



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

Initial

Title

Other

2. Pet details (one form to be completed per insured pet)

Name

Breed

 Dog
 Cat

Date of birth

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 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.

Pet Insurance

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 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 anaesthetic

Joint laxity - Is there laxity in the knee joint? Detected by:

Positive Cranial Drawer Test

Yes No

Tibial Compression Test

Yes No

Veterinarian's notes (please note location and nature of any positive findings)

Owner's surname

Pet's name

Date of examination

D	D	M	M	Y	Y
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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 the findings all normal (i.e. there is no evidence of anterior cruciate disease)?

Yes No

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.

Signature of Veterinarian

Date

D	D	M	M	Y	Y
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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.