

# Reduction of Specified Conditions and optional Dental Illness Exclusion Periods

A six (6) month Exclusion Period applies for Specified Conditions, Dental Illness and/or any Illness or Injury that results from them. You may submit this Application Form to apply for the Exclusion Period to be reduced.

For us to consider whether a reduction of the Exclusion Period can be provided, We will require this Application Form to be completed in full and Your Pet's medical history. You will be reasonably required to aid in the process of obtaining Your Pet's medical history, for example by providing details of any Vets Your Pet has seen in the past.

Once We have completed our review of Your application, We will confirm the outcome to You and if applicable provide You with an updated Certificate of Insurance which lists condition(s) We have agreed to reduce the Exclusion Period for and by how much.

## What You need to do:

- Arrange a Vet to examine Your Pet (at Your expense) and have them complete Part Two of this form\*.
- Note that depending on Your Pets temperament, some aspects of the exam may not be possible for Your Vet to complete.
- Usually, You would want to allow 20 – 30 minutes for Your Vet to complete Your Pets exam and associated paperwork.
- It is Important to provide Us Your fully completed application form within 14 days of the exam date to avoid needing to have it completed again.

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



You complete **Part 1**



Have Your Vet examine Your Pet and complete **Part 2**



Within 14 days, send the completed form and full vet history to [claims@petsy.com.au](mailto:claims@petsy.com.au)



Receive an updated Certificate of Insurance

## Need more information?

We're here to help you. So, if you have any questions or need more information, please contact us by calling 1300 952 790 or emailing [claims@petsy.com.au](mailto:claims@petsy.com.au)

## Part One – Policyholder to complete

Your details	
Policy number	
Policyholder's name	
Contact number	
Pet's name	
Pet's breed	

# Reduction of Specified Conditions and optional Dental Illness Exclusion Periods

## Your Pet's Vets

Please list current and past Vets Your Pet has seen

Vet Clinic name	Suburb

## Your Request

I wish to apply for a reduction of the 6-month Exclusion Period for the following Conditions(s):

- ☐ Cruciate ligament damage
- ☐ Intervertebral disc disease
- ☐ Hip dysplasia
- ☐ Patella luxation
- ☐ Elbow dysplasia
- ☐ Osteochondritis dissecans (OCD)
- ☐ Cherry eye

- ☐ Entropion
- ☐ Ectropion

If your pet is less than 1 year old, a 14-day Exclusion Period applies and the following two Conditions are not applicable):

- ☐ Lumps (tumours, warts, cysts, growths, mucocoeles, haematomas and abscesses)
- ☐ Dental Illness

Has Your Pet shown any symptoms, clinical signs or received treatment relating to a Specified Condition selected above in the past?

- ☐ Yes
- ☐ No

If Yes, please indicate the date/s and describe the treatment and/or symptoms noted.  
For example: "20/03/2017, surgery to stabilise patella luxation."

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### Dental Illness (Not applicable is the pet is less than 1 year old)

Has your pet previously received any dental treatment related to any mouth, oral or dental condition (including “anaesthesia-free” dental procedures, descaling (cleaning) of teeth or extraction (removal) of teeth?)

☐ Yes

☐ No

If Yes, provide details below:

Has your pet ever received any other medical treatment (including antibiotics, anti-inflammatories or pain relief) for any dental or oral condition (including feline “Cat flu”, auto-immune conditions)?

☐ Yes

☐ No

If Yes, provide details below:

Has your pet previously been recommended to have any dental procedures performed (including descaling of teeth, extraction of teeth or any other procedure related to the mouth or oral cavity?)

☐ Yes

☐ No

If Yes, provide details below:

Has your pet previously displayed any symptoms of:

Halitosis (smelly breath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty chewing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of adult teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## Your Declaration

### Your Duty to take reasonable care not to make a misrepresentation

You must take reasonable care not to make a misrepresentation to Us. This responsibility applies until We issue You with a Policy for the first time or agree to renew, extend, vary/change, or reinstate Your Policy.

You must answer Our questions honestly, accurately and to the best of Your knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It may not be a misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

However, not answering a question may be a misrepresentation where you know, it is reasonable you should have known or you could have obtained the answer.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If You are answering questions on behalf of anyone, We will treat Your answers or representations as theirs. Whether or not You have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether You are represented by a broker, Your particular characteristics and circumstances We are aware of.

### If You do not meet the above Duty

We may reject or not fully pay Your claim and/or cancel Your Policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and We may treat Your Policy as if it never existed.

If Our information or questions are unclear, You can contact Us on 1300 952 790 or visit [www.petsy.com.au](http://www.petsy.com.au). You understand that Petsy will assess the information provided and based on that information will decide whether the Exclusion Period can be reduced, and further that Petsy is under no obligation to approve Your application.

In addition to the above declaration You authorise any Vet services provider who is listed in this Application Form to provide to Petsy any details We may require to assess Your application.

☐ I understand this form must be provided to Petsy within 14 days of the vet examination to remain valid

Policyholder's signature \_\_\_\_\_

Date \_\_\_\_\_

Remember to return Part One and Two of this form. Petsy will request the full Vet treatment history from Your Vet(s) if You do not have it.

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## Part Two – Vet to complete.

### Vet Examination - Eyes

Is there any history of, or evidence to suggest this animal has previously had surgery on the eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Conduct a clinical examination without sedation or anesthetic of the eyes. Is there any history of, or evidence to suggest this animal has previously had surgery on the eyes?

<b>Cherry Eye</b> (Prolapse of the third eyelid gland)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Ectropion?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Excessive tear production</b> (tear staining / epiphora / weepy eyes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Ocular issues</b> (such as conjunctivitis, distichia or corneal ulcers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please provide further details:

### Vet Examination – Lumps (Not applicable is the pet is less than 1 year old)

Has this pet had any history of tumours, warts, cysts, growths mucocoeles, haematomas and abscesses, or procedures to remove these? (e.g. previous surgery to remove a wart)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes to any of the above, please provide further details:

Conduct a complete physical examination and palpation of the pet (with or without sedation / anaesthesia). Is there any evidence of abnormal tumors, warts, cysts, growths mucocoeles, haematomas and / or abscesses in any of the following body parts / systems:

Oral cavity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Integumentary system (skin) – including warts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ears (please confirm otoscopically)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes (e.g. meibomian gland cysts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thorax / abdomen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feet / interdigital region	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Rectum (e.g. perianal abscess)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (including suspected or confirmed lipomas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please provide further details:

### Vet Examination – Orthopaedics

Has the pet been attending your clinic for more than 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any history of limping, reluctance to exercise or difficulty rising?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 rising, or ataxia noted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, indicate:

### 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 Leg					Left Leg				
Cranial drawer test	<input type="checkbox"/> Yes		<input type="checkbox"/> No			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Tibial compression test	<input type="checkbox"/> Yes		<input type="checkbox"/> No			<input type="checkbox"/> Yes		<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, indicate the areas where pain was elicited:

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## Intervertebral Disc Disease

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

Withdrawal reflex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Righting reflex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, expand further:

Is there pain on palpation of the hind legs including hip and lower spine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, indicate the areas where pain was elicited:

## Hip Dysplasia

Is there any evidence or history of a "hip sway" or "bunny hopping" when the dog is walked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Conduct a physical examination of the hips without sedation or anesthetic.

Was any crepitus noted during hip maneuvering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is there discomfort, or reduced range of motion as detected by:

Abduction of the hips from the body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extension of the hips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flexion of the hips	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above please provide further information (which leg, further description of findings)

## Elbow Dysplasia

Is there any history, or evidence of:

Stiffness rising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lameness in either forelimb (favouring the leg, head bob)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conduct a physical examination of the elbows without sedation or anaesthetic; is there discomfort, or reduced range of motion as detected by:

Extension of the elbow joints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flexion of the elbow joints? (Carpus should be almost able to touch the shoulder during flexion)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any crepitus associated with flexion/extension of the elbows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any muscle atrophy associated with either forelimbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please provide further details (which leg, details of examination etc)

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## Osteochondritis Dissecans

Examine the dog standing

Palpate the shoulder - Is there any muscle atrophy palpable or visible around the spine of the scapula?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Palpate the shoulder through a complete range of motion. Is there any pain noted (particularly on hyperextension or hyperflexion of the shoulder)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please provide further details:

## General Observations

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?)

## Dental Illness

Has this pet previously been recommended to have any dental procedures (including descaling or extractions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details...

Are you aware of this pet receiving any dental treatments (including descaling or extractions), previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details...

Has this pet been diagnosed with, or suspected of having any conditions (e.g. autoimmune conditions, feline odontoclastic resorptive lesions, any form of cat flu) that may impact long-term oral health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details...

## Conduct a clinical examination of the mouth / oral cavity

☐ It is NOT possible to perform a thorough examination of the animal (due to temperament or physical restrictions):

Is there any evidence of:

Gingivitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tartar/Plaque/Calculus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fractured teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral ulceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Missing teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other oral or dental conditions (including visible resorptive lesions, tooth discolouration, halitosis, epulis etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide a grade of this animal's dental condition (0-4)

GRADE 0	No signs of dental disease or gingivitis	<input type="checkbox"/>
GRADE 1	Marginal gingivitis Mild plaque and calculus Reversible with scale/polish	<input type="checkbox"/>
GRADE 2	Gingival recession Plaque and calculus extend to root Furcation exposure Mild bone loss greater than 25% Possible furcation exposure	<input type="checkbox"/>
GRADE 3	Ulcerated gingiva Plaque and calculus further down Furcation exposure 25-50% bone loss Possible furcation exposure	<input type="checkbox"/>
GRADE 4	Significant loss of gingiva >50% bone loss, tooth mobility	<input type="checkbox"/>

## Examining Vet Declaration

Date of examination	/ /
Attending veterinarian	
Vet practice	
Vet registration	State registered

I certify that I've taken reasonable care not to make a misrepresentation and the answers and statements made in this form and any supporting documentation has been answered honestly, accurately and to the best of my knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

Veterinarian's signature: \_\_\_\_\_

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