



**Mail completed form to:**

Bow Wow Meow Pet Insurance  
Locked Bag 9021, Castle Hill 1765 NSW

**Or scan and email both sides of this form to:**

bowwow@petsure.com.au

**Please do not staple documents**

# Cruciate Ligament Exam Form

Your 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 waived 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 for the cruciate ligament waiver to be considered.

## Your (Policyholder) Details:

Pet Insurance Policy Number: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Pet's Details: (1 form to be completed per insured pet)

Name: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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 starting from the policy commencement date.

**Vet to complete sections overleaf.**

For assistance with the completion of this form, please call 1800 668 502 between 8.30am-5.00pm (AEST) Monday-Friday (except public holidays).  
**Please note the completion of this form does not mean an automatic waiver of any Pre-Existing Condition Exclusion.**



### To be completed by veterinarian

Policyholder's Surname: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Vet's Guidelines:** Please physically examine the pet as indicated. (No other diagnostic tests are required). Please circle **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.

### Policyholder History

Has the Policyholder 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 a seated position*

Were there observable signs of clinical lameness? **YES NO**

### Clinical Examination - *The clinical examination is performed without sedation or anesthetic*

Joint laxity - Is there laxity in the knee joint? Detected by: **YES NO**  
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**  
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)

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

### 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.

Signature: \_\_\_\_\_

Print Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Practice name or Practice stamp

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