

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"/>
Email:	<input type="text"/>		Telephone:	<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"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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.

I/We consent to IAL, PetSure and 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 IAL, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to IAL, PetSure or Hollard and also to give this consent on both my and their behalf.

Name of attending veterinarian and practice (Please print):

Signature of veterinarian: Date:

Signature of policy owner: Date:

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to IAL, PetSure and 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 pouncepetinsurance.com.au.