



# 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.

\* 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@petcircleinsurance.com.au](mailto:support@petcircleinsurance.com.au)



Receive an updated  
Certificate of Insurance

## Need more information?

Any questions, just call us on **1800 951 130** or email [support@petcircleinsurance.com.au](mailto:support@petcircleinsurance.com.au)

Pet Circle Insurance is underwritten by Pacific International Insurance Pty Ltd (ABN 83 169 311 193) and distributed by Knose Financial Services Pty Ltd (ABN 38 620 795 735, AFSL 536651) ('ThePetInsuranceCompany.com.au'). Millell Pty Ltd (ABN 17 148 151 213, AR 001300998) trading as Pet Circle ('Pet Circle') act as an authorised representative of ThePetInsuranceCompany.com.au. ThePetInsuranceCompany.com.au and Pet Circle act as agents of the insurer and not your agent.

Any advice provided is general only and has been prepared without taking into account your objectives, financial situation or needs. You should consider the appropriateness of any such advice, the [Product Disclosure Statement \('PDS'\)](#), and the [Target Market Determination \('TMD'\)](#) available at [www.petcircleinsurance.com.au](http://www.petcircleinsurance.com.au) 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**

<input type="text"/>
<input type="text"/>
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## 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

# PART ONE – Policyholder to complete

## 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 1800 951 130 or visit [www.petcircleinsurance.com.au](http://www.petcircleinsurance.com.au).

You understand that Pet Circle will assess the information provided and based on that information will decide whether BOAS cover will be added to your policy or not, and further that Pet Circle 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 Pet Circle any details We may require to assess Your application.

**I understand this form must be provided to Pet Circle 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. Pet Circle 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*        | <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           | _____                                   |                                       |

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**Functional grading**       **Grade 0**       **Grade I**       **Grade II**       **Grade III**

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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

# PART TWO – Vet to complete

## APPENDIX B – Functional Grading\*

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

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

<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.

<sup>b</sup> 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.

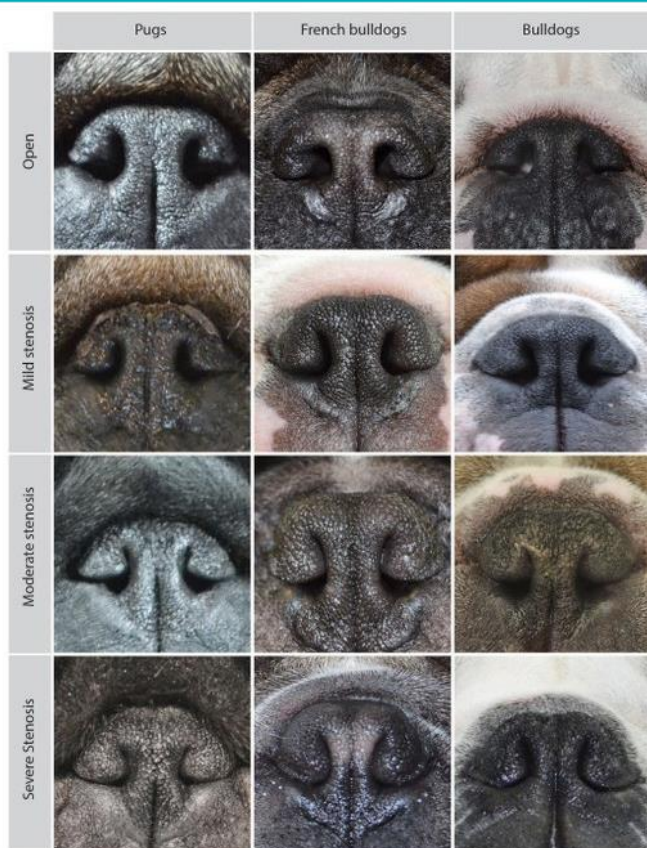
<sup>c</sup> Dogs that have had episodes of syncope and /or cyanosis as documented by owner's report are classified into Grade III without ET. Dyspnoea: irregular breathing, signs of discomfort, and laboured breathing.



<sup>d</sup> 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\*

# PART TWO – Vet to complete



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