

# **Application form**

Brachycephalic Obstructive Airway Syndrome (BOAS) Cover

There is no cover for Brachycephalic Obstructive Airway Syndrome (BOAS) unless this BOAS Application form is completed and accepted by us.

For us to consider providing BOAS cover We require this Application Form completed in full and Your Pet's medical history. You will be required to aid in the process of obtaining Your Pet's medical history, including 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.

#### 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.
- If completing with other forms, you may need 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.



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

support@knose.com.au

Receive an updated Certificate of Insurance

### **Need more information?**

Any questions, just call us on 1300 356 642 or email support@knose.com.au

<sup>\*</sup> 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.

# PART ONE - Policyholder to complete

Your Details				
Policy number:				
Policyholder's name:				
Contact number:				
Pet's name:				
Pet's breed:				
YOUR PET'S VETS				
Please list current and past Vets Your Pet has seen:				
Vet Clinic Name	Suburb			
Your request				
Has Your Pet shown any symptoms, clinical signs or received treatment/surgery relating to the conditions of BOAS?				
O Yes O No				
If Yes, please indicate the date/s and describe the treatment and/or symptoms noted. For example: 20/03/17, surgery to resect the soft palate and widen the nostrils.				

### PART ONE - Policyholder to complete

### **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 356 642 or visit www.knose.com.au.

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

I understand this form must be provided to Knose within 14 days of the vet examination to remain valid.					
Policy holder's signature					
Date					
Pamember to return Part One	and Two of this form. Knose will request the full Vet treatment history from				

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

VET EXAMINATION						
Are you aware of any history of BOAS surgery?						
If Yes, please detail:						
Functional grading of BOAS, aligned with The University of Cambridge BOAS Grading System. Please refer to Appendix A: Veterinary Guidance, Appendix B: Functional Grading and Appendix C: Nostril Grading Examples						
Physical examination: *ple	ease note pre ar	nd post exercise tes	st, if different.			
Respiratory patterns*	<b>O</b> Normal	OInspiratory effort	<b>O</b> Dyspnoea			
Nostrils*	Open	OMild stenosis	O Moderate stenosis	s OSeve	re stenosis	
Stertors (low pitch noise)*	O Not audible	OMild	OModerate	Oseve	re	
Stertors (high pitch noise)*	O Not audible	OMild	OModerate	Oseve	re	
Inspiratory effort*	O Nor present	OMild	OModerate	OSeve	re	
Cyanosis and/or syncope*	ONo	OYes				
Heart/lung auscultation:	ONormal	OAbnormal				
Functional grading	O Grade 0	○ Grade I	O Grade II	Ogra	ıde III	

The above dog shows the physical characteristics and underwent the procedures as marked. The above report and its results are not a guarantee against any hereditary or acquired condition that may develop in the future.

Knose Pet Insurance Pet Name

Monday to Friday 8am to 8pm

Vet Initials

EXAMINING VET DECLARATION						
Date of examination:	1	1				
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:						

Knose Pet Insurance

Monday to Friday 8am to 8pm

Pet Name

### **APPENDIX A - Veterinary Guidance\***

### 1: Initial examination prior to exercise test

The dog should be kept as calm as possible with gentle restraint. If the dog is stressed, please allow a period of time to calm. If the dog cannot be calmed, then the initial examination should be graded according to the post-exercise criteria. Auscultation is performed directly over the larynx from the side, avoiding any upward pressure on the pharynx and larynx. Head should be in a neutral position, not flexed.

#### 2: Exercise test

This is designed to keep the dog active for 3 minutes. The dog should be encouraged to trot at 4-5 miles per hour by the assessors or the owners, but not pulled on the lead. Toilet stops should be accommodated. If the dog has reasons that it cannot manage this pace (e.g osteoarthritis, obesity, anxiety), a fast walk should be attempted.

#### 3: Examination after the exercise test

The dog should be auscultated immediately following the exercise test.

### 4: Functional grading

The clinical grading is based on respiratory signs before (pre-ET) and immediately after the exercise est (post-ET). The highest grade from any of the three categories (respiratory noise, inspiratory effort, dyspnoea/cyanosis/syncope) should be given as the final grade.

<sup>\*</sup>Department of Veterinary Medicine, University of Cambridge. Brachycephalic Obstructive Airway Syndrome (BOAS) study Respiratory Function Assessment Form

### **APPENDIX B - Functional Grading\***

Grade 0	Clinically unaffected. Free of respiratory signs; annual health check is suggested if the dog is under 2 years old.
Grade I	Clinically unaffected. Mild respiratory signs of BOAS but does not affect exercise performance. Annual health check is suggested if the dog is under 2 years old.
Grade II	Clinically affected. The dog has a clinically relevant respiratory signs and requires management, including weight loss and/or surgical intervention.
Grade III	Clinically affected, and should not be bred. Severe respiratory signs of BOAS. The dog should have a thorough veterinary examination with treatment.

		Respiratory noise <sup>a</sup>	Inspiratory effort <sup>b</sup>	Dyspnoea/Cyanosis/Syncope <sup>c</sup>
Grade 0	Pre-ET	Not audible	Not present	Not present
	Post-ET	Not audible	Not present	Not present
Grade I	Pre-ET	Not audible to mild stertor, and/or moderate intermittent nasal stertor when sniffing <sup>d</sup>	Not present	Not present
	Post-ET	Mild stertor or stridor, and/or moderate intermittent nasal stertor when sniffing d, and/or intermittent gentle stertor when panting <sup>d</sup>	Not present to Mild	Not present
Grade II	Pre-ET	Mild to moderate stertor or stridor	Not present to moderate	Not present
	Post-ET	Moderate to severe stertor or stridor	Moderate to severe	Dyspnoea; cyanosis or syncope not present
Grade III	Pre-ET	Moderate to severe stertor or stridor	Moderate to severe	Dyspnoea; may or may not present cyanosis. Inability to exercise.
	Post-ET	Severe stertor or stridor	Severe	Dyspnoea; may or may not present cyanosis or syncope.

<sup>&</sup>lt;sup>a</sup> Respiratory noise (stertor and/or stridor) was diagnosed by pharyngolaryngeal auscultation. Mild: only audible under auscultation; moderate: intermittent audible noise that can be heard without stethoscope; severe: loud, constant audible noise that can be heard without stethoscope.

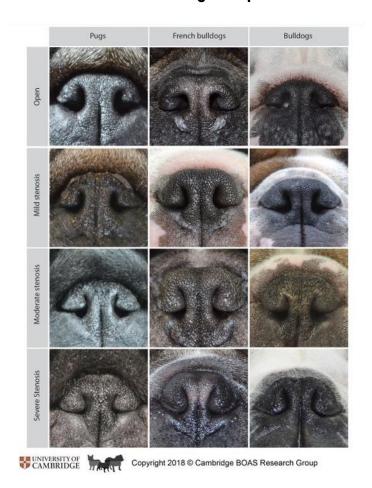
b An abnormal respiratory cycle characterized by evidence of increased effort to inhale the air in with the use of diaphragm and/or accessory muscles of respiration and/or nasal flaring with an increase in breathing rate. Mild: minimal use of diaphragm; moderate: evidence of use of diaphragm and accessary muscles of respiration; severe: marked movement of diaphragm and accessary muscles of respiration.

<sup>&</sup>lt;sup>c</sup> Dogs that have had episodes of syncope and /or cyanosis as documented by owner's report are classified into Grade III without ET. Dyspnoea: irregular breathing, signs of discom- fort, and laboured breathing.

d Dogs with moderate intermittent nasal stertor when sniffing have similar BOAS index (objective respiratory function) to dogs only with mild respiratory noise, therefore, these dogs are considered Grade I

<sup>\*</sup>Department of Veterinary Medicine, University of Cambridge. Brachycephalic Obstructive Airway Syndrome (BOAS) study Respiratory Function Assessment Form

### APPENDIX C - Nostril Grading Examples\*



 $<sup>*\</sup> https://www.vet.cam.ac.uk/boas/about-boas/recognition-diagnosis$