The Whole

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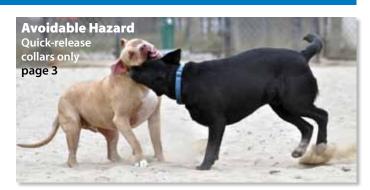
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The Whole Dog



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Safe or Sorry?

EDITOR'S NOTE 🗳

Every owner has to decide what is an acceptable risk for her own dog.

BY NANCY KERNS

fter experiencing a collar-related near-fatality (see facing page), I've been checking every dog I know, to be sure their collars are equipped with quick-release buckles. Suddenly, I'm a safety nut, which is interesting, because I'm more commonly accused of putting my dogs at risk (because I often walk with them off-leash on trails).

The fact is, there are innumerable risk to our dogs' health and safety. And each owner gets to -has to - do a little risk/benefit analysis and decide for herself which risks to take with her dog. I've heard about dogs being hurt by all of the following (and experienced a few with my own dogs):

- Keeping a collar and ID tags on a dog at home, or in a crate (could get caught)
- Feeding home-prepared diets (incomplete and unbalanced)
- Feeding diets that contain raw meat (*Salmonella*)
- Feeding raw bones (choking, intestinal perforation)
- Feeding commercial foods (contamination, lack of wholesomeness)
- Offering rawhides or pizzles (choking, obstruction, *Salmonella*)
- Using a reduced vaccination schedule (disease)
- Driving with a dog in the back of a truck, loose *or* secured (debris hits dog/ injures eyes, dog falls out of vehicle)
- Driving with a dog loose in the car (dog gets flung from car in accident and gets injured or lost)
- Leaving a dog in the car while shopping/ banking (injury/overheated/stolen)
- Leaving a dog tied outside while you get coffee or ice cream or something (injury, attack by another dog, stolen)
- Using spot-on flea or tick pesticides (poisoning, cancer)
- *Not* using spot-on tick pesticides in tick-laden areas (tick-borne disease)
- Letting a dog eat grass (possibly sprayed)
- Letting a dog off-leash on trails (can

run away, chase/harm animals, cause problems with other dogs/hikers/ bicyclists/equestrians)

- Letting a dog off-leash anywhere else (can run away or be hit by car)
- Bringing a dog to a dog park (disease, dog fights, traumatic social interactions)
- Taking a dog on a boat (drowning)
- Shipping a dog by air (dog can get sick, or be lost, traumatized, or killed)
- Boarding a dog (illness, injury, loss, mistreatment)
- Sledding, hunting, search and rescue, and all other outdoor activities with dogs (injury, exhaustion, loss)

Personally, I don't think it's conscionable to tell people what they *must* or *must not* do with their own dogs, or to disparage them for the choices they make. I *do* want people to be aware of the risks of various choices, and will sometimes tell an owner about the risks of something she is doing with her dog – and, of course, sometimes other people tell me! But I also accept that people have the right to take responsibility for their own decisions, even the ones I suspect they will regret.

Sometimes this is painful to watch. For example, I can't *bear* to see dogs ride loose in the backs of trucks. I almost had a nervous breakdown once driving behind a flatbed truck with a stock-dog who was pacing back and forth behind the cab of the truck, barking, completely unsecured in any way. But it may have been just as painful for the owner of that dog to watch me feed my dog a raw chicken neck.

Take It All Off!

Five things you can do to protect your dog when he's playing with others.

BY NANCY KERNS

was pretty traumatized recently by a phenomenon I had heard about many times but had never before seen: the intense, chaotic, life-or-death struggle that ensues when one dog gets his jaw stuck in another dog's collar.

It happened to some dogs that live a few houses down from my home office. I was working at my computer when I heard a dog screaming. I leaped up from my desk and ran down the sidewalk toward the screaming.

It was two young Lab-mixes in the front yard of a house down the street. One had grabbed his friend's collar and then mostly likely rolled over, twisting his lower jaw in the collar. His tongue, trapped under the thick nylon, was being lacerated by his own lower teeth; he was the one making all the noise.

His buddy was *not* screaming; he was fighting for his life, and being choked to death by his own collar. Both dogs were thrashing in pain and fear. The owner of one dog was trying to get close enough to them to free them, and I tried to help.

I grabbed one dog by the scruff; she grabbed the other. I frantically ran my hands through the mass of writhing fur, trying to find a buckle on the collar. I felt a quick-release buckle and released it – but it was the wrong one, not the collar that was threatening their lives.

Then I saw the other buckle; it was in the mouth of the dog whose jaw was trapped. And it was a standard metal buckle – the kind that you have to tighten slightly to free the metal prong from a hole punched in the nylon fabric. It was

These dogs are just playing and are not entangled. But if they were, the leather collar would have to be cut to save them; its buckle can't be released under tension. already so tight, there would be no way to tighten it enough to release it, if I even *could* get my hand in the dog's mouth.

Just then, the owner of the other dog ran out of the house with a pair of scissors. I was doubtful that they could cut through the thick nylon, but they did. And in the nick of time! Even as the young woman worked, feverishly, the dog who was choking released his bowels. He was seconds from death.

Imagine what would have happened if that young woman hadn't had the scissors handy. Or if the same thing happened at a dog park; *maybe* someone would have had a sharp-enough knife. What if the dog had been wearing a choke chain or pinch collar? I've seen dogs wearing these while playing at dog parks – but I've never seen a person there with bolt cutters.

These dogs survived the experience. But since I've been telling my friends about my experience (with all the fervor of the recently converted), I've heard about a number of dogs whose jaws were broken in similar situations – and other dogs who didn't survive an experience like this. Don't let it happen to your dog!

Here are five things you can do to



keep your dog safe when he's playing with other dogs.

1 PLAY NAKED! Remove your dog's collar or harness. A harness may not present the same choking hazard as a collar if another dog got tangled in it, but on the other hand, a harness has many more straps to get caught in.

2 USE A COLLAR WITH A QUICK-RELEASE BUCKLE. If you're nervous about having your dog naked (and without ID), use a collar with a buckle that can be released even under tension. Another option is a safety breakaway collar, such as Premier Pet Product's KeepSafe Break-Away Collar (see premierpet.com or call 800-933-5595).

3 DON'T ALLOW YOUR DOG TO PLAY WITH DOGS WHO ARE WEARING GEAR. At times, this may mean your dog won't be able to play at a dog park, because it's nearly impossible to get everyone to comply with sensible rules at a dog park. If I had a young dog who really liked wrestling and mouthing other dogs, I just *wouldn't* take him to a dog park that was crowded with collar- and harnesswearing dogs. Not after what I saw.

4 SPREAD THE WORD. I'm now telling every dog owner I know about the way, the truth, and the light. Many people have never considered this potential hazard and may be open to hearing about how they can prevent a tragedy happening to their dogs.

5 KEEP SOMETHING SHARP HANDY. This is quite a long shot – and yet, I now know a young woman who saved two dogs' lives with sharp scissors. I now have a box cutter in my car, and another one on a shelf near my office door. I hope to never witness this again, but I feel a little better knowing that there would be more I could do to help.



DOXYCYCLINE SHORTAGE LEAVES PEOPLE AND PETS SCRAMBLING FOR TREATMENT ALTERNATIVES

Drug of choice for treating tick-borne disease and heartworm is unavailable (or unaffordable) due to supply bottleneck

hen my newest search and rescue partner, Cole, fell apart during a certification test in May 2012, I had accumulated enough hard lessons to know my next move. We didn't need to revisit our training protocol or take his nose in for a tuneup. We were at our vet's office the next morning for bloodwork.

I left with a scrip for doxycycline, the drug of choice to treat Lyme disease in both humans and dogs. When I filled it at the Giant Eagle pharmacy, my bill was \$0, thanks to the chain's program of free prescriptions for common generic antibiotics. Many other pharmacy chains offered it for loss-leader prices ranging from \$1.99 to \$10. At average retail prices, the cost would have topped out at about 30 cents per pill, or \$16 for the full course.

Cole was a lucky boy. His infection was detected very early, and he responded so well to treatment that his titer is negative a year later. Cole's owner was lucky for those reasons, and because the specific drug that best treats Lyme disease, among other tick-borne infections such as ehrlichiosis, Rocky Mountain spotted fever, and anaplasmosis was readily and cheaply available.

Just under a year later, Pittsburgh, Pennsylvania dog owner Karen Kirk and her Lab/Husky-mix, Buddy, were less fortunate.

Buddy's cryptic symptoms appeared suddenly in late March 2013; what first appeared to be a sprained hock developed rapidly over 24 hours into a critical situation, including complete hind-end paralysis and lethargy. Knowing that Buddy had several recent tick exposures, Kirk opted to run a tick-borne disease titer panel before taking radiographs; her hunch was also on target, as Buddy too returned a positive test for Lyme disease infection.

Kirk's veterinarian prescribed a very high dose of doxycycline because of Buddy's severe acute symptoms, and provided an initial supply of the drug, warning Kirk that there appeared to be an issue with acquiring the antibiotic, and that she should be ready to seek it at an outside pharmacy to continue the course.

Cole, a 4-year-old English Shepherd, searches for the Allegheny Mountain Rescue Group in Pennsylvania. Thanks to an inexpensive supply of doxycycline that was available *right* when he needed it, he recovered from his tick-borne disease quickly and is back at work. Dogs who are diagnosed today may not be as lucky. Two weeks later, when Kirk called her local Giant Eagle pharmacy, the pharmacist's assistant looked up the cost of Buddy's prescribed dose and told her "This can't be right. It says \$1,000."

After repeated checking, the pharmacy staff verified that the cost of Buddy's prescription had skyrocketed to nearly \$12 per pill, or \$72 per day of treatment – for a staple generic drug that was so cheap 10 months earlier that they had been giving it away.

The news was no better at other Pittsburgh-area pharmacies; most simply could not supply doxycycline at any price.

Buddy, who had responded to doxycycline treatment dramatically and was walking within 24 hours of his first dose, finally caught a break. Kirk's veterinarian was able to scrounge enough of the drug at close to the pre-shortage price to complete a month of treatment. According to Kirk, "Now he's acting like a badass like he always does, and propelling himself off the back of my couch."

VETERINARIANS SCRAMBLE TO SUPPLY TREATMENTS AS SPRING TICK SEASON COMMENCES

According to the United States Food and Drug Administration (FDA) online index of drug shortages, the supply interruption for doxycycline was first noted in mid-January, and projected to be corrected by early March. As of mid-April, the listing showed only four extant manufacturers, of which two were supplying "limited" quantities and/or forms of the drug, and two were listing the drug as "available." The reasons for the supply issues were listed, variously, as "manufacturing delays" and "increased demand." As of April 10, FDA personnel had not returned multiple phone messages requesting an interview, and the FDA had released no further information about the causes and expected duration of the shortage.



📽 CANINE NEWS YOU CAN USE 📽

While the shortage of this common antibiotic affects human medicine – where doxycycline is used to treat tick-borne diseases, acne, some sexually transmitted infections, and even anthrax – veterinarians are keenly aware of the pinch, as veterinary practices serve as pharmacies as well as physicians for their animal patients. Buddy initially appeared to have a sprained hock, but this quickly devolved into total hind-end paralysis and abnormal lethargy. A blood test confirmed his owner's suspicion of a tick-borne disease (Lyme) due to his previous tick exposures in the field.

Dr. Dan Murray, who practices at the Animal Care Center in Green Valley, Arizona, has not yet exhausted his clinic's supply of oral doxycycline, and continues to dole it out to patients on an as-needed basis. Anticipating that he will not be able to restock, Dr. Murray has ordered minocycline, a related tetracycline-class antibiotic, to replace doxycycline for the tick-borne ehrlichiosis and anaplasmosis that he commonly sees in southern Arizona, as well as for treating kennel cough.

But veterinarian Tom Beckett of the Camino Viejo Animal Clinic in Austin, Texas cautions that, although minocycline is in the same class as doxycycline, it has not yet been shown to be equally effective against the same rickettsial diseases, or as a pre-treatment for dogs who will undergo heartworm treatment. Dr. Beckett is also drawing from a stockpile of doxycycline at this time, and worries "I'm at a loss, like everybody else, about what we're going to end up doing, how cheap and available the minocycline is going to be." Dr. Beckett has a special interest in tick-borne diseases, which are enzootic among the former racing greyhounds that he helps to rehabilitate; both efficacy and cost are factors for this population of dogs.

A web search for minocycline prices found a best price of \$1.70 per 100 mg tablet – six times higher than a typical price for doxycycline prior to the current shortage.

One reason for doxycycline's effectiveness against notoriously recalcitrant bacterial infections such as *Borrelia burgdorferi* (the spirochete bacterium that causes Lyme disease) and the rickettsial bacteria that cause Rocky Mountain Spotted Fever, anaplasmosis, and ehrlichiosis, is its high lipid solubility, which allows it to attack pathogens that have set up shop in the central nervous system and in the synovial fluid of the joints. Minocycline has an even higher lipid solubility; human clinical results suggest that it should prove a suitable, if expensive, alternative to doxycycline for treating tick-borne diseases.

Readers who handle shelter dogs or others who are heartworm positive may also need to turn to minocycline or the older drug tetracycline for the 30-day antibiotic treatment prior to administering an adulticide to kill heartworms. The aim of this pre-treatment is to gradually eliminate the symbiotic rickettsial *Wolbachia* bacteria from the guts of the parasitic worms, preventing a toxic bolus of dead *Wolbachia* from overwhelming the treated dog's cardiovascular system.

THE DANGERS OF HOARDING AND STOCKPILING

Consumers must exercise caution when using stockpiled

doxycycline, or any drug of the tetracycline group. All sources agree that antibiotics of this family that are long past their expiration dates are not only ineffective, but can break down into toxic substances that cause severe kidney damage.

Unfortunately, no sources can or will specify how far past the manufacturer's



expiration date is cause for concern, even though there is wide agreement that these dates are broadly, even excessively, conservative, and that "just expired" product is almost certainly safe and effective. Dr. Beckett cautions that variations in storage conditions – antibiotics should be kept cool and dry – are a confounding factor in shelf life. Ensure that you acquire antibiotics of this family only from reliable sources.

Heather Houlahan is the proprietor of First Friend Dog Training and raises pastured livestock and poultry. She has been a search and rescue dog handler for 22 years, and is the canine director of Allegheny Mountain Rescue Group. She lives with three English shepherds, one German shepherd, a revolving cast of foster dogs from National English Shepherd Rescue, and a mostly housetrained husband on Brandywine Farm, north of Pittsburgh, PA. She has had Lyme disease twice.

FOR MORE INFORMATION:

- FDA Drug Shortage Index: http://www.fda.gov/Drugs/ DrugSafety/DrugShortages/ucm314739.htm
- Doxycycline shortage and shelter medicine: sheltermedicine.com/documents/addressing-the-doxycyclineshortage-feb-2013
- Heartworm: critterology.com/articles/wolbachia-and-theirrole-heartworm-disease-and-treatment
- Minocycline treatment in humans with neurologically involved Lyme disease: http://cid.oxfordjournals.org/ content/30/1/237.2.full

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AAFCO DOG FOOD NUTRITIONAL FACTS

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Grandma Mae's Country Naturals Farmhouse Blend Dog Food Food is formulated to meet the nutritional levels established by the AAFCO Dog Food Nutrient Profiles for All Life Stages.

New Guides In Town

The "nutrient profiles" that define what constitutes "complete and balanced" diets for dogs will change next year.

BY MARY STRAUS

When buying food for their dogs, owners depend on the product manufacturers to deliver a "complete and balanced" diet in those bags, cans, and frozen packages. Perhaps without even being aware of it, owners also understand that there are government agencies responsible for setting standards as to what constitutes a "complete and balanced diet" for dogs, and for making sure that pet food makers meet those standards. We count on manufacturers and regulators alike to "get it right" so we can feel confident that our pets are getting everything they need, in just the right amounts.

So, it's a bit disconcerting to learn that the three most important players in the setting of those nutritional standards have made changes to the nutrient lists and nutrient levels in recent years – and that each organization's recommended nutrient "profiles" or "guidelines" differ from the others in some significant ways.

The Association of American Feed Control Officials (AAFCO) is the arbiter of American pet food's "nutrient profiles" – a table of all the vitamins, minerals, protein and its constituent amino acids, and fat and its constituent fatty acids that are needed (and a minimum amount or acceptable range for each nutrient).

AAFCO's ingredient definitions and nutritional guidelines are developed with substantial input from the pet food industry, such as the Pet Food Institute (PFI, a lobbying organization for pet food companies), American Feed Industry Association, National Grain and Feed Association, and the National Renderers Association. Academia plays a role, too, as lots of nutrition research (often The tables that define the term "complete and balanced" on pet food labels are set to change next year.

funded by pet food companies) is conducted at universities with agricultural and/or veterinary departments. Industry representatives are non-voting advisors to the committees who set the standards. AAFCO itself has no regulatory authority; it's up to states to adopt and enforce the AAFCO model regulations of feed ingredients and nutrient guidelines as laws.

Historically, to build its "Dog and Cat Food Nutrient Profiles," AAFCO relied heavily on guidelines created by the National Research Council (NRC), a branch of the National Academies. (Scientists are elected to the National Academies to serve as independent advisers on scientific matters. The Academies do not receive direct appropriations from the federal government, although many of their activities are mandated and funded by Congress and federal agencies.)

The NRC substantially revised and updated its "Nutrient Requirements for Dogs and Cats" in 2006; the previous version was published in 1985.

AAFCO has been revising its own guidelines, and expects to publish the updated "Dog and Cat Food Nutrient Profiles" in 2014, presumably with a grace period before companies must comply with the changes. Additional changes scheduled to be put in place around the same time include requiring all pet food labels to provide information on calories, and adding new minimum requirements for omega-3 fatty acids for growth and reproduction.

A European group analogous to AAFCO, called the European Pet Food Industry Federation (FEDIAF), published its own revised guidelines in 2012. (The FEDIAF regulations are important to U.S. pet food companies, since many manufacture foods that are sold in both the U.S. and Europe.)

Both AAFCO and FEDIAF relied at least in part on the NRC guidelines, yet there are substantial differences between the three groups' recommendations.

Pet foods sold in the U.S. that display "complete and balanced" on their labels must meet AAFCO requirements, while those that are also sold in Europe must meet AAFCO *and* FEDIAF guidelines. Exceptions are made for foods that use feeding trials to prove nutritional adequacy, or meet product family criteria (where foods that are substantially similar to another food made by the same company do not have to be separately tested). There is no requirement that any foods comply with NRC recommendations.

COMPARISON DIFFICULTIES

It's not easy to compare nutritional guidelines between these three organizations. For starters, nutrient requirements can be presented in three different ways:

* As a percentage of food on a dry matter (DM) basis. This value is complicated by the assumption that the food has a particular energy density.

As an amount per 1,000 kilocalories (kcal, or what is commonly referred to as calories). NRC calculates nutrient values for calories based on the needs of a healthy, active dog, not the calories a dog actually consumes. A dog's nutritional needs are not reduced when he consumes fewer calories as he gets older or slows down.

♦ As an amount per body weight of the dog. Body weight is computed to the ¾ power, a mathematical computation that accounts for the fact that large dogs eat less for their weight than small dogs do. That critical step, however, is often overlooked or ignored when people talk about nutrient requirements based on body weight. In addition, these guidelines should be applied to a dog's ideal weight, not actual weight. An obese dog does not require more nutrition than a dog of proper weight, nor does a thin dog need less.

Each of these methods will produce the same results if the energy density is accounted for and the caloric requirement is calculated based on the ideal body weight of a healthy, active dog.

NRC provides nutrient guidelines presented in all three ways, while AAF-CO and FEDIAF use only the first two methodologies. FEDIAF increases many NRC values by 20 percent to account for its assumption that pet dogs need fewer calories than what NRC calculates.

To make comparisons even more dif-

ficult, different units of measurement are used with some nutrients. For example, NRC shows vitamin A recommendations in RE (retinal equivalents), vitamin D in micrograms, and vitamin E in milligrams; AAFCO and FEDIAF both use international units (IU) for all three. Complicated conversions are required to compare the different units.

Additional differences arise between how life stages are grouped. NRC provides separate recommendations for growth (including subsections in some cases for puppies 4 to 14 weeks old, and those older than 14 weeks); adult dogs for maintenance; and late gestation and peak lactation (pregnancy and nursing). Further modifications are made based on the number and age of puppies during lactation. AAFCO and FEDIAF use just two categories, "adult maintenance" and "growth and reproduction," grouping puppies and females who are pregnant or nursing together. Foods that meet the requirements for both groups can be classified as meeting the guidelines for "all life stages."

Lastly, the target amounts for the nutritional guidelines can be expressed in several different ways. NRC uses the following categories, not all of which are provided for every nutrient:

- Minimal Requirement
- Adequate Intake
- Recommended Allowance
- Safe Upper Limit

The "recommended allowance" is not meant to be an ideal amount, but rather takes into account practical considerations of formulation and ingredients, and is therefore the most appropriate category to use for comparison to AAFCO and FEDIAF.

AAFCO provides only a recommended minimum amount, and, in many cases, a maximum amount. FEDIAF does the same, but also includes some maximums based on European laws. Surprisingly, NRC does not show a safe upper limit for most nutrients, including some that are known to be toxic in high amounts, such as zinc and iron.

When units per 1,000 kcal are compared between the three agencies, many of the recommendations are identical, and others are close enough that any differences are probably due to minor conversion and rounding discrepancies. This likely reflects both AAFCO's and FE-DIAF's reliance on the NRC guidelines. But *some* values are markedly different.

Some discrepancies can be explained by the difference in life stage groupings. For example, AAFCO and FEDIAF may choose to use NRC's recommended allowance for young puppies for their "growth and reproduction" category, even though NRC's recommendations for lactating females may be higher.

Other cases are not readily explainable. NRC's recommended protein amount for adult dogs, for example, is just 10 percent protein on a dry matter basis, which is extremely low. Fortunately, both AAFCO and FEDIAF use more moderate values, requiring a minimum of 18 percent protein (DM) for adult dogs.

Varying calcium levels are similarly inexplicable. NRC gives a single acceptable range of calcium per 1,000 kcal for growing puppies after weaning, while FEDIAF has different ranges for puppies before and after 14 weeks of age, plus separate categories for puppies in the older group, based on whether their anticipated adult weight is below or above 15 kg (33 pounds). The FEDIAF's more comprehensive guidelines appear to reflect knowledge gained in the last two decades of how excess calcium causes bone and joint abnormalities in large breed puppies, who are especially vulnerable prior to the age of about six months, but that doesn't explain why the NRC does not account for the greater risk of too much calcium in this group.

Ideally, pet foods would be formulated to meet the requirements for all three agencies, to ensure that foods provide at least the highest minimum value and do not exceed the lowest maximum value of the three for each nutrient. In addition, even though a food does not have to meet AAFCO guidelines if a feeding trial is done, it still should do so. Feeding trials are considered the "gold standard" by the industry, but in our opinion, they are not of long enough duration to reveal health problems caused by many nutritional inadequacies or excesses, especially for adult dogs. The use of feeding trials and the narrower range of nutrient guidelines agreed on by the three agencies provide the best guarantee that the diet you feed really is "complete and balanced." 🗳

Mary Straus is the owner of DogAware.com. She lives with her Norwich Terrier, Ella, in the San Francisco Bay Area.

Rolled-Up Welcome Mat?

Owners of raw-fed and minimally vaccinated dogs may face frustrating obstacles.

BY DENISE FLAIM

o good deed goes unpunished. That's what Pam Rowley of Upper Brookville, New York, discovered last November, when the hospital administrator who always greeted her and 8-year-old Vizsla Gunner at the start of their monthly therapy-dog visits quietly took her aside to deliver some bad news.

"She said that the hospital has some new rules for the therapy dogs," Rowley remembers. "One of the rules stated that there can be no dogs in the hospital who have eaten raw food within 90 days of a visit. I told her that Gunner is on a diet that includes raw food, and I felt that it was beneficial to his health."

The administrator was sympathetic, but the rule was non-negotiable. After four years of these monthly visits – never with any documented incidents or illness resulting from them – Gunner was no longer welcome.

Rowley's predicament is emblematic of the challenges faced by many who decide to take an "outside the box" approach to their dogs' care and rearing – and these challenges do not apply only to therapy dogs. Owners who opt to vaccinate minimally often encounter similar obstacles when they board their dogs at kennels, register them for doggie day care, or even enroll them in training classes, because their individualized vaccine protocol falls short of across-theboard "requirements" such as annual or non-core vaccinations.

Many owners of raw-fed therapy dogs are being told they can no longer volunteer in hospital settings – and many choose to stop volunteering rather than feed kibble. What to do? Capitulate and give up health practices that you think are optimal for your dog, even if you believe the rules are misguided? Or eschew any activity that requires you to subject your dog to a diet or veterinary procedure that you feel is potentially harmful to your dog's long-term health?

Only you can make the decisions that are best for you and your dog. You may choose to "go along to get along" if the activities are important enough to you. Or you may regard your dog's health as your ultimate priority – and want to have no regrets about your choices later. In some cases, there may be relatively unexplored middle ground – a place where you can provide responsible care for your dog while continuing to participate in a mainstream activity.

FOOD FOR THOUGHT

In the case of Pam Rowley and her rawfed therapy dog, the hospital's change of policy regarding Gunner's visits resulted from guidelines that the administrator said were issued by the Centers for Disease Control and Prevention.

For someone who is committed to feeding raw, that could be the end of visits to that facility. Rowley could try to find another hospital or type of program for Gunner to visit – perhaps one that doesn't care for medically fragile patients, such as a behavioral health unit or a reading program for kids, which he already participates in. If she felt a strong commitment to the program she's volunteered with for years, she could consider another type of healthy diet for Gunner, such as a home-prepared cooked diet.

Or, she could dig in and try to find the source of the hospital administrator's edict, and try to educate folks along the bureaucratic chain of command that a raw-fed dog transmitting *Salmonella* to patients is not a foregone conclusion.



Raw pet food is not the only vector that could potentially transmit *Salmonella* to a dog and then a patient; many dry dog foods have been recalled over the past year due to possible *Salmonella* contamination. Proper precautions can protect patients from becoming infected with *Salmonella* via a therapy dog visit.

She could start with the fact that, despite what the administrator told her, the CDC does not have a formal position on raw-fed therapy dogs. Instead, its 2011 document, "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings," refers to "guidelines" that the CDC says were developed by the Association for Professionals in Infection Control and Epidemiology (APIC) and the Animal-Assisted Interventions Working Group (AAI).

However, "Guidelines for Animal-Assisted Interventions in Health Care Facilities" is not a position paper of the APIC, according to a media spokesperson for the group. It was published in March 2008 in APIC's peer-reviewed journal, *American Journal of Infection Control*. Among the paper's recommendations: "Exclude any animal that has been fed any raw or dehydrated (but otherwise raw) foods, chews, or treats of animal origin within the past 90 days," which presumably also covers pig ears and bully sticks.

Certainly, studies have shown that dogs can shed bacteria into their environment. A 2007 study by Sandra Lefebvre, DVM (one of the authors of the APIC-published paper), found that therapy dogs that were fed raw meat were "significantly more likely" to shed salmonella than those not fed it. In 2002, a study published in *The Canadian Veterinary Journal* isolated *Salmonella* from 80 percent of bones-and-raw-food diet samples and 30 percent of dogs fed the diet.

Yet commercial kibble diets are not guaranteed to be bacteria-free, either. In the past year, a number of pet food companies have announced voluntary recalls of dry dog foods due to possible *Salmonella* contamination, including Wellness, Natural Balance, Taste of the Wild (Diamond), AvoDerm (Breeder's Choice), and most recently, California Natural, Innova, and other products made by Natura Pet Products.

The larger question that looms is,



how much of a problem is a *Salmonella*-shedding dog to the human population?

Dogs who are fed diets that contain *Salmonella* can shed the bacteria in their feces and saliva. The mere act of normal self-grooming (licking their coats) can transfer the *Salmonella* organisms to their fur. "And my answer is: 'Yes, and ...?' This is not the end of the conversation," says canine nutrition consultant Monica Segal of Toronto, Canada. "We probably could agree that poultry-processing plants have the highest *Salmonella* counts, and we should expect that people who work at those plants would be hospitalized daily."

They aren't, suggesting that fears over *Salmonella* shedding in raw-fed dogs are, in her words, "over the top," though of course, special precautions should be taken with severely immunocompromised individuals with all dogs, not just raw-fed ones. "Frankly, I don't believe that it has been proven that, yes, this dog eating kibble is perfectly safe to be around, but this raw-fed one is not," Segal concludes.

Integrative veterinarian Dr. Julie Mayer, DVM, CVA, CVC, CCRP, of Tucson, Arizona, has a rather straightforward way of reassuring those whose conventional veterinarians warn against the multitudes of microbes lurking in a raw-food diet.

"I say, go back to your vet and say, 'Dogs lick their butts," she says. "Dogs are out there eating goose poop, eating grass, eating other dogs' poop. They are going to be shedders of *Salmonella* and *E. coli*," even if they aren't raw-fed.

There are many things that therapy dog owners can do – and *should* do, regardless of the dog's diet – to protect any patients who interact with their dogs from any sort of potential infection. These practices include not permitting licking or doggie kisses, and providing patients and staff with hand sanitizer after all interactions.

These practices also protect therapy dogs from getting exposed to infectious agents that *patients* may transmit. And, given the current epidemic of Methicillin-resistant *Staphylococcus* aureus (MRSA) infection in human hospitals, that's a valid concern. A recent Canadian study of 26 therapy dogs in hospital and long-term-care facilities found that while none of the dogs were contaminated with common infectioncausing bacteria before they entered the facilities, two were positive afterward. One, a Greyhound, had Clostridium *difficile* (a Gram-positive bacteria that can cause severe diarrhea) on his paws. The other, a Pug, had MRSA detected on his fur after he spent time on patients' beds and was kissed repeatedly by two of them.

Hospitals are not the only place where therapy dogs can be of benefit. Library reading programs, day programs for the mentally challenged, rehabilitation and outpatient centers – all are possibilities Holistic-minded owners may also be taken by surprise at emergency or specialty clinics. They may be told their dogs can't be admitted to the hospital unless they are fed a kibble diet or meet certain vaccination requirements.

for therapy dogs where concerns about immunosuppression are minimal. Practicing proper protocol is crucial for all therapy dogs, no matter how they are fed.

It is also important to remember that the opportunity to share the emotional benefit and support that dogs give isn't legislated by therapy-dog organizations or medical facilities. It's a natural part of sharing your life with dogs.

Allen M. Schoen, DVM, author of Kindred Spirits: How the Remarkable Bond Between Humans and Animals *Can Change the Way We Live*, as well as books on veterinary acupuncture and complementary and alternative veterinary medicine, recalls one of his clients, a woman who was blessed with a comfortable lifestyle - and a period of remission from the cancer that eventually took her. Dr. Schoen recalls asking her, "What are you going to do now?" with the new lease on life that she had been given. One of her acts of celebration and thanks was to invite another cancer patient, a person who just wanted to be around animals, to visit her farm, where she kept horses, goats, and dogs. That was animal-assisted therapy at its purest, without the rules, regulations, or limitations.

NOT WELCOME AT SOME VETERINARY PRACTICES

Segal points out that raw-fed therapy dogs aren't the only ones who should be steeled against having doors slammed in their bewhiskered faces due to the diet their humans have chosen for them.

"There are some emergency clinics that will not accept a raw-fed dog," she says. Some clinics may only admit a rawfed dog on the condition that his owner consent to feeding the dog whatever the hospital feeds while hospitalized – likely a commercial kibble, which from a holistic point of view is often the least healing diet a dog might have during such a stressful time. "The hospital will do this for multiple reasons, the main one being that they have very sick animals there. Also, dogs and cats who are being boarded overnight usually are being given mega-drugs, so their immune



systems are compromised and they can't afford to have animals shedding bacteria," says Segal.

Some specialty veterinary practices may have taken an anti-raw stance because they see more (and more serious) cases of salmonellosis than the average veterinary practice, leading them to believe that the illness is more common than it really is.

"Everything is relative," Segal reminds us. "Go to a neurologist, and ask about brain tumors, and they will have seen a lot of them." That doesn't mean that brain tumors are a significant problem in the general population – just that the neurologist sees many more cases than occur normally.

It's prudent for the owners of raw-fed dogs to check with any local emergency and specialty veterinary clinics that are likely to treat their dogs. Ask if they have any restrictions on treating or admitting patients that are raw-fed, so you aren't surprised in an emergency situation.

If you do find yourself in an emergency situation with a veterinarian who disapproves of raw diets, and your regular veterinarian is supportive of your dog being fed this way, enlist the latter's help; a call or an e-mail from your veterinarian expressing reluctance to change your dog's diet during such an already stressful time might get a better reception.

WORTH A SHOT?

Vaccinations can be another area where the holistic-minded find themselves battling rules that are based as much on assumptions and tradition as rigorous science. But a shift in attitude among influential veterinary organizations has created an awareness of the risks of overvaccination and the importance of tailoring a vaccine schedule to the health and needs of the individual dog.

In 2011, the American Animal Hospital Association updated its canine vaccination guidelines. The guidelines identify distemper, parvovirus, and canine adenovirus as core vaccines, but also stress that they should not be given more frequently than every three years.

The AAHA guidelines are a great starting point, but "they shouldn't be interpreted as dictating a protocol, because certainly there are variations in practice," says Carole Osborne, DVM, of Chagrin Hills, Ohio. "Let's say you have a dog with cancer or an autoimmune disease. Vaccination can aggravate those underlying immune-mediated illnesses." Age is also a consideration. "As dogs get a bit older in years, reducing vaccines is one of greatest things you can do to help them," says Dr. Osborne. "As a practicing vet, I see and work with many people who pets experience a demise of health as a result of yearly vaccines."

Boarding kennels, obedience schools, groomers, and other canine businesses that require vaccinations – sometimes even annual ones – can't just dismiss their rules. But often they will accept documentation that shows that the dog is otherwise protected.

"For people who decline their dogs' vaccines, antibody titers are an excellent idea," says Dr. Osborne. "They will validate that an animal's antibodies are at a protective level."

Understand, though, that titers are not the be-all and end-all of evaluating immunity. "These titers look at only one branch of the immune system; we can't read cellular immunity," says Dr. Mayer. There could still be immunity, even if the titer shows antibody levels that don't appear to be protective, she explains.

For dogs who are at risk of having a vaccine reaction, or whose health status suggests that vaccination could do more harm than good in terms of their overall wellness, Dr. Osborne notes that most states provide vaccine waiver forms that can be used for vaccinations such as distemper and parvovirus as well as rabies. Sometimes a health certificate from your veterinarian will also be accepted.

While the persuasive might be able to wangle individual exceptions for their animals, the fact remains that consumers are up against an increasingly corporate culture within veterinary medicine and related industries, leaving very little room for independent thinkers.

Consider, for example, the potential dog boarder who doesn't want to give her dogs the intranasal vaccine for bordetella, or the kennel-cough complex. Instead, in the doggie version of that once common human solution, the "chickenpox party," she takes her unvaccinated dog to a dog run or dog show and allows him to get the disease and build natural immunity. (Perhaps with a little holistic help along the way: Drosera is an often effective homeopathic remedy for acute upperrespiratory infections.)

After he recovers, that dog is arguably as well protected as if he had gotten a vaccine, if not more so. But the management at a boarding facility may still insist on something "on paper," in order to show that the kennel has gone to every length possible to avoid exposing its other clients to infectious disease.

Reliance on intuition and common sense about your dog's immune status may be an important part of your approach to his care, but "Common sense about natural immunity doesn't carry you very far where there are regulations and guidelines; you're stuck!" Dr. Schoen says.

Actually, you're only stuck if you decide to play by the rules. Instead, you always have the option of creating some of your own. Dr. Schoen points to friends with different households who both have busy lifestyles and find themselves traveling quite a bit. "They have a purebred Mexican beach dog," he explains, tongue firmly planted in cheek, "so they share him. And to me there's a whole possible movement there: What if you set up, for boarding, a little community of friends, so you dogshare?"

The Internet is already there. National sites such as rover.com connect dog lovers who are willing to board dogs in their homes instead of traditional kennels. And there are more microfocused networking sites, such as goodnightlucky.com, which serves Long Island in the metro New York area. Certainly, the absence of guidelines and licensing means that there will be more legwork – and risk – on your part. But self-policing, in the way of reviews from previous patrons, can go a long way toward making you feel comfortable.

THINK LOCALLY, ACT LOCALLY

While it's easy to sink into a "why bother" attitude about the bureaucracy that can stymie even the most dedicated holistic dog lover, Dr. Schoen sees the silver lining. "Crisis equals opportunity," he says. "It comes back to creativity and being local."

It's sometimes easy to forget, in the face of obstacles like the ones described in this story, that this was once the attitude about any kind of a holistic approach for our dogs – or ourselves, for that matter. Today, holism – the idea that one size doesn't fit all – is much more widespread and increasingly not just tolerated, but accepted. That kind of shift in the culture didn't come through copious sighs and hastily beaten retreats. It came through challenging the conventional wisdom.

As an example, Dr. Schoen points to the work of immunologist and veterinarian Jean Dodds, DVM, who for years has sounded the alarm against overvaccination. "Jean Dodds started a real revolution with a critical mass of dog breeders saying no – too many vaccines are not good," he says. "And there was a mass movement among dog breeders to recommend titer tests."

Those breeders in turn recommended Dodds' protocol to their puppy people, who in turn insisted on it with their veterinarians. Such a shift in the paradigm has to come from the grassroots, Dr. Schoen adds, because the corporate interests in veterinary medicine – as with much else in the world – present "an inherent conflict of interest."

"Corporations have taken over veterinary medicine – the education, the requirements, the guidelines," he continues. "The American Veterinary Medical Association is now saying veterinarians should not be recommending raw, yet what you see over and over again is how many commercial dog foods have been found contaminated with *Salmonella*. It seems to me some cognitive dissonance."



Many training facilities require all class participants to be "current" on vaccines. What this means to the business operator is highly variable.

Change comes from the grass roots. Dogshow breeders, for example, have rallied behind independent vaccine challenge trials to prove that current rabies vaccines may protect dogs for up to seven years.

With so much of veterinary research funded by corporations like pharmaceutical and dog-food companies, it is very unlikely that the issues they pay researchers to explore will be those that could potentially result in a loss of revenue for them. For example, what dog-food company is going to fund a study of Salmonella transmission by raw-fed dogs?

That said, it's possible to undertake that kind of study if progressive dog lovers and the groups that represent them are galvanized. Consider the rabies challenge trial organized by Dr. Dodds, vaccination reformer Kris Christine, and pathologist Dr. Ron Schultz of the University of Wisconsin School of Veterinary Medicine, who is the trial's principal investigator. No pharmaceutical company would rush to fund a vaccine trial to prove that its three-year rabies vaccine had a five- or seven-year duration of immunity: What's the opposite of cha-ching?

But the rabies trial – in its fifth year - is doing just that, paid for largely with private dollars, including donations from organizations that are overwhelmingly training, performance, and conformation dog clubs. [Editor's note: To help, see rabieschallengefund.org.]

What you can do ...

- Be aware that every decision you make regarding your dog's health has consequences.
- Educate yourself and others about the benefits of holistic practices, such as reduced vaccine schedules and homeprepared diets.
- Be ready to describe the precautions you take to ensure that your lightly vaccinated or raw-fed dog poses no risk to others.





Even with such grass-roots support, change doesn't come easy - and it isn't accomplished overnight. Dr. Mayer says she encounters "head-butting" between progressive-minded dog owners and businesses like boarding kennels on a daily basis. "However, there are more and more facilities that are stepping outside the box – ones that will accept a veterinarian's statement that a dog is healthy, or titer test results in lieu of vaccines," she says. Depending on your location, it might be helpful to seek out individually owned rather than franchised businesses where you can develop a relationship with the principals and work out a solution where you both feel comfortable.

DON'T GIVE IN TO FEAR

While no one wants their dog to be a Typhoid Rover, or to cause anyone else - human or canine - to develop disease, Dr. Schoen points out that reasonable thinking on this issue is often clouded by an unreasonable amount of fear.

"When you have a collective consciousness of fear, it pervades everything," he says. "We're looking for a guaranteed world. And there are never any guarantees with anything."

But if there is one thing that corporations always pay attention to, it is the bottom line. Whether you are choosing a boarding kennel or contemplating a significant bequest to a hospital, you can decide to make openness to alternative approaches your deal-breaker. "Take your money elsewhere," Dr. Schoen suggests, "and let them know why."

As for Rowley, she worries that the opportunities for Gunner and dogs like him will keep shrinking. Another friend with a raw-fed Golden Retriever has stopped her therapy-dog visits, too. "There is only one therapy dog left who is visiting at the hospital now," Rowley says.

Dr. Mayer sees a larger cultural crisis in the predicament Rowley and Gunner are experiencing: our almost obsessive focus with creating a germfree environment. In the case of severely immunocompromised individuals, this is understandable. But for everyone else, the war on bacteria - from the widespread use of everything from antibacterial wipes in the house to prophylactic antibiotics, in dogs as well as humans - has arguably made us less capable of defending ourselves against those organisms when we *do* encounter them. And, as the MRSA crisis shows, it can lead us to places that are worse than what we were originally trying to avoid.

Even in the face of this cultural shift, "people have options. They just need to talk and educate," Dr. Mayer concludes. "But it's always going to be a battle, because our society is becoming more and more aseptic. We grew up without having to wash our hands after touching a shopping cart, and we're still alive, right? Today, there's nothing to challenge us." Except, perhaps, the status quo itself. 🗳

Denise Flaim of Revodana Ridgebacks in Long Island, New York, shares her home with three Ridgebacks, three 9-year-old children, and a very patient husband. Her dogs have been raw-fed and minimally vaccinated for three generations.



📽 TRAINING AND BEHAVIOR 📽

Diabetic Alert Dogs

A natural (and sometimes life-saving) job for the scent-oriented canine.

BY MARDI RICHMOND, MA, CPDT-KA

Service dogs for people with diabetes are the "tattletales" of the dog world, according to Rita Martinez, co-author of a new book, *Training Your Diabetic Alert Dog.* The job for these special dogs is to notice a change in a person's blood glucose level, and then tell that person about it. If that person doesn't "listen" to the dog or isn't able to respond, then a diabetic alert dog may tell someone else!

No one knows this better than Sisi Belcher, whose dog Nicolina has sounded the alarm on more than a few occasions. Perhaps the most dramatic happened one time when Belcher was at work.

Nicolina had accompanied Belcher to her office, which was at the police department on a university campus. Keeping blood glucose in the proper range is a constant challenge for someone with Type 1 diabetes. If Belcher failed to respond to an alert or was having a problem, Nicolina had been known to go to Belcher's coworkers for help. On this particular day, however, Belcher was alone in the office when her blood glucose crashed. Nicolina likely looked for help from the usual coworkers, but when she couldn't find anyone, this resourceful dog took matters into her own paws. Nicolina traveled down the hallway of the building and ended up at a break room where a group of police officers were hanging out. The officers quickly assessed the situation: What was Nicolina doing there alone? Where was Belcher? They went to investigate, knowing something must be wrong. The police officers found Belcher unable to respond, but, thanks to Nicolina's efforts, they were able to call for medical assistance and Belcher received the help she needed.

Only Nicolina knows exactly what went through her mind that particular day, but it is evident that this diabetic alert dog was creative and resourceful, and took her job as a tattletale dog very seriously.

A DOG ON THE JOB

Fortunately, and in most cases, a diabetic alert dog (also called a DAD) can alert the person before outside medical intervention is needed. In fact, one of the advantages of living with a DAD is that they can often detect changes in blood glucose well before it registers on a blood glucose meter or continuous glucose monitor.

Martinez says that over the years, the experiences of people who are paired with a DAD show that dogs generally detect and alert to raises or drops in blood glucose 15 to 30 minutes before the changes show up on a meter. "That means [people with diabetes] can act on correcting their blood glucose level sooner, before it gets as far out of range," says Martinez. Treating glucose fluctuations sooner means better disease control and may help protect against the eye, brain, and kidney damage that is so often caused by diabetes. Most people who live with a DAD have improved management of their disease.

Dogs cannot replace the other interventions and support a person with diabetes must use, but a DAD does offer another option. Belcher notes that Nicolina has alerted her many times before the meter registered changes. As Belcher watches her dog, she says, "Just look at her nose. It is always going."

ALL ABOUT THE NOSE

Just how can a DAD beat out a glucose meter? Scientists are not entirely sure why, but when a person's blood glucose changes, it creates a specific scent or odor. This scent surrounds the person and is found in breath, saliva, and sweat. The change in scent is easily detected by a dog's amazing sense of smell, and with more than 220 million scent receptors (as opposed to the mere 5 million that people have) recognizing odor is a natural job for a dog. A diabetic alert dog, however, does more than just recognize the odor. A DAD is trained to provide a clear sign, called an alert, whenever the odor is present. He can show if glucose

DIABETES ALERT DOGS: ONE TYPE OF MEDICAL ALERT DOG

Many of the activities provided by a service dog involve fetching, finding items, and taking cues from the handler. For example, an assistance dog may be cued by the person to bring a set of keys or open a door. DADs and other types of medical alert dogs (MADs) are not listening to a person's request to do a behavior. These dogs take their cue from the environment.

A medical alert dog can provide alerts for any medical condition that has a chemistry or scent change. Here are a few of the medical conditions that MADs can detect and alert to.

- Seizures
- Some types of migraines
- Hypoglycemia
- ✓ Hypertension (to prevent strokes)
- Angioedema (rapid, life-threatening swelling)

is high or low, and most DADs are also trained to go find help if the person does not respond.

The protocol that Martinez uses and describes in *Training Your Diabetic Alert Dog* begins by teaching the dog the alert first, before any scent work is added into the training. Using clicker training methods, each dog is taught a specific



initial alert behavior (often a nose nudge for larger dogs or a soft pawing action for smaller dogs). Each dog is also taught two additional signals: one for high glucose and one for low glucose.

For example, a dog may nose-nudge the person's leg to indicate there is a scent change. This is the initial alert signal. Then the person being alerted can present a flat hand and the dog may nudge the hand upward for high glucose and downward for low glucose. Martinez recommends that the dog's handler choose alert and signal behaviors that a dog can easily do anywhere, at any time.

Once the alert and high and low signals are completely reliable and on a verbal cue, only then does the scent work begin. To teach the dog how to recognize the odor, a sample of saliva can be taken during a high or low glucose period. The samples can be kept in a freezer and brought out for training sessions. To start off, the dog is presented with the sample, and is rewarded when he recognizes the scent. Martinez calls this the imprinting step and says that dogs will generally learn to recognize the scent very quickly, over a few short sessions.

Sisi Belcher demonstrates the position her dog Nicolina uses to alert to a change in Belcher's blood glucose levels. Once the dog knows the alert behavior and has imprinted on the scent, then he is trained using an alert chain. The alert chain in training may look like:

Dog recognizes the scent; the person gives a verbal cue for the alert behavior; the dog performs the alert behavior; the person clicks and treats.

Quickly, the dog will begin to pair the scent as the cue for the alert behavior. The scent becomes the environmental cue for that behavior. The chain, once established, will transform to:

Dog recognizes the scent; the dog offers the alert without being asked; the person then clicks and treats.

Training, of course, does not stop here. DADs need to learn to offer the alert spontaneously, not just when they are "playing the game" and training cues are present. The high and low signals can be added to the chain. The dogs must learn to do the alert and signals in a variety of situations, such as in public and in a car. They must learn that alerting is important even when they are playing. They must learn to wake up and alert at night.

There are many steps to training a DAD to understand that giving the alert reliably and in every situation is what will earn them a reward. Martinez emphasizes that it is a labor-intensive process, and you need to take your time in order to have a dog who both loves his job and does it consistently and accurately.

DOG'S REWARD?

For the person, having a dog to help with disease management is an obvious reward. And, for the dog lover, getting to spend 24/7 with his or her dog is an added bonus.

But what about the dog? Being a DAD is hard work. DADs must be aware all of the time. They must sometimes leave something they are enjoying to offer an alert.

Like any dog, the reward is a critical part of the job. In order for a DAD to be reliable, the "paycheck" must be very valuable and it must be given generously. For Nicolina, that paycheck comes in the form of a hot dog.

"She will do anything for a hot dog," says Belcher.

But the paycheck is only one piece of what drives a DAD to do the job. Belcher and Martinez agree that the bond that forms between the handler and the dog is also part of the motivation puzzle. Both person and dog benefit from this tight relationship, and like any good relationship, it just grows stronger over time. But there is another piece that really makes this a special kind of work for a dog.

"These dogs love their job, they are thrilled they are able to do it," said Martinez. "A dog using his nose is one of the most natural things there is. For them to be able to do it, and have fun, and make someone happy – well, there is nothing better." But Martinez also emphasizes that this is not a job every dog will take to and you cannot force a dog to perform it.

"He has to want to do it," says Martinez. All dogs have the nose to be alert dogs, but for a really reliable DAD, the dog must also want to do it and enjoy doing it. Much the way a herder loves to move sheep, a DAD must love to recognize odor and play the alert game.

DIFFERENT FROM OTHER SCENTING DOGS

DADs and other medical alert dogs are recognizing scent, but they do so in a much different way than your typical search and rescue dog, law enforcement dog, or even a dog who enjoys the sport of nose work.

Searching for a missing person, a cadaver, drugs, or the birch oil used in the sport of nose work all involve the handler giving a cue first, and the dog searching for the scent second. Dogs that search know when they are on duty, and have plenty of time in their life when they are not on duty.

A DAD must be on the lookout for the scent at all times. The DAD must take initiative and announce (tattle) when the scent is present. They don't have the benefit of the handler saying: There is something for you to find here. Go look.

Another thing a DAD must do is to keep pushing, even if you dismiss or do not listen. They are trained to continue alerting until someone listens (and they are given their reward).

THE LIFE-SKILLS OF A GREAT DAD

The enthusiasm that makes for a great DAD is something that can be encouraged, but the dog has to possess the right personality traits to start with. Martinez says that the type of dog who does well as a DAD is alert enough to recognize the scent and act on it independently, without any prompts.

Like all service animals, a DAD who

is certified for public access must also have a comfort level with odd situations and be secure enough not to need to investigate new places, people, or animals.

A DAD has to be a dog who naturally walks that fine line between too much enthusiasm (some would call it drive) and not enough enthusiasm. A good DAD candidate is a thinking dog who feels confident when she needs to take initiative, but does so in a calm manner.

Nicolina, by all casual appearances, is a typical low-key yellow Lab. She kicks back, resting quietly at a coffee house. She can hang out with Belcher at work all day. She is comfortable with other animals and loves children. She travels through airports and is not fazed by the screening or security. But once she is on the scent, she becomes insistent and determined. And that balance of persistence and calm is what makes a DAD do her job well.

For example, when Nicolina smells or detects a change in Belcher's scent, she will sit in front of Belcher and stare intently. This is her first alert. If Belcher does not respond, Nicolina ups the ante to a nudge. If Belcher still does not respond, Nicolina will bark at her, and if there is still no response, Nicolina will calmly find Belcher's husband, coworker, or another helper.

FINDING A DAD

A DAD can be any type of dog, as long as he has the right personality for the job. A calm, friendly terrier or a Lab with enthusiasm will both enjoy the job of a DAD. You can start with a puppy but a well-socialized rescue dog with the right personality can be just as good a candidate. You can train a dog yourself, with the help of a qualified service dog trainer. Or you can choose to find a dog through a service dog program.

Getting a dog from a service dog program is a good option for some people. The program trains the dog first, and then trains you how to live with the dog. The advantages are that you get dogs that have a proven record of enjoying the job and that have been public access certified. The disadvantages are that there is often a long waiting list, there may be some restrictions regarding the placement of the dog, and the organization may retain ownership of the dog. Some organizations provide DADs free to a qualified person; but others charge a *lot* of money for a trained dog.

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FOR MORE INFORMATION

NATIONAL ORGANIZATIONS:

- INTERNATIONAL ASSOCIATION OF ASSISTANCE DOG PARTNERS: iaadp.org
- ASSISTANCE DOGS INTERNATIONAL assistancedogsinternational.org

PRIVATE SERVICE DOG TRAINING:

RITA MARTINEZ, CPDT-KA, OAKLEY, CA Medical alert dogs, hearing dogs, and assistance dogs. (926) 813-1715; clickincanines.com

Whether you want to get a dog from an organization or train one yourself with the help of a qualified service dog trainer, always do your due diligence. Check out the trainer or the organization carefully. Ask how long they have been doing it, look into their reputation (not just what they say on their website), and check references.

The advantages of working privately with a trainer include that you will have the opportunity to bond during the socialization and training phase, and you will learn from the process how to keep your dog's skills up. And a reputable service dog trainer will have the same stringent requirements and certification for public access that an organization should possess.

The disadvantage is that you won't have confirmation of your puppy or adult dog's aptitude until about four months into the process; will the dog you have really want to do this job? Martinez says that it can be difficult to find just the right dog, one who wants to do the job, but is also naturally relaxed. If your dog does not pass the "want to" test, or for some other reason is not the right dog for the job, will you be able, emotionally, to place her in a good home and start again?

Either way, getting a dog via a service organization or working with a private trainer to train your own dog, you will need to continue the foundation training throughout your dog's life. Belcher says that she and Nicolina practice the public access behaviors and alert behaviors every day, and they get recertified once a year.

LIVING WITH A DAD

Martinez says that living with a service dog is not for everyone. The DAD will become someone who accompanies you everywhere. They are not tools or servants, but life partners. They will also become someone whose needs are equal to your own as you go through your day. Living with a DAD will take your

time and energy and add another expense. Your entire family will be impacted. If you have other pets in the house, they will also be

affected. One of the most important requirements for living with a DAD is meeting his need to be a dog and engage in dog activities. For example, Belcher works hard to make sure that Nicolina has plenty of opportunity to enjoy life. Nicolina, says Belcher, is a fun-

loving and social dog. She enjoys greeting people, playing with her Wubba Wubba toy, chasing a Frisbee, and long walks.

Living with a DAD, Belcher says, will change your life dramatically. If you love dogs, the walking and playing will be enjoyable. For a person living with a DAD, the public access requirement may bring the biggest rewards and also some of the biggest challenges, says Belcher. You will become a walking billboard that says: *I have a medical problem*.

"Nicolina draws a lot of attention," says Belcher. "You have to be very patient with people." Belcher says when you live with a DAD, you have to be comfortable with strangers knowing there is a reason you need a service dog and asking questions about your medical condition and about your dog.

Belcher says she sometimes

feels like a public educator. She also acknowledges that there are rare times when she just doesn't want to talk with or educate strangers. But she's also had some wonderful conversations from interactions that some might consider an intrusion. She's been able to let other diabetics know about DADs as partners, and about some of the medical studies and treatments that she's participated in.

Martinez says that it is also not uncommon for a person who has a service dog to be discriminated against. It is illegal to prevent access to people with service dogs, but not all business owners and landlords know this. It is sometimes necessary for a person to insist on her right to public access. Being assertive and comfortable speaking up is helpful if you live with any type of service dog.

Martinez emphasizes that it is very

important to respect a person's right to have a dog to aid him or her with a disability. And, while most people who approach to talk with the person or pet the dog mean well, it is still an intrusion. It is important to be sensitive and not distract service dogs.

FIRST AND FOREMOST, DADS ARE DOGS

Martinez and Belcher both emphasize that having a dog will not fix your diabetes, or make you better. Dogs are not perfect. They make

mistakes or may miss a signal. Belcher is quick to point out that people also make mistakes and that the equipment used for checking and monitoring glucose is not perfect either.

It is about the teamwork. Belcher says, "I have my medical interventions, I have my husband, and I have my dog." A DAD is one part of the support team that can help a person with diabetes stay healthier. It is also a job that is naturally suited for some of our canine friends. *

Special thanks to Rita Martinez and Sisi Belcher for their contributions to this article.

Mardi Richmond, MA, CPDT-KA is a writer and trainer who is having a lot of fun learning about all types of scent work! She lives in Santa Cruz, California with her partner and a heeler-mix named Chance.



Colin, a diabetic alert dog who shares his life with Annette Markowitz, is alerting small dog style, with a distinct pawing action.

BOOK REVIEW: *TRAINING YOUR DIABETIC ALERT DOG*

By Rita Martinez, CPDT-KA, and Susan M. Barns, Ph.D.

Training Your Diabetic Alert Dog is a clear, easy-to-read resource for anyone training a dog to alert to changes in blood glucose levels. It offers some general information, such as what it is like to live with a service dog, advice on choosing the right dog, and how to find a qualified trainer. The majority of the book, however, gives stepby-step training protocols with just the right amount of information. It was hard to put the book down; I found it very compelling. I wanted to know: How do you train for alerts? How does a dog learn to recognize the scent? What does the dog need to learn to be able to do night alerts or car alerts?

The authors, Rita Martinez and Sue Barns, are among those who have pioneered diabetic alert dog (DAD) training and protocols. Along with assisting clients in training their dogs, Martinez is a frequent speaker with trainer groups and service dog organizations looking to learn more about training DADs. Barns is an experienced service dog trainer, and the founder of the Diabetic Alert Dog program at Assistance Dogs of the West.

With clicker training protocols throughout, the authors' positive methods match the positive tone of the book. They recommend that individuals with diabetes work with a qualified service dog trainer rather than try to train on their own. However, the training advice is so clear that even a novice trainer could follow the steps and practice the basics between sessions. And for the rest of us training enthusiasts, it is simply fascinating to learn the steps involved in training a medical alert dog.

One of the things I liked best about this book is the support it shows for the diabetic alert dog, or any service dog for that matter. While showing great sensitivity and respect for the needs of the person, this book is also clear that only a dog who enjoys the job should ever be doing this work. The authors emphasize partnership and appropriate job matches.

The book defines the most important qualities a dog must have to become a DAD. Among those are that a DAD must be easygoing, naturally resilient, and confident in all settings to be considered for public access partnership (the type of service

Training Your Diabetic Alert Dog



Rita Martinez, CPDT-KA Susan M. Barns, Ph.D.

dog that accompanies the person everywhere). The book also says that it is unfair to require a dog to be in situations where he is not comfortable. Although I would have loved to have seen even more on the actual training for public access, realistically that is beyond the scope of this focused book.

Martinez and Barns bring a combined 50 years experience in dog training – and it shows in *Training Your Diabetic Alert Dog*. They have written a book that shares their experience and provides a terrific resource for anyone wishing to learn more about the process of DAD training.

This book is available through createspace. com/4157849, as well as Amazon and other book retailers. – *Mardi Richmond*

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The Dog's Mind

An interview with a leading researcher into canine cognition.

BY PAT MILLER, CBCC-KA, CPDT-KA, CDBC

n the not-too-distant past, if you heard the word "dog" and "mind" in the same sentence, someone was probably talking about obedience, as in: "My dog minds pretty well." Or, "You'd better mind me, or else!" Today, if you hear those two words in relation to each other, you are at least as likely to be listening to someone talking about canine cognition – the fascinating possibility that dogs are far more able to process thoughts and grasp concepts than previously given credit for.

Only in the past 15 years has the domestic dog begun to be accepted as a study subject for behavioral research. Brian Hare, PhD, professor of evolutionary anthropology at Duke University, is one of the people who have legitimized the field, and I was thrilled to have the opportunity to interview him recently, on the occasion of the publication of his enlightening new book, *The Genius of Dogs: How Dogs are Smarter Than You Think* (Dutton, 2013). Dr. Hare opened the Duke Canine Cognition Center (DCCC) in the fall of 2009. With his wife and co-author Vanessa Woods (a research scientist at DCCC, as well as an award-winning journalist and author of *Bonobo Handshake*), Hare wrote the book to provide a comprehensive review of what they've been studying at the DCCC – everything about dog cognition or, as they call it, "dognition." Their goal was to bring historical and current information



about canine cognition to the general public.

The Genius of Dogs covers a lot of material. Dr. Hare writes about his own dog-related experiences, professional and personal, such as visiting Russian scientist Dmitrii Konstantinovich Belyaev's famous silver fox breeding compound in Novosibirsk, Siberia (Belyaev died in 1985, but others continue his work there); working with New Guinea Singing Dogs

at the New Guinea Singing Dog Conservation Society in Eugene, Oregon; and struggling with training challenges he encountered with his own dog, Milo, a probable Lab/Chow mix. It's a fascinating book, even given that other behavioral scientists have been critical of some of Hare's conclusions about canine cognition, accusing him of overreaching at least a little.

Hare was a delight to interview. He is wildly enthusiastic about his work and can only be described as effervescent when speaking about his book, the Dognition website, and canine cognition in general.

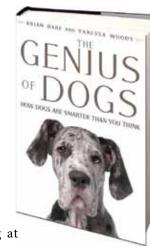
PAT MILLER: Your new book on canine cognition, *The Genius of Dogs*, co-written with your wife, Vanessa Woods, recently made the *New York Times* Best Seller list. Why did you write it?

DR. HARE: There were a few things we wanted to communicate:

1) Science is really excited about dogs. That's not always been the case.

2) There was not a book written that tried to do a historical review of the field of behavior aimed at the general public/dog-owning audience. We wanted to write that book and make the information accessible.

Dr. Brian Hare, of the Duke (University) Canine Cognitive Center, shares a moment with his Lab/Chow-mix, Milo.



3) We wanted to explain how scientists think about intelligence.

4) And we wanted to discuss how an evolutionary approach can help us understand our dogs – and ourselves.

MILLER: Thirty years ago, the words "canine" and "cognition" weren't often used in the same sentence. Why has that changed?

DR. HARE: Because a cognitive revolution has occurred, just in the last 10 to 15 years. What's going on in the minds of animals has become central to our understanding of psychology.

MILLER: You say that another cognitive limitation is that dogs do not understand what someone knows or doesn't know. How do we know that? Is it possible we may find out otherwise down the road, just as we once said animals didn't feel pain, couldn't use tools, didn't have emotions?

DR. HARE: It's absolutely possible. It's important to understand what science is: It is fun and powerful and you can be part of it (you don't have to have a PhD). It's also fluid. In part it's about discovering "truth" – and even more, it's about falsification of past conclusions. The entire thesis of this book could be wrong – and could be falsified by future studies. Science is eternally a work in progress.

MILLER: How is "understanding what an owner can see" (p. 245) different from "understanding what someone knows or doesn't know"? Is it about what the person knows in the present versus what the person knew in the past?

DR. HARE: That's a great question, and one that can keep cognition scientists engaged in long discussions. "Understanding what an owner can see" is, in a way, understanding the geometry of the situation – understanding what the human knows in the present. The dog can see how the human orients in relation to what the dog does.

"Knowledge" is much more complicated – it involves an understanding of what was known in the past. We don't currently think dogs can do this. We could be wrong.

CONCEPTS IN THE STUDY OF CANINE INTELLIGENCE

We tend to think of intelligence as that which can be measured by an IQ test. By that standard, our dogs fall low on the scale. But there are many different ways to measure a dog's capabilities. If dogs were to develop an IQ test it might well rely on the ability to find scent – in which case they would be brilliant and we would be the dullards!

INFERENCES: Having heard about Rico, the German Border Collie who learned the names of more than 200 objects, retired psychology professor John Pilley adopted an 8-week-old Border Collie pup and decided to see how many object names his dog could learn. Over a period of three years, Chaser learned the names of more than 1,000 different objects. Both Rico and Chaser, when asked to fetch an object they weren't familiar with, unerringly picked the one object in the group for which they hadn't learned the name. The dogs inferred that it must be the correct object, since they knew the names of all the others. Researchers tell us that this is similar to how children can learn the names of new objects.

Pilley took this research game with his dog one step further. Children are able to categorize objects. "Sock," for example, is not just one object that happens to be a sock, but rather is a category name for all sock-objects of different sizes, colors, shapes, and textures. When scientists suggested that babies could learn words as categories and dogs could not, Pilley took up the challenge. He taught Chaser that his toys were classified into different categories. Then he mixed toys from different categories, and asked Chaser



to fetch a category of toy. Chaser performed flawlessly.

SYMBOLS: Canine cognition doubters also suggested that if dogs truly learned words, they should also be able to learn symbols. If you show a child a replica of a toy, a child understands it is a representation of a real life thing. If you show a child the replica and ask him to go get the thing, he can do it. Could a dog? Dr. Juliane Kaminski, the scientist who did the original studies with Rico in 2004, pursued this question. She used



Rico and several other Border Collies, asking them to fetch toys in another room by showing them a replica of the toy, rather than using the name of the toy. Some of the replicas were the same size, some were miniatures. All of the dogs were successful at retrieving the correct object after being shown the replica. Rico and one other dog were even able to retrieve the correct toy when they were just shown a photograph of the object.

This means dogs are able to grasp

concepts – the idea that something can symbolize something else. We can only wonder – and wait – to see what other incredible things the world of canine cognition science has yet to uncover about our dogs' intelligence. Or maybe you don't have to sit idly by and wait. You and your dog can participate! MILLER: You're kind of hard on trainers and behaviorism in the last part of your book. You relegate trainers to two categories, neither of which is very flattering: the "top dog" school and the "more is better" school. Is there not a third group that currently exists – trainers who meld the work of Pavlov and Skinner with an interest in and awareness of dogs' cognitive abilities? What role does behaviorism play, if any, in your vision of the perfect approach to dog training?

DR. HARE: It was not my intent to be harsh toward trainers, and I apologize if that's how we came across. I have great respect for trainers; I'm a pitiful trainer!

The goal was to say "Let's look at these two schools of thought, and let's look at what's in the literature about them. And in fact, there's not much about dog training in the scientific literature. It's an opportunity that begs for attention.

I actually do think trainers are using a cognitive approach - because they use terms like "the dog knows," and "the dog wants to perform.' Those are terms of cognition, not behaviorism. But trainers haven't had access to the literature. In academia, behaviorism says operant and classical conditioning are the only approach to canine learning. There's no room for cognition in behaviorism. And it's not that operant and classical conditioning don't work - of course they do. It's just that they are one kind of intelligence and learning – one kind of many occurring in the dog's mind. I think trainers know this. It's perhaps just a miscommunication about definitions.

MILLER: What's your opinion of what you call the "top dog" or "alpha" approach to dog training?

DR. HARE: Again, I'm not a trainer, but let's look at the science. Is the rationale behind the alpha approach to training backed up by good science? There is not good evidence in the literature, and it doesn't make much sense. In fact, the alpha thing is based on a big mistake: using wolves as a model for dog behavior.

It's easy to get befuddled by evolution. Dogs are descended from wolves, therefore dogs are like wolves. In some ways, this is correct. But it's also correct that dogs are a different species than wolves, and therefore they are not like wolves.

In fact, a much better model for dog behavior is the behavior of thriving packs of feral dogs. The feral dog social system is nothing like that of wolves: there is no alpha pair, no reproductive suppression, no infanticide, no fatal aggression over territory. In fact there is very little

> aggression in feral dog packs; the leader is simply the dog with the

greatest number of affiliative relationships – the dog with the most friends.

There is one caveat – a significant difference between feral dogs and our dogs. In an established feral pack, over generations the dogs all end up being of similar size (a medium size) at maturity. The similarity in size helps to minimize aggression. We have such a huge variation in size in our companion dogs, so we do see significant aggression, both in our homes as well as places like dog parks.

MILLER: You talk about the dog's ability to "learn how to learn" as a part of cognitive training. How does this differ from what modern trainers call "learning how to learn" as a part of positive reinforcement-based training?

> DR. HARE: It probably doesn't. It's just an acknowledgement – one that many trainers seem to be aware of

CANINE COGNITION: A NEWLY POPULAR FIELD OF STUDY

Dr. Hare is not the first nor the only researcher working to bring attention to the cognitive abilities of the canine mind. Even the facility he founded, the Duke (University) Canine Cognition Center is not unique; similar facilities now operate at Harvard, Barnard College, the University of Florida, and many other places; in fact, you can find them all across the U.S. and Europe.

- ✓ In her 2010 book *Inside of a Dog: What Dogs See, Smell and Know,* cognitive scientist Dr. Alexandra Horowitz, who runs the canine cognition lab at Barnard College, addresses the workings of the canine brain.
- ✓ Dr. Marc Beckoff, professor emeritus of ecology and evolutionary biology at the University of Colorado, Boulder, touched on the subject back in 2002 in his book *Minding Animals; Awareness, Emotions and Heart* (this book is mostly about wild animals), and has written extensively about canine ethics, emotion, and intelligence over the past decade. In a July 19, 2010 post on his "Animal Emotions" blog on PsychologyToday.com, Beckoff ascribes to dogs the quality of metacognition: the ability to know what someone else knows, a concept that was long held to be a prerogative of the human brain.
- Dr. Marc Hauser, an evolutionary biologist and a researcher in primate behavior, animal cognition, and human behavior, was a Harvard University professor from 1992 to 2011, regarded as "a leader in the field of animal and human cognition". In 2011, the university found him guilty of scientific misconduct (fabricating and manipulating research data in some monkey studies) and he resigned. Reportedly, he now works with at-risk youth.

and are making use of – that canine learning goes beyond the behaviorism interpretation of simply learning and solving the same problem over and over again. Rather, dogs, through learning and experience, possess a learning set; they can actually form a concept and apply it to new problems. That's cognition. The idea would make Skinner roll over in his grave.

MILLER: You say (on page 246) "When an experimenter shows where food has been hidden but then points at another location, dogs do not search for the food they saw but instead go to where the human pointed." I did the Dognition games yesterday with my Corgi, Lucy, and she went for the food she had seen 100 percent of the time, rather than where I pointed. Can you explain?

DR. HARE: Studies involving dogs utilize a small sample size – usually fewer than 30 dogs. We develop group statistics based on this sample and then try to apply our conclusions to the whole population.

It doesn't necessarily mean they all do it. So if, in our study, 60 percent of the dogs go to where the human pointed, we say that's what dogs generally do, even though 40 percent of the dogs did something else. Some dogs, like your Lucy, rely on their own memory (knowledge) more than they rely on signals from their humans.

MILLER: You've also recently launched the online service "Dognition." Can you describe what is offered at Dognition? Why did you create it?

DR. HARE: As a scientist, I'm excited about outreach – communicating to people that science is fun and powerful, and they can participate in

it. I see it as a service: to give people a fantastic experience and the opportunity to gain more information and better explanations about their dogs' behaviors, to help them see and understand things about their dogs, and to enhance their relationships with their dogs.

Of course, we're seeking to make discoveries about dogs, and to have fellow dog lovers participate in making those discoveries. We are also working

DOGNITION AND "CITIZEN SCIENCE"

As part of his ongoing work on canine cognition, Hare and his colleagues have created a website (dognition.com) that invites – nay, begs for! – public participation. Using suggestions on dognition.com, you and your dog have fun playing cognition games together. You learn more about your dog, *and* your results are compiled as data for current and future studies.

According to the website, "A key aspect of the Dognition methodology is our use of Citizen Science – research that can be conducted by everyone, not just people with PhDs. By gathering this data we can begin to understand more about all dogs, much more quickly and on a broader scale than if scientists had to conduct this research themselves." Citizen science. I love it!

In preparation for my interview with Dr. Hare, I worked through the Dognition Toolkit games with my 9-year-old Cardigan Welsh Corgi, Lucy. It was fun – and a little stressful (for example, when I had to set her up to "disobey" her "Leave it" cue). I was bemused to discover in one of the games that Lucy does not do what the majority of dogs do: Rather than going to the empty upside-down cup I point to, she consistently goes to the upside-down cup on the opposite side, where she saw me hide the treat ... meaning she relies on her own observation more than she relies on me indicating where the treat might be. Isn't that just like a herding dog?

I recently paid the membership fee to join Dognition for a year. I admit I initially balked at the idea of paying to play, but I really am enchanted by the idea of citizen



Pat Miller's Corgi, Lucy, finished all the testing in the Dognition Toolkit, and was then described as an "Ace"type (in terms of canine cognition): "An accomplished problem solver with great communication skills, an Ace has everything that makes dogs special, and a little more besides."

to be good canine citizens; we're offering Dognition memberships to shelters for free, to give them another tool for working with the dogs in their care.

We also plan to fund more behavioral research, and look forward to working with trainers to develop an even more cognitive approach to dog training. We really would like to see the application of our research – to help trainers see things about dogs they wouldn't see otherwise. science, and the curious part of me couldn't resist the opportunity to see some of the results. And hey, Lucy and I get to be a part of making cognition history. How could we resist that? Maybe we'll see you there.

Our ultimate goal is to see a quantum leap forward in our ability to help dogs.

We're already happy with what we're seeing on the site. It's very rewarding to see the many comments like, "I had no idea my dog was capable of doing that!"

Subscribers to Dognition will receive a new game every month to play with their dogs. They will be the first to see new discoveries in our work with canine cognition, and have access to scientists' comments and scientific content.

The punch line for Dognition – it's a place where you can play fun games with your dogs. "Just like we feed their stomachs, we need to feed their minds." Dognition can help people understand that.

Pat Miller, CBCC-KA, CPDT-KA, CDBC, is WDJ's Training Editor. She lives in Fairplay, Maryland, site of her Peaceable Paws training center, where she offers dog training classes and courses for trainers. See page 24 for information about Pat's books and academies for trainers.

📽 LETTERS AND CORRECTIONS 📽

am writing to express my concern at seeing the photograph on the cover of the April 2013 Whole Dog Journal that depicts a man running with a dog who is wearing a restrictive harness. As a specialist in canine sports medicine, I have significant concerns about the use of harnesses that wrap around the front of dog's forelegs, particularly in circumstances like



Don't use this type of harness for exercising your dog, says Dr. Zink.

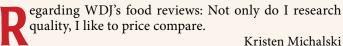
this, where a dog is exercising using a gait that requires forelimb extension.

I have studied the effect of restrictive harnesses using a wellvalidated gait analysis system and demonstrated that there are significant alterations in a dog's gait (both the amount of forward extension of the legs and even the amount of weight borne on the front legs) when wearing the harness, even without a leash attached.

I would hope that Whole Dog Journal, which has been a leader in so many areas of dog care, would be a leader in canine sports medicine as well. I hope that you will consider correcting the record by publishing a photograph of a dog with a non-restrictive

harness and providing an explanation of why the use of such a harness is important, particularly in dogs who are exercising. M. Christine Zink, DVM, PhD; Diplomate, American College of Veterinary Pathologists; ACVP, Diplomate, American College of Veterinary Sports Medicine and Rehabilitation Baltimore, MD

We will be interested to see research on this topic, as well as learn more about what sort of harnesses don't present risk of injury to exercising dogs.



Via email

Kristen, we do, too. We don't report on the prices of the food in our reviews for several reasons. The first is that the prices vary so widely from store to store and geographic region to region. The prices I pay here in California tend to be quite high!

Also, cost is relative. If an owner is accustomed to buying Ol' Roy, for \$10 per 30 pounds on sale at Walmart, they may well regard a \$30/30-pound bag of food as wickedly expensive – while other owners are ready and willing to pay \$70 for the same-sized bag of super high-end stuff. We know that not everyone can afford the best stuff on the shelves. We prefer to let consumers find a food that meets their own criteria for price and availability. truly appreciate what you have done to educate me about dog food. I believe I can now make much more informed decisions. I just read the criticism in the Letters column in the March issue. It would wear on me to have yahoos criticizing my well-balanced, objective work. Please know those of us who value your contributions vastly outnumber the sourpusses. We just don't get motivated to write as often. Doug Bell Via email

Thank you! I do really appreciate hearing positive feedback! The only problem is, sometimes the sourpusses (sourpie?) have legitimate criticism or concerns. When they do, I genuinely appreciate that, too, even if it's not very nice.

That said, I often wonder why people who are concerned about whether a company ever had a recall, or who equate corn, wheat, or soy with poison, or who don't like any companies that are "too big," would even consider feeding any dry food to their dogs. Even the best dry foods are not the healthiest diet, after all; no processed food can compete with fresh foods.

have a problem that you push extra-cost publications and don't put information on such subjects as flea control in the Whole Dog Journal. I may consider letting my subscription lapse.

> Robert Anderson Via email

I'm sorry we haven't had an article on flea control in WDJ lately; I think you are correct in observing that a new one is overdue, and we'll get something rolling. In the meantime, remember that all of our back articles are available for no charge to current subscribers on our website. If you are a current subscriber, all you need to do is register a user name and password on the site. Have a current issue with the address label at hand; you will be asked for your subscriber number.

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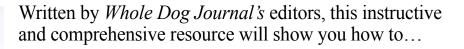
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The biggest mistake owners make when crate training (p. 71)

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- The safest place to store dry dog food (p. 176)
- The easy fix for boredom barking (p. 41)
- The simple test that could save your dog from unnecessary vaccination (p. 248)
- A natural shampoo formula that can help keep your dog flea-free (p. 201)
- The taboo training technique that can cause aggression (p. 148)

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- Rita Martinez, CPDT-KA, Oakley, CA. Private service dog training, medical alert dogs, hearing dogs and assistance dogs. One on one environment, no regular group classes. Workshops on occasion. (926) 813-1715; clickincanines.com

HOLISTIC VETERINARIANS

American Holistic Veterinary Medical Association (AHVMA). PO Box 630, Abingdon, MD 21009. Send a self-addressed, stamped envelope for a list of holistic veterinarians in your area, or search ahyma.org

BOOKS AND DVDS

* WDJ Training Editor Pat Miller is author of Positive Perspectives: Love Your Dog, Train Your Dog; Positive Perspectives 2: Know Your Dog, Train Your Dog; Power of Positive Dog Training; Play With Your Dog; and Do Over Dogs: Give Your Dog a Second Chance at a *First Class Life*. Available from dogwise.com or wholedogjournal.com



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Thanks for your

WHAT'S AHEAD ...

*** PRESCRIPTION** FOODS

A look at the companies that make therapeutic diets for dogs with medical conditions.

*** PLAY A TRICK**

The benefits of training your dog to do tricks.

*** POOP EATER!**

Is there anything you can do about this loathesome canine habit?

*** AT YOUR SERVICE?**

What assistance dogs can do for people who need them and why, if they aren't a genuine service dog, they shouldn't be dressed like one.

*** DIABETIC** DOGS

How to manage this increasingly common health problem.

& EXHAUST YOUR DOG FROM THE COUCH

Suggestions for exercising your dog when you can't take a walk.