

Cruciate Ligament Examination Form

Use this form if you:

- Want to apply for the 6-month waiting period for cruciate ligament conditions to be removed from your pet insurance policy.

How to fill in this form:

- Fill in your details in Section 1.
- Fill in your pet's details in Section 2. If you have more than one pet, please use one form for each pet.
- If you have any additional notes, for example if the customer name on the invoice is different to the registered Policy Holder or if you have changed your address, please include them under 'Additional Notes' in Section 2.
- Sections 3 and 4 are to be completed by your vet.

Important notes on using this form:

- AA Pet Insurance has a waiting period of 6 months for cruciate ligament conditions. This means that if your pet develops a cruciate ligament condition during this waiting period (or the condition was pre-existing at the policy commencement date), your policy will not cover cruciate ligament conditions.
- The cruciate ligament conditions waiting period may be waived depending on the results of a veterinary examination for your pet (at your expense).
- Your vet must examine your pet, complete Section 3, and sign Section 4 of this form.
- The completed and signed form must be received within 14 days of the examination date.
- You will receive written confirmation from us if your pet's waiting period can be waived. Unless you receive the confirmation, the waiting period for your pet remains at 6 months.

Once the form is complete and signed, please send to info@aapet.co.nz

Section 1 - Your Details

| | | |
|----------------------|----------------------|-------------------------------|
| Policy number | | |
| <input type="text"/> | | |
| Title | First name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact number | Email | |
| <input type="text"/> | <input type="text"/> | |
| Address | | |
| <input type="text"/> | | |
| <input type="text"/> | | Postcode <input type="text"/> |

Section 2 - Pet Details

| | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name | Dog | Cat | Male | Female |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breed | Date of birth | | | |
| <input type="text"/> | <input type="text"/> | | | |

Section 3 - Pet Examinations

This section needs to be completed by your veterinarian.

Vet's Instructions: Please examine the pet and answer the questions below. You can add additional details in the notes section, or provide supporting documentation such as clinical notes, or history records. No other diagnostic tests are required for this review to be completed.

Examination date

Owner history

Has the owner ever reported a history of the pet limping, or having 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 the knee joint? Detected by: Positive Cranial Drawer Test

☐

Yes

☐

No

Tibial Compression Test

☐

Yes

☐

No

Pain or discomfort on palpation

Is there pain on palpation at the hind legs including hips and low spine?

(If yes, indicate the areas where pain was elicited on palpation in the notes section)

☐

Yes

☐

No

Joint abnormalities

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

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Yes

☐

No

Are the joints thickened, or are there indications of past injury or surgery?

☐

Yes

☐

No

Conclusion

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

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Yes

☐

No

Veterinarian notes (please specify location and nature of any positive findings)

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Section 4 - Vet's Declaration and Signature

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.

Signature of veterinarian

Date

Name of attending veterinarian and practice



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