

# Cruciate Ligament Examination Form

Your Medibank 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 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 (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.

## 1. Your details

### Medibank Pet Insurance policy number:

Title: Mr/Mrs/Ms/Miss/Dr/Other:

First name:

Surname:

Address:

Suburb/City:

State:

Postcode:

## 2. Pet's details: (One form to be completed per insured pet)

Pet's name:

Dog/Cat:

Breed:

Pet's age/Date of birth:

Pet's sex:    Male    Female

### 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 waived. 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.

## 3. To be completed by vet

### Vet'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.

Policy owner surname:

Pet's name:

Date of examination:    /    /

### Owner history

- Has the owner 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 either of the knee joints? Detected by:
  - Positive Cranial Drawer Test Yes    No
  - Tibial Compression Test Yes    No

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

**Pain or discomfort on palpation**

- Is there pain on palpation of either of the hind legs including hips and low spine?  
(If YES indicate the areas where pain was elicited on palpation in NOTES)

Yes No

**Joint abnormalities**

- Is there crepitus, or any other abnormality, in the joints?
- Are the joints thickened, or are there indications of past injury or surgery?

Yes No

Yes No

**Conclusion**

- Are the findings all normal (i.e. there is no evidence of cruciate disease)?

Yes No

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

**4. 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.

I/We consent to Medibank Private Limited ABN 47 080 890 259 (Medibank), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to Medibank, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Medibank, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of vet:

Name of attending vet and practice (Please print):

Date / /

Your vet registration number:

Registration state:

Signature of policyholder:

Date / /

**Privacy Notice**

In this Privacy Notice, 'we', 'us' or 'our' refers to Medibank Private Limited ABN 47 080 890 259 (Medibank), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard). We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at [medibank.com.au/pet-insurance](http://medibank.com.au/pet-insurance).

You can scan and email both sides of this form to [medibank@petsure.com.au](mailto:medibank@petsure.com.au). Alternatively you can mail the completed form to Medibank 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 assistance with the completion of this form, please call 132 331 between 8.00am-8.00pm (AET) Monday-Friday.

Medibank Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) and promoted and distributed by PetSure's Authorised Representative (AR) Medibank Private Limited ABN 47 080 890 259, AR 286089. Please see your Certificate of Insurance to identify the issuer of your policy.

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