# **Cruciate Ligament Examination Form**



Prime 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.

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

## **Privacy**

**Important** 

PetSure Pty Ltd ("PetSure", "we", "us" or "our") collects personal information about you on behalf of The Hollard Insurance Company Pty Ltd ("HIC"). All information collected throughout the claims process by PetSure or HIC will be shared with both companies.

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as veterinary practices.

The information we collect may be disclosed to other organisations, including but not limited to veterinary practices, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are likely to disclose your personal information to service providers in the Philippines. Otherwise we are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call **1300 881 735** Monday to Friday, 8am – 8pm EST.

I. Your details						
Policy number:	First name: Surname:					
Address: Suburb/City:	State: Postcode:					
·	ails (one form to be completed per insured pet)					
Pet's name:	Species: Dog Cat  Pet's age/					
Breed:	date of birth:					

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 for cruciate ligament conditions starting from the policy commencement date.

For any claim enquiry, please call 1300 881 735 between 8am – 8pm Monday to Friday (EST).

## 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** 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.

and add for the detail		3 TOTTIL T TEASE REEP detailed Th	otes in this pers clinical records	
Owner's surname:				
Pet's name:			Date of examination	on: DD / MM / YYYY
How long has the pet	been a client of your clinic?	nan 6 months 🔲 More tha	n 6 months	
	reported a history of the pet limping, or dif a copy of the clinical records)	fficulty rising?		Yes No
Clinical observation were there observab	Yes No			
	- the clinical examination is performed v the knee joint? Detected by:	vithout sedation or anesthetic	С	
	Yes No			
		Tibial Compression Test	t	☐ Yes ☐ No
	n palpation tion of the hind legs including hips and low eas where pain was elicited on palpation ir			Yes No
Joint abnormalities				
Is there crepitus, or a	Yes No			
Are the joints thicken	☐ Yes ☐ No			
Conclusion  Are there any findings	or evidence of cruciate disease?			Yes No
, -	(please note location and nature of any p	oositive findings)		
	7.1			
4. Examining	veterinarian's declaration			
I certify that the a	nimal described on this certificate,			al signs as detailed
above, and that th	e information provided by me on th	is form is truthful, accura	te and complete.	
	e of Veterinarian	DD / MM / YYYY  Date	Name of attending veterinarian (please print or stamp)	n and practice:
Your Vet	erinarian Registration Number	Registration State		

#### Please mail this completed form to:

Signature of Policy owner

Prime Pet Insurance Locked Bag 9021 Castle Hill NSW 1765

or fax both sides of this form with all accompanying documentation to 1300 367 229.

For any questions, please call 1300 881 735 between 8am - 8pm Monday to Friday (EST).

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

Prime Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and is a trading name of and is arranged and promoted by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079 and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183. Greenstone Financial Services Pty Ltd nor any of its related entities, directors or employees guarantees the assessment or payment of claims under any policy issued and underwritten by The Hollard Insurance Company Pty Ltd.

Date

DD / MM / YYYY