

HOW TO FILE AN ORTHOPEDIC WAIVER FORM

An ortho-waiver form can be completed within 30-days of enrollment to have the 180-day (6-month) special knee/ligament waiting period reduced to only 14-days! **Restrictions apply**



ORTHOPEDIC WAIVER FORM

Return completed form to within 30-days of Enrollment
Email: policy@prudentpet.com
Fax: (773) 257-7650
Or upload this form to your Pet Portal Online

Please note that evaluation date must take place within the first 30 days AFTER your policies effective date to be eligible.

Part One- Veterinarian, please physically examine this pet

Please check appropriate condition(s) for each area. Examine both left and right sides.

Right Knee	Left Knee
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Luxation – Circle Grade: 1 2 3 4	<input type="checkbox"/> Luxation – Circle Grade: 1 2 3 4
<input type="checkbox"/> Laxity	<input type="checkbox"/> Laxity
<input type="checkbox"/> Lameness	<input type="checkbox"/> Lameness
<input type="checkbox"/> Crepitus	<input type="checkbox"/> Crepitus
<input type="checkbox"/> Pain on Palpation	<input type="checkbox"/> Pain on Palpation
<input type="checkbox"/> Effusion or thickening of joint capsule	<input type="checkbox"/> Effusion or thickening of joint capsule
<input type="checkbox"/> Decreased range of motion	<input type="checkbox"/> Decreased range of motion
<input type="checkbox"/> Deformity	<input type="checkbox"/> Deformity
<input type="checkbox"/> Prior Injury	<input type="checkbox"/> Prior Injury
<input type="checkbox"/> Prior Surgery	<input type="checkbox"/> Prior Surgery

Examining Veterinarian's Observations:

Please note any current findings or previously noted knee related findings below. If none write "Normal"

STEP 1: Have a physical exam completed by any licensed veterinarian and ask your doctor to complete the form to indicate if your pet's knees/ligaments are healthy at the time of the exam; any abnormalities may cause the waiver to not be accepted

Part Two- To be complete and signed by examining veterinarian.

**Please be aware that any notation of abnormalities that are documented in the patients' prior medical records take precedence over this waiver form.*

Date of Exam: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Client Name: _____

Policy Number: _____

Pet Name: _____

Client Address: _____

Client Phone: _____

Be sure to include your information and policy details as well as have your veterinarian complete the exam and clinic section

NOTE - The exam **MUST** be within 30-days AFTER your policy start date

By signing below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that any false statements or deliberate omissions on this form may subject me to legal actions for fraudulent misrepresentation.

DVM Signature: _____

Date: _____

DVM PRINT Name: _____

The Form **MUST** be signed and dated by the examining veterinarian

Return completed form within 30-days of Enrollment

Email: policy@prudentpet.com

Fax: (773) 257-7650

Or upload this form to your Pet Portal Online

Please note that evaluation date must take place within the first 30 days AFTER your policies effective date to be eligible.

Be sure to return your COMPLETED waiver via fax or email within the 30-day required window