

Cruciate ligament examination form

Bupa 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 (at your expense). 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 Bupa Pet Insurance policy number Address First name Postcode Surname Title Other Initial 2. Pet details (one form to be completed per insured pet) Name **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 Breed

to the pet identified on this form remains at 6 months for cruciate ligament conditions starting from the policy commencement date.

Vet to complete sections overleaf.

Date of birth

Cat

Dog

Pet Insurance

Veterinarian's instructions: Please physically examine the pet as indicated. (No other diagnostic tests are required). Please this VES or No as best discribes your findings, and add further datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there datas in the NotSt section at the end of this form. Please there are section and the part of the data of the form. Please there are section of the data of the form of the form of the data of the form of the fore of the form of		
Please physically examine the pet as indicated. (No other dispositic tests are required.) Please lick YES on Vo as 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 history Has the owner ever reported a history of limping, or difficulty arising? (If YES please provide a copy of the clinical records) Yes No 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 anæsthetic Joint larity - is there laxity in the knee joint? Detected by: Pestive Cranial Drawer Test Yes No Tibal Compression Test Yes No Veterinarian's notes (please note location and nature of any positive findings) 4. Examining veterinarian's declaration Leriffy that the animal described on this certificate, and named above, has the clinical history and clinical signs as detailed above, and that the indimnostion provided by me on this form is truthful, eccurate and complete.	3. To be completed by veterinarian	Owner's surname
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	and that the information provided by me on this form is truthful,	
Name of attending veterinarian and practice (Please print]	accurate and complete.	
		Name of attending veterinarian and practice (Please print]

Please mail completed claim form to:

Bupa Pet Insurance - Claims Department, Locked Bag 9021, Castle Hill, NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.

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