

Cruciate Ligament Examination Form

Buddy Pet Insurance has a waiting period of 6 months starting from the commencement date of the policy for cruciate ligament (and related) conditions. That means that if such a condition develops during this waiting period (or was pre-existing at the first policy period commencement date), your policy will not cover cruciate ligament conditions and they will be a pre-existing condition. 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 for the cruciate ligament waiver to be considered.

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 of the first policy period.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to PetSure (Australia) Pty Ltd ABN 95 075 949 923, and/or Greenstone Financial Services Pty Ltd (GFS) ABN 53 128 692 884, AFSL 343079 trading as Buddy Pet Insurance. 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 buddypetinsurance.com.au

1. Your details

Buddy Pet Insurance
policy number: _____

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

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

Name: _____ ☐ Dog ☐ Cat

Breed: _____ Date of birth: / /

Additional Notes

For any claim enquiry, please call 1300 051 080 between 8:00am – 8:00pm Monday to Friday AET (excluding NSW public holidays).

Treating Veterinarian to complete sections overleaf

3. To be completed by treating veterinarian

Veterinarian 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 form. Please keep detailed notes in this pet's clinical records.

Policyholder's
surname: _____

Pet's name: _____

Date of examination:

		/			/				
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Owner history

In relation to the pet being examined, has the owner ever reported a history of limping, or difficulty rising?
(If YES please provide a copy of the clinical records)

	Yes		No
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Clinical observation – observe the pet walking, trotting, and rising from a seated position

Were there observable signs of clinical lameness?

	Yes		No
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Clinical examination – the clinical examination is performed without sedation or anaesthetic

Joint laxity – is there laxity in either of the knee joints?

• Positive Cranial Drawer Test

	Yes		No
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• Tibial Compression Test

	Yes		No
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Pain or discomfort on palpation

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

	Yes		No
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Joint abnormalities

Is there crepitus, or any other abnormality, in the joints?

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

	Yes		No
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Conclusion

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

	Yes		No
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Treating veterinarian'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.

SIGN HERE	<div><div>X</div><div></div></div>	<div><div>DD / MM / YYYY</div><div></div></div>
	Signature of Veterinarian	Date

SIGN HERE	<div><div>X</div><div></div></div>	<div><div>DD / MM / YYYY</div><div></div></div>
	Signature of Policy owner	Date

Name of attending veterinarian and practice:

You can scan and email both sides of this form to: buddy@petsure.com.au. Alternatively you can mail the completed form to: Buddy Pet Insurance – Claims Department, Locked Bag 9021, Castle Hill NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.

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

Buddy Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 and promoted and distributed by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079. Please see your Certificate of Insurance to identify the issuer of your policy.

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