

Waiting Periods apply to most claims under your Vets Choice Insurance Policy. We do not pay for claims that arise before Your Cover commences or the Waiting Periods are complete. Waiting Periods are stated in the Policy and in Your Policy Schedule and include:

- Six months for cruciate ligament and related conditions
- Six months for dental benefits (where the optional cover is selected)
- Twenty-one days for all other illness and a range of accidental injuries

For the attention of pet owners – Waiting periods may be waived subject to the results of a veterinary examination of your pet.

### To apply for waiting periods to be waived:

- Your vet must examine your pet and complete and sign this form (at your expense) on or after the Policy Commencement Date.
- The completed and signed form should be sent to the Vets Choice team or retained and presented at time of claim.

### Your details:

Note that a vet examination will be taken into consideration when assessing any pre-existing conditions but may not be relied on solely, Vets Choice retains the right to review all claims fully, including the requirement to obtain full patient histories.

Title:  First name:  Surname:

Address:

Suburb:  State:  Post code:

### Pet's Details: (please complete a separate form for each insured pet)

Name:  Dog:  / Cat:

Breed:  Date of birth:

### Previous Insurance:

Please provide details of any insurance if insured that the Pet had/has prior to taking out the Vets Choice policy

Insurer:  Policy:  How long covered:

### Important Information:

**Your vet will present this form to you for your review, once accepted by you Your vet will then need to examine your pet and complete the remainder of this form and sign the declaration at the end. We are unable to accept unsigned forms as proof of examination and pet health.**

On completion of the form your vet will provide a recommendation with regards to the waiver of waiting periods. In most circumstances we will accept the recommendation of your vet and you can retain a copy of this completed form and present it at the time of a claim. If there is any doubt or health conditions are noted by your vet, please return a copy of the form and we will be able provide confirmation in writing.

### To Be Completed by Vet

Please physically examine the pet as indicated (no other diagnostic tests are required). Please tick the box that best describes your findings and add further details in the NOTES section at the end of this form.

Please keep detailed notes in this pet's clinical records.

### General Examination:

Owner's name:  Dog:  / Cat:

Pet's name:  Male:  / Female:

Breed:  Age:  De-sexed:  / Intact:

Microchip number:  Examination date:   
(N/A if not applicable)

### Cruciate Ligament and Related Conditions:

**Clinical examination**  
Notes:

#### Joint abnormalities

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

Yes:  / No:

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

**Conclusion**  
Are there any findings or evidence of anterior cruciate disease?

### General Examination:

Signs or history of periodontal disease? Yes:  / No:

Signs or history of odontoclastic resorptive lesions? Yes:  / No:

Has the pet had teeth extracted? Yes:  / No:

Signs of gingivitis? Yes:  / No:

If yes please detail which teeth have been extracted:

Any other signs of existing dental issues whether requiring treatment or otherwise?

Any prior known dental treatment?

### To Be Completed by Vet

#### Vet's Notes: (including all pre-existing conditions)

#### Examining Vet's Declaration:

I certify that the animal described on this certificate, 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 and have retained a copy of the form for my files.

To the best of my knowledge and understanding, having completed a health check of this animal I can confirm that there are no signs of any existing issues or conditions, or any known history, unless noted above in Vet Practice's Notes in relation to:

Cruciate ligament or  Dental  Any other   
related conditions: Health: health issues:

and recommend any waiting periods for those conditions be waived.

Name of Attending Vet:

Signature of Vet:

Vet Practice:

Date:

Electronic approval accepted - you can sign this form by adding your name in the signature field above

Please retain a signed copy of this form for your records. You can sign the form by electronic acceptance and email the completed form to the Vets Choice team [vetschoice@guildinsurance.com.au](mailto:vetschoice@guildinsurance.com.au) or alternatively you can print the form off and send it via mail to Guild Insurance, Locked Bag 32010, Collins Street East, 8003 or email to [vetschoice@guildinsurance.com.au](mailto:vetschoice@guildinsurance.com.au)

Please note that issuance or completion of this form does not constitute an automatic waiver of waiting periods for pre existing conditions.