

# Examination Form

PROSURE\* Vets Own Pet Insurance



\*Trademark Provet

## Cruciate Ligament Exam Form

Your PROSURE 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.

### YOUR (POLICY HOLDER) DETAILS

PROSURE Pet Insurance Policy Number

Title  First Name  Surname

Address

Suburb/City  State  Post Code

### PET DETAILS (1 form to be completed per insured pet)

Name  Dog/Cat

Breed  DOB  /  /

### 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.

Please mail completed form to PROSURE Pet Insurance,  
Locked Bag 9021, Castle Hill, NSW, 1765 or  
fax BOTH SIDES OF THIS FORM to 1300 367 229

**Veterinarian to complete sections overleaf**



**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 78 090 584 473. AFSL 241436



**PROSURE**

VET'S OWN PET INSURANCE

# CRUCIATE LIGAMENT EXAM FORM CONT'D

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.

Pets 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 seated position  
• Were there observable signs of clinical lameness? YES  NO

## CLINICAL EXAMINATION

The clinical examination if 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? 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   
• Is the joint 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

## VETERINARIANS NOTES - Please note location and nature of any positive findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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: \_\_\_\_\_

Practice name or Practice stamp

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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