



At Pounce Pet Insurance, we have a waiting period of 6 months for cruciate ligament conditions, which means that if your pet develops such a condition during this period (or had it at the policy commencement date) — your policy will not cover it. This waiting period may be waived depending on the results of a veterinary examination.

To apply for this waiting period to be waived:

- Your vet needs to 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. Policy owner details							
Policy number:							
Title:	First name:	Su	rname:				
Address:							
Suburb:		State:	Postcode:				
2. Pet's details (One form to be completed per insured pet)							
Pet's name:			Species: Dog	Cat			
Breed:			Pet's age/D.O.B:				
Important							

## Important

If your application to get the waiting period waived is successful, you'll receive written confirmation from us. If you do not receive this confirmation, 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 mail this completed form to:

Pounce Pet Insurance Locked Bag 9021 Castle Hill NSW 1765 or fax both sides of this form to 1300 367 229.

For any questions, please call 1300 457 046 between 8am and 8pm (AEST) Monday to Friday (excluding public holidays).

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

## 3. To be completed by veterinarian Veterinarian's instructions: Please physically examine the pet as indicated. (No other diagnostic tests are required). Please

	describes your findings, and add furth this pet's clinical records.	ner details in the 'notes' section	n at the end of t	his sectio	n. Please
Policy Owner's name:					
Pet's Name:	Date of examination:				
How long has the pet b	peen a patient of your clinic?	More	More than 6 months		
(If YES please provide o	ported a history of the pet limping, or a copy of the clinical records)	, ,	on	Yes	No
Clinical observation – observe the pet walking, trotting, and rising from a seated position  Were there observable signs of clinical lameness?					No
Is there joint laxity in t	the clinical examination is performe he knee joint? Detected by:	d without sedation or anaest	hetic		
Positive Crancial Draw				Yes	No
Tibial Compression Tes	t			Yes	No
Pain or discomfort on palpation Is there pain on palpation of the hind legs including hips and lower spine? (If YES indicate the areas where pain was elicited on palpation in 'notes')					No
Joint abnormalities					
Is there crepitus, or an	y other abnormality, in the joints?			Yes	No
Are there joints thicker	ned, or are there indications of past in	jury or surgery?		Yes	No
Conclusion Are there any findings	or evidence of cruciate disease?			Yes	No
Veterinarian's notes (p	please note location and nature of an	ny positive findings)			

## 4. Examining veterinarian's declaration

I certify that the animal described on this form, 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:
Signature of pet owner:	Date:
Name of attending veterinarian and practice (Please print):	