

# Pet Insurance Cruciate Ligament Waiting Period Waiver Form



## WHAT YOU NEED TO KNOW

RAC 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**.

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 to RAC within 14 days of the examination date.

## WHAT TO DO

	<b>Step 1:</b> You complete Part 1 of this form. Have a vet assess your pet and complete Part 2 of this form.
	<b>Step 2:</b> Seek the full vet history from each vet you have attended with your pet and attach it to this form.
	<b>Step 3:</b> Email a copy of all documents to RAC: <b>petinsurance@rac.com.au</b>
	<b>Step 4:</b> RAC will provide written notification to confirm either: <ul style="list-style-type: none"><li>• the 6-month Cruciate Ligament waiting period has been waived, or</li><li>• the 6-month Cruciate Ligament waiting period applies.</li></ul>

### Part 1

Policyholder to complete

Policyholder's name/s

Policy number

Contact number

Pet's name

Pet's breed

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. *Example: 20/03/17, anti-inflammatory medication-left rear leg*

### Use of your personal information

To obtain a copy of the RACQ Group Privacy Statement visit our website at [racq.com/insurance](http://racq.com/insurance) or [racq.com/privacy](http://racq.com/privacy). You can also call us on 13 19 05 or email us on [privacy@racq.com.au](mailto:privacy@racq.com.au) to request a copy.

If you would like to review or correct the personal information the RAC Group has about you, or if you wish to make a complaint, please call 13 17 03. For further information, see the RAC Group privacy policy at [rac.com.au](http://rac.com.au)

**Policyholder's Declaration**

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 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

 /  / 

**!** **IMPORTANT:** You need to attach a full vet history to this form. It should include the full treatment history for your pet from the attending vet and any previous vets.

**Part 2**

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?

 Yes  No

*If Yes, indicate where the pain was:*

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

Did you observe any limping or difficulty rising?

 Yes  No

**Conduct a clinical examination without sedation or anaesthetic; 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?

 Yes  No

*If yes, indicate the areas where pain was elicited?*

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

 Yes  No

Are there indications of past injury or surgery?

 Yes  No

Are the joints thickened?

 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?)*

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**

Date

 /  /