, to HCF Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765.
For assistance with the completion of this form, please call 1800 630 681 between 8:30am and 5pm (EST) Monday-Friday.**