

# Pounce Pet Insurance Cruciate Ligament Examination Form



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:	<input type="text"/>				
Title:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>

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

Pet's name:	<input type="text"/>	Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Breed:	<input type="text"/>	Pet's age/D.O.B:	<input type="text"/>	

## 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 tick **YES** or **NO** as best describes your findings, and add further details in the 'notes' section at the end of this section. Please keep detailed notes in this pet's clinical records.

Policy Owner's name:

Pet's Name:  Date of examination:

How long has the pet been a patient of your clinic?  Less than 6 months  More than 6 months

#### Owner history

Has the owner ever reported a history of the pet limping, or difficulty rising?  
(If YES please provide a copy of the clinical records)  Yes  No

#### Clinical observation – observe the pet walking, trotting, and rising from a seated position

Were there observable signs of clinical lameness?  Yes  No

#### Clinical examination – the clinical examination is performed without sedation or anaesthetic

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

Positive Crancial Drawer Test  Yes  No

Tibial Compression Test  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')  Yes  No

#### Joint abnormalities

Is there crepitus, or any other abnormality, in the joints?  Yes  No

Are there joints thickened, or are there indications of past injury or surgery?  Yes  No

#### Conclusion

Are there any findings or evidence of cruciate disease?  Yes  No

#### Veterinarian's notes (please note location and nature of any 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):