



Mail completed form to:

Bow Wow Meow Pet Health 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.

Please note that issuance or completion of this form does not acknowledge an automatic waiver of the cruciate waiting period

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: 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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