

## 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

Knose 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 within 30 days of signing up.

### What to do



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



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



Send this form and full vet history to Knose



Receive written notification from Knose of outcome

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

- EMAIL [customersupport@knose.com.au](mailto:customersupport@knose.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, or
- Cruciate Ligament injury is deemed to be pre-existing and excluded from cover.

#### To apply for this waiver:

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

### Need more information?

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

## 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 limping or a knee or cruciate ligament injury 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. 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 Knose will assess information provided and has complete discretion to waive the cruciate ligament waiting period and is under no obligation to do so.

In addition to the above declaration I/we authorise any veterinary services provider who is listed above to provide to Knose 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 to Knose. A full vet history should include the full treatment history for your pet from the attending vet and any previous vets.**

[How to send in your waiver request and full vet history](#)

- EMAIL [customersupport@knose.com.au](mailto:customersupport@knose.com.au)

**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?  Yes  No

If Yes, indicate where the pain was:

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

Is any lameness or difficulty noted?  Yes  No

If Yes, please indicate:

**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?

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

(For example, in your opinion is there a probability 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: