

Cruciate Ligament Examination Form

SPCA Pet Insurance has a waiting period of 6 months for cruciate ligament conditions, which 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.

To apply for this waiting period to be waived:

- Your vet must examine your pet and complete and sign this form
- The completed and signed form must be received within 14 days of the examination date

1. Your details			
Policy number:			
Title:	First name:	Surname:	
Address:			
Suburb:		City:	Postcode:
2. Pet's details	; (One form to be completed per in	sured pet)	
Pet's name:		Species:	Dog Cat
Breed:		Pet's age/date of birth	DD / MM / YYYY
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 reduced. Unless you receive such written notification, the waiting period in respect of the pet identified on this form remains at 6 months for cruciate ligament conditions starting from the policy commencement date.

Veterinarian to complete sections overleaf

Please email this completed form to spca@petsure.nz and if you have any questions, please call 0800 387 008 between 8am and 8pm Monday to Friday.

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 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.

Owner's surname:				
Pet's name:	Date of examination:	DD / MM / YYYY		
How long has the pet been a client of your clinic? 🗌 Less than 6 months 🗌 More than 6 months				
Owner history				
Has the owner ever reported a history of the pet limping, or difficulty rising?				
(If YES please provide a copy of the clinical records)		Yes No		
Clinical observation – observe the pet walking, trotting, and rising from a seated pos	ition			
Were there observable signs of clinical lameness?		Yes No		
Clinical examination – the clinical examination is performed without sedation or an	esthetic			
Is there joint laxity in the knee joint? Detected by:				
Positive Cranial Drawer Te	st	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?				
(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 there any findings or evidence of cruciate disease?		Yes No		
Veterinarian's notes (please note location and nature of any positive findings)				

4. Examining veterinarian's 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.

SIGNHERE	Signature of Veterinarian Your Veterinarian Registration Number	DD / MM / YYYY Date Registration State
SIGN HERE	Signature of Policy owner	DD / MM / YYYY Date

Name of attending Veterinarian and practice: (please print or stamp)

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

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