

Cruciate Ligament Examination Form

Your Everyday 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 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 (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.**

Your (Policy owner) Details:

Everyday Pet Insurance Policy Number:

Title:

First Name:

Surname:

Address:

Suburb:

State:

Postcode:

Pet's Details: (Please complete one form for each insured pet)

Name:

Dog:

Cat:

Breed:

D.O.B:

Gender: 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 reduced. Unless you receive such written notification, the waiting period in respect of the pet identified on this form remains at 6 months starting from the policy commencement date.

Vet to complete sections overleaf

We must receive the completed and signed form within 14 days of the examination date.

Please mail completed form to Everyday Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765 or email to everydayinsurance@petsure.com.au or Fax BOTH SIDES OF THIS FORM to 1300 367 229

Everyday Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) and promoted and distributed by Woolworths Group Limited ABN 88 000 014 675, AR 245476, an Authorised Representative of The Hollar Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and PetSure. Please see your Certificate of Insurance to identify the issuer of your policy.

To Be Completed by Veterinarian

Veterinarian's Guidelines: 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.

Owner's Surname:

Pet's name:

Examination Date:

Owner History

Has the owner ever reported a history of the pet limping or difficulty arising?(If yes please provide a copy of the clinical records)

Yes

No

Clinical Observation

Observe the pet walking, trotting and arising from a seated position. Were there any observable signs of clinical lameness?

Yes

No

Clinical Examination

The clinical examination is performed without sedation or anesthetic. Is there joint laxity in either of the knee joints? Detected by:

- Positive Cranial Drawer Test
- Tibial Compression Test

Yes

No

Yes

No

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?

Yes

No

Are the 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)

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

Examining Veterinarian's 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 Woolworths Group Limited ABN 88 000 014 675 (Woolworths), 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 Woolworths, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Woolworths, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of
veterinarian:

Date:

Signature of
pet owner:

Date:

Name of attending veterinarian and practice: (Please print)

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

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to Woolworths Group Limited ABN 88 000 014 675, PetSure (Australia) Pty Ltd ABN 95 075 949 923 and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473. 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 <https://insurance.everyday.com.au/useful-documents.html>.