

APPLICATION FORM Reduction of Specified Conditions Waiting Period

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

For Us to consider whether a reduction of the Waiting 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 Waiting 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
support@knose.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 356 642** or emailing support@knose.com.au

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

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| | |

YOUR REQUEST

I wish to apply for a reduction in Waiting Period for the following Specified Condition(s):

- | | |
|---|---|
| <input type="radio"/> Cruciate ligament damage | <input type="radio"/> Osteochondritis dissecans (OCD) |
| <input type="radio"/> Intervertebral disc disease | <input type="radio"/> Cherry eye, |
| <input type="radio"/> Hip dysplasia | <input type="radio"/> Entropion |
| <input type="radio"/> Patella luxation | <input type="radio"/> Ectropion |
| <input type="radio"/> Elbow dysplasia | <input type="radio"/> Lumps (tumours, warts, cysts, growths and abscesses) |
| <input type="radio"/> Brachycephalic Obstructive Airway Syndrome (BOAS) Please use the BOAS Waiver form. | |

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. "

YOUR DECLARATION

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

You understand that Knose will assess the information provided and based on that information will decide whether the Waiting 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.

Policyholder'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.

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?

Yes

No

Conduct a clinical examination without sedation or anaesthetic of the eyes.

Is there any evidence or history of:

“Cherry Eye” (Prolapse of the third eyelid gland):

Yes

No

“Ectropion”:

Yes

No

“Entropion”:

Yes

No

Excessive tear production (tear staining / epiphora / weepy eyes)?

Yes

No

Ocular issues (such as conjunctivitis, dystichiae or corneal ulcers)?

Yes

No

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

VET EXAMINATION – LUMPS (TUMOURS, WARTS, CYSTS, GROWTHS AND ABSCESES)

Has this dog had any history of tumours, warts, cysts, growths and abscesses, or procedures to remove these? (e.g. previous surgery to remove a wart)

Yes

No

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

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

Oral cavity

Yes

No

Integumentary system (skin) – including warts:

Yes

No

Ears (please confirm otoscopically):

Yes

No

Eyes (e.g. meibomian gland cysts):

Yes

No

Nose

Yes

No

Thorax / abdomen

Yes

No

Feet / interdigital region:

Yes

No

Legs

Yes

No

Rectum (eg perianal abscess)

Yes

No

Other (including suspected or confirmed lipomas):

Yes

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? Yes No

Are you aware of any history of limping, reluctance to exercise or difficulty rising? Yes No

If Yes, indicate where the pain was:

Conduct a clinical observation of the pet working, trotting and rising from a seated position.

Is any lameness, difficulty rising, or ataxia noted? Yes No

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 | | Left | |
|---------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| Cranial drawer test | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Tibial compression test | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Patella luxation (circle grade) | 0 1 2 3 4 5 | | 0 1 2 3 4 5 | |

Is there pain on palpation of the hind legs including hip and lower spine? Yes No

If yes, indicate the areas where pain was elicited?

INTERVERTEBRAL DISC DISEASE

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

Withdrawal reflex Yes No Righting reflex Yes No

If yes, expand further:

Is there pain or palpitation of the neck or spine? Yes No

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? Yes No

Conduct a physical examination of the hips without sedation or anaesthetic.

Was any crepitus noted during hip maneuvering? Yes No

Is there discomfort, or reduced range of motion as detected by:

Abduction of the hips from the body: Yes No

Extension of the hips: Yes No

Flexion of the hips: Yes 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?

Yes No

lameness in either forelimb (favouring the leg, head bob)?

Yes 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?

Yes No

Flexion of the elbow joints?

Yes No

(Carpus should be almost able to touch the shoulder during flexion)

Is there any crepitus associated with flexion/extension of the elbows?

Yes No

Is there any muscle atrophy associated with either forelimbs?

Yes No

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

OSTEOCHONDRITIS DISSECANS

Examine the dog standing:

Palpate the shoulder - Is there any muscle atrophy palpable or visible around the spine of the scapula?

Yes No

Palpate the shoulder through a complete range of motion. Is there any pain noted (particularly on hyperextension or hyperflexion of the shoulder)?

Yes 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?)

EXAMINING VET DECLARATION

Date of examination:

/ /

Attending veterinarian:

Vet Practice:

Vet 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: