

Application form

Reduction of Brachycephalic Obstructive Airway Syndrome (BOAS) Exclusion Period

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 in relation to brachycephalic obstructive airway syndrome (BOAS).

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.
- 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.

* 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
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**

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In all aspects of arranging this product, Knose acts as an agent of Pacific or Allied World (as the case may be) and not as your agent. Any advice provided is general advice only and has been prepared without taking into account individual objectives, financial situation or needs and you should consider the appropriateness of any such advice, the [Product Disclosure Statement \('PDS'\)](#) ([Allied World PDS](#)) and the [Target Market Determination \('TMD'\)](#) ([Allied World TMD](#)), available via www.knose.com.au or by calling 1300 356 642 before making a decision to acquire, or to continue to hold, the product.

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?

Yes

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.

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 is not misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

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.petcircleinsurance.com.au. You understand that Knose will assess the information provided and based on that information will decide whether the Exclusion Period can be reduced, and further that Knose 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 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

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?

Yes No

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: *please note pre and post exercise test, if different.

- Respiratory patterns* Normal Inspiratory effort Dyspnoea
- Nostrils* Open Mild stenosis Moderate stenosis Severe stenosis
- Stertors (low pitch noise)* Not audible Mild Moderate Severe
- Stertors (high pitch noise)* Not audible Mild Moderate Severe
- Inspiratory effort* Not present Mild Moderate Severe
- Cyanosis and/or syncope* No Yes _____
- Heart/lung auscultation: Normal Abnormal _____

Functional grading Grade 0 Grade I Grade II Grade 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.

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:

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 test (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.

*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^a	Inspiratory effort^b	Dyspnoea/Cyanosis/Syncope^c
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 ^d	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 ^d	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.

^a 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.

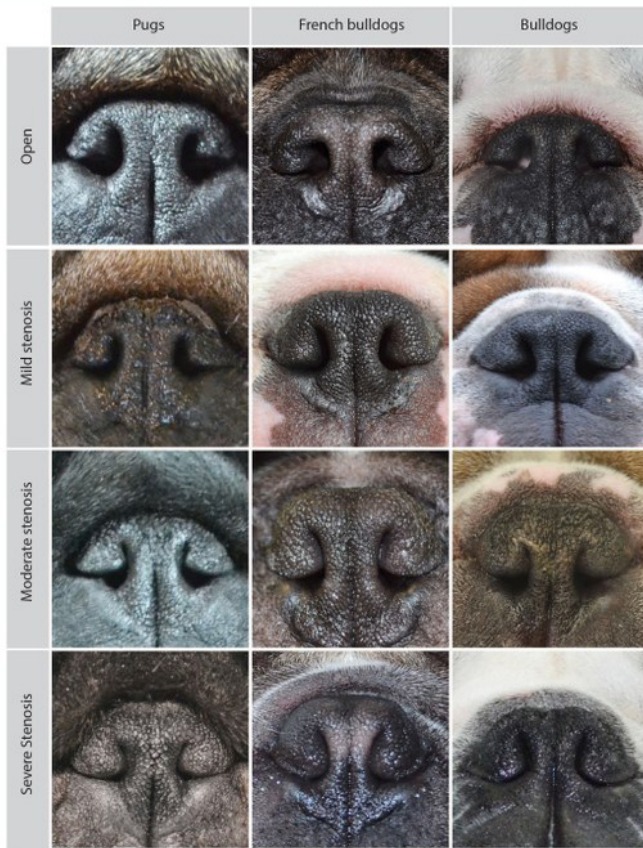
^b An abnormal respiratory cycle characterized by evidence of increased effort to inhale the air in with the use of diaphragm and/or accessory muscles of respiration and/or nasal flaring with an increase in breathing rate. Mild: minimal use of diaphragm; moderate: evidence of use of diaphragm and accessory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



^c 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 discomfort, 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

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

APPENDIX C – Nostril Grading Examples*



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