

## Cruciate Ligament Condition Waiting Period Waiver Form

This form can be used to:

- Request to waive the **6-month cruciate ligament condition waiting period**.

### What you need to know

#### Waiting periods

RACV Pet Insurance has a 6-month waiting period for any cruciate ligament condition or any illness or injury that results from it. However, you may ask us to waive the cruciate ligament waiting period by submitting this form and a copy of your pet's full vet history.

### What to do



You fill out **page 2** of this form



Have a vet assess your pet and complete **page 3** of this form



Attach the full vet history of your pet



Send in this form and your full vet history

### More Information

#### Full Vet History

- This is a full treatment history from each vet you have attended with your pet.

#### How to send in your waiver request and full vet history

- Email: [care@racv.com.au](mailto:care@racv.com.au)

Your written notification will confirm either:

- the 6-month Cruciate Ligament waiting period has been waived, **or**
- the 6-month Cruciate Ligament waiting period applies.

### Need more information?

We're here to help you. So, if you have any questions or need more information, please contact us.



#### To apply for this waiver:

- A vet must examine your pet at your expense and complete applicable sections of this form, and
- the completed form must be returned within 14 days of the examination date.

**PART ONE – Policyholder to complete**

**1. Your details [Policyholder to complete]**

**Policy number:**

**Policyholder's name:**

**Contact number:**

**Pet's name:**

**Pet breed:**

**2. Your request [Policyholder to complete]**

Has your pet shown any symptoms, clinical signs or received treatment relating to the condition/s and/or organ/body part/s as described in the section above during the past 18 months  Yes  No

*If you have answered "Yes" to the question above, please indicate the date/s and describe the treatment and/or symptoms noted. For example: 20/03/17, anti-inflammatory medication-left rear leg, stiffness*

**3. Use of your personal information [For your information]**

RACV Pet Insurance is underwritten by RACQ Insurance. RACV and RACQ Group collect, use and disclose your personal information in line with our Privacy Statements which are available free of charge from [racv.com.au/privacy](http://racv.com.au/privacy) and [racq.com.au/privacy](http://racq.com.au/privacy) or you can request a copy.

**4. Policyholder's Declaration [Policyholder to complete]**

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect the assessment of this waiver request has been withheld.

I/We understand that deliberate misrepresentation of the veterinary services or the omission of any material facts may result in the denial of the waiver request, denial of a subsequent claim and/or cancellation of the policy.

I/We understand that RACV and RACQ Insurance will assess information provided in accordance with the policy terms and conditions.

In addition to the above declaration I/we authorise any veterinary services provider who is listed above to provide to RACQ Insurance any details they may require to assess the waiver request.

**Policyholder's signature**

**Date**



**Remember to return Part One of this form, Part Two of this form and your full vet history. A full vet history should include the full treatment history for your pet from the attending vet and any previous vets.**

**PART TWO – Attending Vet to complete**

**1. Veterinarian Examination [Vet to complete]**

Has the pet been attending your clinic for more than 6 months?

Yes  No

Are you aware of any history of limping or difficulty rising? If Yes, indicate where the pain was:

Yes  No

**Conduct a clinical observation of the pet walking, trotting and rising from a seated position.**

Are you aware of any history of limping or difficulty rising?

Yes  No

**Conduct a clinical examination without sedation or anesthetic; is there joint laxity in the knee joint as detected by:**

Positive Cranial Drawer Test

Yes  No

Tibial Compression Test

Yes  No

Is there pain on palpation of the hind legs including hip and lower spine? If yes, indicate the areas where pain was elicited?

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

Yes

No

Are the joints thickened?

Yes

No

Are there indications of past injury or surgery?

Yes

No

Are there any findings or evidence of cruciate ligament disease?

Yes

No

Please note any salient information or findings which may constitute evidence of cruciate ligament disease:

*(For example, in your opinion is there a possibility of cruciate ligament problems occurring in the future?)*

**2. Examining Veterinarian Declaration [Vet to complete]**

**Date of examination:**

**Attending veterinarian:**

**Veterinary practice:**

**Veterinary registration:**

**State registered:**

I certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect the assessment of this waiver request has been withheld.

**Veterinarian's signature**