

Brachycephalic Obstructive Airway Syndrome (BOAS) Assessment Form

This form can be used to:

- Request to waive the 6-month wait for brachycephalic obstructive airway syndrome (BOAS).

What you need to know

Pre-existing Conditions

Knose Pet Insurance has a 6-month waiting period for Hereditary Conditions or any illness or injury that results from them. However, you may ask us to waive this waiting period in relation to brachycephalic obstructive airway syndrome (BOAS) if your dog is cleared of clinical signs by a veterinarian by submitting this form.

What to do



You fill out **page 2** of this form



Have a vet assess your pet and complete **page 3** of this form



Send this form and full vet history to Knose



Receive written notification from Knose of outcome

How to send in your waiver request and full vet history

- EMAIL customersupport@knose.com.au

Your written notification will confirm either:

- the 6-month waiting period has been waived for BOAS, or
- the 6-month waiting periods applies; or
- clinical signs of BOAS are present, deemed to be pre-existing and excluded from cover.

To apply for this waiver:

- A vet must examine your pet at your expense and complete the applicable sections of this form*
- The completed form must be returned to Knose within 14 days of the examination date.

Need more information?

We're here to help you. So, if you have any questions or need more information, please contact us

* If you are a vet, then you can not 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

1. Your details [Policyholder to complete]

Policy number:

Policyholder's name:

Contact number:

Pet's name:

Pet breed:

2. Your request [Policyholder to complete]

Has your pet shown any symptoms, clinical signs or received treatment/surgery relating to the condition of BOAS?

Yes

No

If you have answered "Yes" to the question above, 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.

3. Policyholder's Declaration [Policyholder to complete]

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect the assessment of this waiver request has been withheld.

I/We understand that deliberate misrepresentation of the veterinary services or the omission of any material facts may result in the denial of the waiver request, denial of a subsequent claim and/or cancellation of the policy.

I/We understand that Knose will assess information provided and has complete discretion to waive the Hereditary Waiting Period in relation to BOAS and is under no obligation to do so.

In addition to the above declaration I/we authorise any veterinary services provider who is listed above to provide to Knose any details they may require to assess the waiver request.

Policyholder's signature

Date

Remember to return Part One of this form, Part Two of this form and your full vet history to Knose. A full vet history should include the full treatment history for your pet from the attending vet and any previous vets.

[How to send in your waiver request and full vet history](#)

- EMAIL customersupport@knose.com.au

PART TWO – Attending Vet to complete

1. Veterinarian Examination [Vet to complete]

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*	<input type="radio"/> Normal	<input type="radio"/> Inspiratory effort	<input type="radio"/> Dyspnoea	
Nostrils*	<input type="radio"/> Open	<input type="radio"/> Mild stenosis	<input type="radio"/> Moderate stenosis	<input type="radio"/> Severe stenosis
Stertors (low pitch noise)*	<input type="radio"/> Not audible	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Stertors (high pitch noise)*	<input type="radio"/> Not audible	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Inspiratory effort*	<input type="radio"/> Not present	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Cyanosis and/or syncope*	<input type="radio"/> No	<input type="radio"/> Yes	_____	
Heart/lung auscultation:	<input type="radio"/> Normal	<input type="radio"/> 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.

2. Examining Veterinarian Declaration [Vet to complete]

Date of examination:

Attending veterinarian:

Veterinary practice:

Veterinary registration: State registered:

I certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect the assessment of this waiver request has been withheld.

Veterinarian's signature:

Veterinarian Examination Instructions

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*

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.

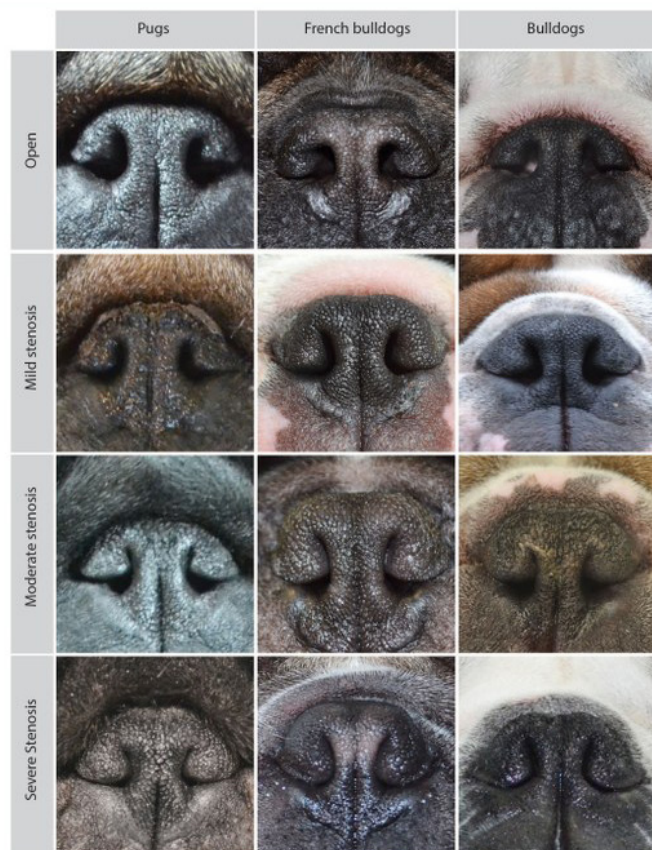
^b An abnormal respiratory cycle characterized by evidence of increased effort to inhale the air in with the use of diaphragm and/or accessory muscles of respiration and/or nasal flaring with an increase in breathing rate. Mild: minimal use of diaphragm; moderate: evidence of use of diaphragm and accessory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

APPENDIX C – Nostril Grading Examples*

Nostril Grading Examples



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