

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

Name Dog/Cat (Please mark 'X') Dog Cat Date of birth (DD MM YYYY) MMPORTANT 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 redu Unless you receive such written notification the waiting period in respect of the pet identified on this form remains at 6 months starting from poolicy commencement date.			(PEN)	ETAILS (PLEASE USE CAPITAL LETTERS AND A BLAC	JR POLICYHOLDE	A. YOUR F
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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 🗆
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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	Yes 🗌	No 🗆
	Tibial Compression Test	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 🗆
11	EXAMINING VETERINARIAN'S DECLARATION (PLEASE USE CAPITAL LI I certify that the animal described on this certificate, and named above, has the provided by me on this form is truthful, accurate and complete.		
	Signature Date (DD N	MM YYYY)	
	X		
	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.