

Name of Veter	ame of Veterinarian:			Town:		
Vet Phone cor	ntact:					
Name of Own	er.			Owner	Phone contact:	
					Thore contact.	A = 0.
Name of Pet			Breed:		<u> </u>	Age:
Microchip #:			Weight: _	kg	Colour:	Male / Female
Travel Plan	Anticipated	Date of Travel:			Total Trip duration:	(days)
Departure Town:	rture Destination T		own:		Expected regional tem	nps: (°C)
					before taking Pet to assessment with a regi	
You are preser Your dog will u also looking at conditions. Does your dog	nting your Pe undergo a tho other risk fa	t for a Brachyce brough clinical e ctors such as o	ephalic Fit t examinatio besity, tem wing disea	o Travel n, in par perame ses?	assessment with a regi ticular assessing the re nt and any pre-existing	stered Veterinarian. spiratory function but
You are preser Your dog will u also looking at conditions. Does your dog	nting your Pe undergo a tho other risk fa	t for a Brachyce brough clinical e ctors such as o	ephalic Fit t examinatio besity, tem wing disea	o Travel n, in par perame ses?	assessment with a regiticular assessing the resent and any pre-existing	stered Veterinarian. spiratory function but
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You are preser Your dog will u also looking at conditions. Does your dog Congestive Epilepsy/s	nting your Pe undergo a tho cother risk fa suffer from e heart failur eizures (req	t for a Brachyce prough clinical ectors such as o any of the follo re (requiring Fu	ephalic Fit texamination besity, tem wing diseasurosemide m medications and the seizures	to Travel n, in par iperame ses? treatme ion):	assessment with a reginticular assessing the resent and any pre-existing ent):	stered Veterinarian. spiratory function but significant medical
You are preser Your dog will u also looking at conditions. Does your dog  Congestive  Epilepsy/s  What is th  None	nting your Perindergo a thouse other risk factorisk fact	t for a Brachyce prough clinical ectors such as of the following free (requiring Full buiring long term of breakthrough an one every serious property serious for the every seri	ephalic Fit texamination besity, tem wing diseasurosemide m medications medications and the seizures and months	to Travel n, in par perame ses? treatme ion):	assessment with a reginticular assessing the resent and any pre-existing ent):  No Yes:	stered Veterinarian. spiratory function but significant medical

I declare that all information I have provide is true & correct and that while I may rely on this assessment or any advise from the Vet or Dogmovers regarding the safety of transport for my pet I acknowledge that my Pet is at higher risk due to its hereditary Brachycephalic condition and that I will not hold the Vet or Dogmovers responsible in the event my pet requires veterinary treatment or dies as a result of being transported.

BOAS Fit to Travel form, for Dogmovers Pet Transport, Road based transport in Australia.

Based on the IPATA Fit to Fly checklist created by IPATA R&D Taskforce in co-operation with City University (HK)



### **Veterinary Assessment**

Section A						
History of chro	nic medical	conditions				
Congestive Hea therapy)	Congestive Heart failure: (requiring Furosemide therapy)				as Grade III	
	Epilepsy / Seizures: (On treatment, however unstable with > one seizure every three months)				Automatically classed as Grade III	
Clinical Exam	ination:				Score	
Nostrils:		Open		Score: 0		
		Mild Stenosis		Score: 0		
		Moderate Stenosis		Score: 2		
		Severe Stenosis		Score: 3		
(see guidance notes for	grading instructi	ons)				
Body condition (BCS):	score	□ 1 □ 2 □ 3		Score: 0		
		□ 4 □ 5 □ 6		Score: 0		
		□ 7 □ 8 □ 9		Score: 2		
(See attached Body con	dition score char	t for grading instructions)				
Crate Temperament:		Calm		Score: 0		
		Excited, but settles quickly		Score: 0		
		Extremely excitable or anxious		Score: 2		
(see guidance notes for						
Anxiety may affect the	Pet more in tl y and cage re	pad Transport and any Stress or ne event it is travelling over several lated stress are specific risk factors ansport.		Total Score Section A		

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Section B			Section C		
Resting Examination:		Score	Post Exercise Examina	tion³:	Score
<ul> <li>Respiratory patterns:</li> </ul>			<ul> <li>Respiratory patterns:</li> </ul>		333.5
□ Normal	Score: 0		□ Normal	Score: 0	
☐ Inspiratory effort <sup>1</sup>	Score: 3		☐ Inspiratory effort <sup>1</sup>	Score: 3	
☐ Dyspnoea	Score: 4		☐ Dyspnoea	Score: 4	
• Stertor/Stridor <sup>2</sup> :			• Stertor/Stridor <sup>2</sup> :		
☐ Not audible	Score: 0		☐ Not audible	Score: 0	
☐ Mild	Score: 2		□ Mild	Score: 2	
☐ Moderate	Score: 4		☐ Moderate	Score: 4	
☐ Severe	Score: 6		☐ Severe	Score: 6	
	Score Section B			Score Section	c
	=		ed effort to inhale the air in w		hragm
			iring with an increase in breat by pharyngolaryngeal auscult		
Mild: only audible under aus	•	_		ation.	
Moderate: Intermittent audi		-			
Severe: Loud, constant audil	ole noise that can be	e heard v	without a stethoscope		
=			til fatigued. Depending on ter	· ·	=
			at 6-8 Km/hr but not pulled o		-
			cannot manage this pace (e.gd be auscultated immediately		
Note:	e attempted. The do	og silouit	a be auscultated <u>illillediately</u>	Tollowing the exe	icise test.
	om Section B <i>or</i> C is a	added to	Section A score to give the T	otal BOAS score.	
<del>-</del>			, then the exercise test is not		
Score section A:					
Highest score of either s	ection B or C: _		Total BOAS Score:		
Grading:					
Grade I: 🛘 0 - 2 BOAS so	ore. No significa	ant clin	ical abnormalities. <b>Your</b> (	dog is Fit-To-Tra	avel.
Grade II: 🛘 3-5 BOAS sco					
Grade III: □ > 6 BOAS sco			•	S	
		<b></b>			
Veterinary Surgeon	_	Date:	 Signati	ure.	

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#### **Guidance Notes for the Veterinary Surgeon**

- 1. **Initial examination:** The dog should be kept as calm as possible with gentle restraint. If the dog is stressed, allow some time for the dog to settle. If the dog cannot be calmed, then the initial examination should be graded according to the post exercise exam (Section C). 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. **Body Condition score:** see attached AAHA BCS chart (use the 9-point system)
- 3. Nasal stenosis grading:









Open nostrils

Mild stenosis

Moderate stenosis

Severe stenosis

- 4. **Crate temperament test:** How a dog behaves in the travel crate can significantly affect how safely that animal travels. Anxiety or excitation can lead to dyspnoea /respiratory failure and hyperthermia. This is particularly true of Road Based transport which may occur over several days. If the travel crate is not available, the test can be performed in a hospital cage at the Veterinary clinic and the owner should be encouraged to crate train their pet.
- 5. Dogs with a history of Congestive Heart Failure (requiring Furosemide therapy) and dogs with unstable seizures/epilepsy (being medicated, but with breakthrough seizures of frequency greater than one every three months) are automatically classified Grade III (unfit to Travel).
- 6. Professional recommendations such as weight loss programs (for dogs with BSC 7,8 9) upper respiratory tract investigation with a view to stenotic nares/ LATE/ soft palate/everted lateral ventricles surgery can be made where indicated. All these considerations will not only improve the dog's safety and comfort in flight but will also improve the dog's overall quality of life.



### **Body Condition Scoring (BCS) Systems**

5 Point	9 Point	Description
1/5	1/9	Dogs: Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.  Cats: Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia obvious and easily palpable.
1.5/5	2/9	Dogs: Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominence. Minimal loss of muscle mass.  Cats: Shared characteristics of BCS 1 and 3.
2/5	3/9	Dogs: Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist.  Cats: Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.
2.5/5	4/9	Dogs: Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.  Cats: Shared characteristics of BCS 3 and 5.
3/5	5/9	Dogs: Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed.  Cats: Well proportioned; waist observed behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.

5 Point	Point	Description			
3.5/5	6/9	Dogs: Ribs palpable with slight excess fat covering Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.  Cats: Shared characteristics of BCS 5 and 7.			
4/5	7/9	Dogs: Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.  Cats: Ribs not easily palpable with moderate fat covering; waist poorly distensible; obvious rounding of abdomen; moderate abdominal fat pad.			
1.5/5	8/9	Dogs: Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distension may be present.  Cats: Shared characteristics of BCS 7 and 9.			
5/5	9/9	Dogs: Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.  Cats: Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat pad.			



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