

CRUCIATE LIGAMENT EXAMINATION FORM



Your 9 Lives 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 reduced depending on the results of a veterinary examination of your pet (at your expense).

To apply for this waiting period to be reduced:

- 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

9 Lives policy number

Policy holder's details

First name

Surname

Phone number

Address

Suburb

State

Postcode

2. Pet details

Name

Breed

Additional notes:

Date of birth

Female

Male

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 to the pet identified on this form remains at 6 months for cruciate ligament conditions starting from the commencement date of the first policy period.

9 Lives policies are issued and administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183, and promoted and distributed by PetSure's authorised representative (AR) Luna Pet Health Pty Ltd, ABN 15 693 087 722, AR 1319575. Any advice provided is general advice only and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) to ensure this product meets your needs before purchasing or choosing to continue with this product. PDS and TMD available at www.9livesinsurance.com.au.

Vet to complete sections overleaf



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 as best describes your findings, and add further details in the NOTES section at the end of the form. Please keep detailed notes in this pet's clinical records.

Policy holder's surname

Pet's name

Date of examination

D	D	M	M	Y	Y
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Owner history

Has the owner ever reported a history of 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 observable signs of clinical lameness?

 Yes No

Clinical examination - the clinical examination is performed without sedation or anaesthetic

Joint laxity - is there laxity in either of the knee joints? Detected by:

Positive Cranial 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/or 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 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

Please provide any additional notes or comments to support this application:

4. 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 Luna Pet Health Pty Ltd ABN 15 693 087 722 (Luna Pet Health) and PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure) 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 Luna Pet Health or PetSure about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Luna Pet Health or PetSure and also to give this consent on both my and their behalf.

Signature of veterinarian

Date

D	D	M	M	Y	Y
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Name of attending veterinarian and practice

Signature of policy holder

You can scan and email both sides of this form to support@9livesinsurance.com.au.

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