

Orthopaedic Conditions Waiting Period Waiver Form

This form can be used to:

- Request to waive the 6-month orthopaedic conditions waiting period.

What you need to know

Pre-existing Conditions

Knose Pet Insurance has a 6-month waiting period for specific orthopaedic conditions or any illness or injury that results from them. However, you may ask us to waive this 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 and 4** of this form



Send this form and full vet history to support@knose.com.au



Receive written notification from Knose of outcome

How to send in your waiver request and full vet history

- EMAIL support@knose.com.au

Your written notification will confirm either:

- the 6-month Orthopaedic conditions waiting period has been waived, and for which condition(s), or
- the 6-month Orthopaedic conditions waiting period applies, and for which condition(s), or
- an Orthopaedic conditions 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*
- 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

* If you are a vet, then you can not do the examination yourself. This also applies if the examining vet is a co-owner of the policy or a relative.

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]

I wish to apply for a waiver for following condition(s):

- Cruciate ligament rupture Patella luxation
 Intervertebral disc disease (IVDD) Elbow dysplasia (radiographs required)
 Hip dysplasia (radiographs required by approved PennHIP® veterinarian)

Has your pet shown any symptoms, clinical signs or received treatment relating to an Orthopaedic condition 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, surgery to stabilise patella luxation.

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.

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, difficulty or ataxia noted? Yes No

If Yes, please indicate:

1.a. Cruciate ligaments and patella luxation

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

	Right					Left				
Cranial drawer test	<input type="radio"/>	Yes	<input type="radio"/>	No		<input type="radio"/>	Yes	<input type="radio"/>	No	
Tibial compression test	<input type="radio"/>	Yes	<input type="radio"/>	No		<input type="radio"/>	Yes	<input type="radio"/>	No	
Patella luxation (circle grade)	0	1	2	3	4	0	1	2	3	4

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?

1.b. Intervertebral disc disease

Conduct a neurological examination; are there reflex deficits as detected by:

Withdrawal reflex Yes No Righting reflex Yes No

If yes, expand further:

Is there pain on palpation of the neck or spine? Yes No

If yes, indicate the areas where pain was elicited?

PART TWO - Continued

1.c. Elbow dysplasia

To be assessed by physical exam and radiographs

Is there any pain manipulating the elbow joints?

Yes No

If Yes, please indicate:

Radiograph review:

Right

Left

Is there any evidence of medial coronoid disease?

Yes No Yes No

Is there any evidence of osteochondritis dissecans (OCD)?

Yes No Yes No

Is there any evidence of an ununited anconeal process (UAP)?

Yes No Yes No

Is there any evidence of elbow incongruity?

Yes No Yes No

1.d. Hip dysplasia - to be completed by registered PennHIP® veterinarians only

To be assessed by the PennHIP® method.

PennHIP distraction Index: _____

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:

1.e. Other

Please note any salient information or findings which may constitute evidence of orthopaedic 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: