

The Whole Dog Journal™



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A monthly guide to natural dog care and training

DECEMBER 2015

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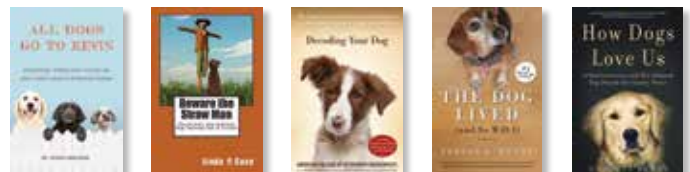
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Home for the Holidays?

Helping find loving homes for dogs is the most rewarding gift there is.

BY NANCY KERNS

I was looking for a photo for a highly fearful dog, to go with the article on page 16, Dr. Jessica Hekman's article on "The Neurochemistry of Fear." The most chronically fearful dog I've ever laid hands on was one of my former foster dogs, a little American Cattle Dog-mix I called Diamond. I have *hundreds* of photos of that little lump of coal (diamond in the rough), because I fostered him for months – as did one of my good friends, trainer Sarah Richardson. We traded custody of the perennially afraid, formerly feral dog for nearly a year, but eventually, a shelter volunteer that I had trained overheard a couple at the shelter say they were looking for a Cattle Dog-type, and she thought of Diamond. She had helped me when Diamond was first brought into the shelter by animal control, and she fostered (and then adopted!) his less-feral younger brother from the same mother. She put the couple in touch with me, and somehow, they weren't scared off by Diamond's deep fear of the world, and they gave him a loving home. Ah, a photo search that recalls a happy ending!

That search took me through my digital folder of "foster dog" photos, and made me remember a few more foster dogs I had a hand in finding homes for. It also helped me realize that this has actually been a productive year in placing foster dogs – which is a little bizarre, because 2015 has *also* been a trial for me and my family. I lost a beloved brother to cancer. I lost another close relative to drug abuse, and though this relative isn't dead, his addiction has him on the street and out of touch. My husband and I are helping raise this person's toddler son. It's felt like one crisis after another.

And yet, this small thing, looking for a photo of a dog I helped three years ago, took me into a folder where I saw photos of other dogs I helped *this* year – this "terrible, horrible, no good, very bad" year.

There was Val, a Greyhound-mix I pulled from the shelter and placed with one of my son's coworkers on Valentine's Day. She goes to work every day with her owner, my son, and my son's dog (also pulled from this shelter, a year prior!).

In May, I needed a photo of a tiny puppy for an article. I messaged the vet tech at my

local shelter, and she confirmed they had a mama dog with a tiny puppy that I could photograph. I couldn't stand to see the little mother so stressed, trying to raise her teeny single pup in a cage at the shelter, and brought them home. The girlfriend of one of my husband's friends saw the puppy's photo on my Facebook page, and now the puppy has a wonderful home – and I get to admire photos of her on my new friend's Facebook page!

The mama took months longer to place; like Diamond, she was very afraid of people. When I traveled to Nebraska in September to visit the Nature's Variety production facilities (article about that coming soon), my sister dog-sat "Mommy" for me – and fell in love! Another dog placed.

Keeping an eye out for a suitable dog for another one of my son's coworkers, I pulled a nice hound from the shelter. She didn't work out for him, but I placed her with my sister-in-law's next-door neighbor! And found my son's friend a nice little Aussie instead!

Five dogs who needed help, stayed with me a while, and found nice homes – thinking about them, I just realized how much they helped me, too.

NK



🐾 PRODUCT REVIEW 🐾

Good Dog Books

Cold outside? Try curling up with a warm dog and a good book – we recommend these!

BY CJ PUOTINEN

Cats may rule the Internet, but in the world of book publishing, dogs are in charge. With more than 150,000 dog-related titles on Amazon.com, it can be hard to decide what to read. Even the discriminating website Dogwise.com offers nearly 500 choices. If we had limitless time and funds, we could spend months, even years, reading nothing but dog stories. But time is short and every purchase an investment, so here's an overview of recommended dog-related books published since 2010. Titles are listed alphabetically.

***All Dogs Go to Kevin:
Everything Three Dogs Taught Me
(That I Didn't Learn in Veterinary School)***
by Jessica Vogelsang, DVM
Grand Central Publishing, 2015
Hardcover, 336 pages, \$26

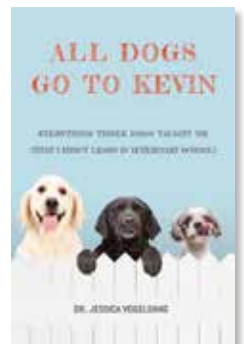
Dr. Jessica Vogelsang's memoir of her life with dogs, from childhood through

vet school to motherhood and a busy professional life, entertains and informs. The dogs are Taffy, the fierce Lhasa Apso of her childhood; Emmett, a goofy Golden Retriever who was her best-ever dog; and Kekoa, the elderly Labrador she adopted after Emmett died. All three were problem dogs and the chaos they created made us laugh out loud.

Emmett found his forever home after a client (one of several problem-causing owners who arrive at the clinic in these pages) brought him in at age 2 to be euthanized because of poorly managed flea-bite dermatitis. His behavior was poorly managed, too. Oddly shaped, sad-sack, unadoptable Kekoa looked so defeated at the shelter that Vogelsang took her out of pity and then had to deal with her incredibly vocal separation anxiety (indistinguishable from alarms and sirens), destructive pantry-raiding, flatulence, and growing incontinence. But all three dogs were worth the effort, and Vogelsang developed strategies that made their lives rewarding for all.

Vogelsang's dogs helped her deal with elementary school bullies, postpartum depression, child-raising, exhausting clients, and life. We meet her resourceful husband, Brian, and their kids. Then there's her husband's closest friend, who is in the title because when Vogelsang explained to her two-year-old son that beloved Emmett had gone to heaven, he thought she said he'd gone to Kevin.

It's been 40 years since James Herriot published *All Creatures Great and Small* and other veterinary adventures, and he's been missed. While Vogelsang's focus is different, she brings her patients to life with similar skill. Anyone interested in becoming a veterinarian (she describes her education) or managing a veterinary clinic (never an easy task) will appreciate her perspective. Vogelsang's dogs are more than her family's companions – they are (for a while, anyway) ours as well.



***Beware the Straw Man:
The Science Dog Explores Dog Training
Fact and Fiction***
by Linda P. Case
CreateSpace Independent Publishing, 2014
Paperback, 190 pages, \$17

Linda Case, who writes “The Science Dog” blog (thesciencedog.wordpress.com) and occasionally contributes to WDJ, takes a critical look at beliefs about dog behavior and training.

In science and philosophy, a “straw

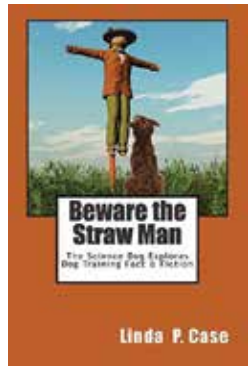
man” is a logical fallacy, an argument based on a misrepresentation of a theory or proposition. As Case observes, politicians can be masters at engaging in straw man arguments, which, she writes, “in addition to being logically invalid, function to keep people from paying attention to the evidence.” Her goal is to help readers make sense of canine research and apply its findings to real life.

In 32 chapters, Case examines science, behavior, training, and the relationships dogs have with humans. One section examines the effectiveness of dog-bite prevention programs and finds that parental behavior is a key factor.

(The chapter ends with an “Up on My Soapbox” description of appropriate child/dog/parent interactions.) Another examines the effect that music has on dogs. Studied dogs tended to sleep more when exposed to classical music than when exposed to heavy metal, commercial relaxation music, or no music. Conventionally recorded classical music outperformed “psychoacoustically arranged” music marketed for pet use.

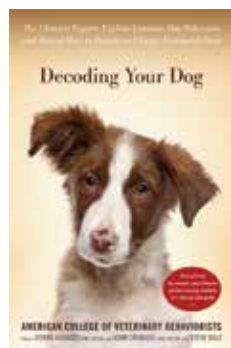
A study of dogs who licked everything found that compulsive lickers were likely to have undiagnosed gastrointestinal (GI) disorders, and most stopped licking when those disorders were treated. (In other words, incessant licking may not be a *behavioral* problem.) Another study found that GI treatment also helped dogs who engaged in fly snapping (biting at imaginary flies), which is often considered a behavioral problem, a form of epilepsy, or OCD.

Beware the Straw Man will appeal to science fans and those who recognize themselves or their dogs in the examples Case sites.



American College of Veterinary Behaviorists. As dog trainer and TV host Victoria Stilwell (“It’s Me or the Dog”) explains in the foreword, “The debate about training methods is over, and positive, force-free, reward-based training has been validated as the most effective, long-lasting, and humane choice by an outstanding scientific behavioral community that is made up in part of the very people who have contributed to this book.”

Chapters include learning to “speak dog,” how to select your new best friend, understanding how dogs learn, housetraining made easy, safe and humane training tools, getting the most out of training classes, fixing common nuisance-behavior problems, combining kids and dogs, how to keep your dog mentally active, understanding canine aggression, separation anxiety, sound phobias, OCD behaviors, and more.



This book addresses common behaviors that are considered

problematic by many owners with up-to-date recommendations and strategies. The chapter includes a glossary of terms (intermittent reinforcement, reinforcers, dominance, attention-seeking, mental and physical stimulation) and then reviews the facts (“Is That Really True?”).

Then come management techniques, consistent training interactions, training solutions, and physical and mental stimulation to improve just about any annoying behavior. Helpful tables, photos, training schedules, and detailed reviews complete the chapter.

A project this ambitious, with so many authors, is bound to result in some repetition, but the book is well edited and offers useful solutions for readers at all levels of training experience. An index would have been helpful, but the book is easy to navigate. It will be most useful for those new to dogs, getting a new dog, or looking for solutions to problem behaviors.

(Note that a hardcover version of the book was published by Houghton Mifflin Harcourt in 2014.)

**The Dog Lived (and So Will I):
The Poignant, Honest, Hilarious Memoir
of a Cancer Survivor**
by Teresa Rhyne
Sourcebooks, 2012
Paperback, 288 pages, \$15

Animals rescue their human companions from broken lives, broken relationships, and broken health all the time, but only a few of their stories go to #1 on the *New York Times* and *Wall Street Journal* best-seller lists. This one did.

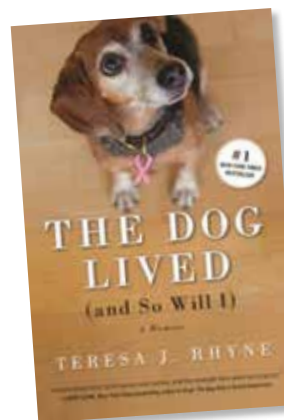
When attorney and Beagle-lover Teresa Rhyne opened a law office and settled down with a new dog and new man, all seemed well – until Seamus, the Beagle, was diagnosed with an aggressive cancer, underwent surgery and chemotherapy, and developed behavioral problems. Then Rhyne discovered her own lump.

The details of overlapping canine and human cancer treatments, especially when both patients are assertive Type A personalities, would be overwhelming if it weren’t for Rhyne’s humor and writing skill. Her younger, working-class, supportive boyfriend, Chris, is as important as Seamus in this funny but serious memoir.

Rhyne eventually realized that she had won an important prize, the prize of choosing the right things in life, surviving, and living in the moment. She writes, “Seamus had taught me this before. I needed to remember the very important lesson: sometimes you just need to focus on the cookies.”

An update from the author’s website, teresarhyne.com: “Our very beloved and diabolically cute Seamus passed away on March 19, 2013. We were beyond devastated but have taken comfort in seeing his story travel the world as *The Dog Lived (and So Will I)* has been

translated into six languages. His legacy lives on, helping and humoring others, and that makes us happy. He touched so many lives and was truly one of a kind.”



Decoding Your Dog:
The Ultimate Experts Explain Common Dog Behaviors and Reveal How to Prevent Or Change Unwanted Ones
by American College of Veterinary Behaviorists
Mariner Books, 2015
Paperback, 384 pages, \$16

This book is a community project, a collection of essays by members of the

**How Dogs Love Us:
A Neuroscientist and His Adopted Dog
Decode the Canine Brain**

by Gregory Berns
New Harvest, 2013
Hardcover, 272 pages, \$25

Mention animal research and most of us cringe. But Emory University neuroscientist Gregory Berns, MD, PhD, designed studies that challenged and amused his canine subjects, gaining their enthusiastic cooperation while amazing his colleagues and graduate students.

“Callie’s excitement was infectious,” he writes of his shy, skinny Terrier-mix. “Everyone in the lab wanted to see the experiment we were about to perform, mostly because nobody thought it would work. Could we really scan a dog’s brain to figure out what it was thinking?”

Training Callie to climb into a Magnetic Resonance Imaging (MRI) machine took time, hot dogs, ingenuity, and patience. Berns presents a model of what animal research can and should be like. His dogs were never punished or forced to do something they didn’t want to do. He designed head cradles to hold

their heads steady, but it was the dogs who put themselves in position and were rewarded for holding still.

He also dealt with the university’s risk-management lawyers, safety regulations, liability concerns, and regulatory compliance issues, all of which were complicated by his insistence on using community-owned dogs (that is, pets rather than dogs bred for research) and on having his subject’s owners sign a consent form. “Ever since I started running a research laboratory,” he writes, “I have operated under a simple ethical principle: Do not do any experiments that you wouldn’t be willing to do on yourself or a loved one.”

As the Dog Project continued, Berns realized that his ability to communicate with Callie had completely changed. She was always a mystery to him but now, after hours of gazing into her eyes as she figured out the brain scan business, he felt so connected that he seemed almost able to read her mind. His descriptions of this connection are among the book’s most exciting.

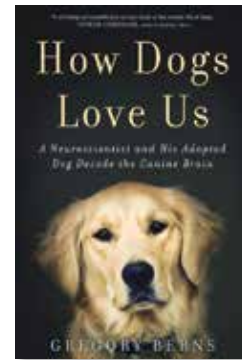
The Dog Project eventually expanded from Berns’s own dogs to other subjects, selected through tryouts that tested dog/human teams for their ability to learn new tasks, like entering the MRI and wearing earmuffs. Having glimpsed the inner workings of the canine mind, his goal is to continue answering important questions like: Do dogs miss us when we’re gone? Do dogs bond more with other dogs or humans? Do dogs feel empathy?

Notice that Berns never asks whether dogs can think. That old debate has long been put to rest, but if any behind-the-times scientist doubts the claim that dogs do think and that their brains work much

like ours, *How Dogs Love Us* offers detailed evidence.

For updates, visit gregoryberns.com. 🐾

CJ Puotinen, author of The Encyclopedia of Natural Pet Care and other books, is a long-time contributor to WDJ. She lives in Montana.



DOG DAYS— All Year Long!

For a dog lover, this is the perfect calendar! Not only will you meet a dozen of the most winsome, lively calendar canines we could find, but also, each month you’ll get timely, pertinent guidance for keeping your own dog healthy and happy throughout the year. Each month is introduced with tips for everything from heartworm prevention to the importance of proper ID for your dog.

WDJ’s 2016 Calendar is generously sized to make it easy for you to fill in birthdays, anniversaries, vet appointments, and all the dates you need to remember.

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What Does Your Dog Really Know?

Advanced training concepts: “Generalizing” behaviors and training them to “fluency.”

BY STEPHANIE COLMAN

What’s your definition of a “well-trained dog?” For many people, a well-trained dog is one who knows how to perform a variety of behaviors. However, there are many dogs who will sit, lie down, stay, heel, and show off a few fun parlor tricks at home – but who look completely perplexed when asked to perform the same behaviors at an outdoor café, while visiting relatives or friends, or perhaps even when entering the ring at a dog show!

If you’ve ever found yourself saying, “But he does it at home!” while wondering why your dog fails to respond correctly when working in a new environment, you have acknowledged that your dog

has not yet generalized the behavior to all contexts, and lacks fluency.

In dog training, generalization means that your dog can apply a concept to many situations; he knows that “Sit!”

means he should sit whether he’s home, on a loud, crowded sidewalk in the rain, or in a grassy park with squirrels chattering in the trees. Fluency means the dog performs the desired behavior correctly, smoothly, and without hesitation.

When we train a behavior, we often do so with the unspoken expectation that the dog will perform the behavior anywhere, anytime, so long as the correct cue is given. It’s important to understand generalization and fluency because a dog’s failure to perform is often seen as the dog’s *deliberate choice* to not comply. In reality, the dog’s lack of compliance usually means he doesn’t know the behavior to the extent you believe he does. That’s a training problem; the behavior wasn’t generalized and taught to fluency.

As a trainer, my definition of “well trained” has less to do with *how many* behaviors my dog knows; it’s much more about whether he can correctly perform these behaviors in many unique circumstances, a feat that is necessary for him to live harmoniously within my lifestyle.

OUT OF CONTEXT

Dogs have dozens of wonderful qualities, but unfortunately, an ability to quickly generalize is not one of them. Dogs are contextual creatures. Learning to sit for three seconds in the kitchen when the house is quiet is not the same as sitting in a crowded outdoor shopping center. When dogs fail to comply in new settings or in the face of distractions, they aren’t being stubborn, willful, or dominant, as many people believe. In reality, they are struggling to meet the demands placed upon them in that moment, and they need our help to become successful.

In order for a dog to truly *know* a behavior, we must take the time to specifically train for the many types of situations we are likely to encounter with our dogs. It’s not just about *more* practice – it’s about *strategic* practice. Taking the time to train a behavior to fluency helps ensure that the behavior works whenever and wherever you need it. It’s the difference between a dog who can come when called when you leave him in a sit, walk away, and call him, and a dog who can still come when called while in the middle of chasing a squirrel down your driveway toward traffic!



Can you spot the squirrel in the distance? Saber certainly can! As you identify especially challenging distractions for your dog, create a training plan to address them in ways that will foster success.

We typically practice with our dogs while standing up. Something as small as sitting down when asking for a behavior changes the picture, which can be challenging for our dogs, who are contextual learners.

The better your dog is able to respond to your cues, the less you are likely to be frustrated by his behavior. Even better, dogs who are reliable in their skills are more likely to be found accompanying their owners on adventures away from home. It's more fun to hit the town with a well-trained dog!

We typically associate fluency with language, but it's just as relevant to any acquired skill. Think about when you first learned to drive a car. You probably started in an empty parking lot or on a quiet road where you were unlikely to encounter other drivers; you needed to work in an area free from the distraction of other drivers. In the beginning, it took effort to remember each of the important steps that make up the behavior of "driving safely." You relied heavily on the guidance of a driving instructor. As your skill level and confidence increased, you practiced on busier roads, in different weather conditions, and maybe even behind the wheels of different cars. Over time, you became so well practiced in the art of safe driving that it now appears effortless. The skill of operating a car has become generalized and fluent.

The following are methods that help dogs generalize behaviors and become fluent.

■ **START BY CLEARLY DEFINING THE BEHAVIOR YOU WANT.**

When you teach a behavior, it's important to have a clear picture of what you want the finished behavior to look like. Does "heel" mean that your dog should match your pace and stay even with your left leg, or does "heel" mean your dog may stay anywhere on your left side so long as the leash stays loose? Does "on your spot" mean your dog should run directly to his mat and lie down with his entire body on the mat, or does it mean he should run to his mat and lie down with *most* of his body on the mat?

You should also have an idea of how quickly you want your dog to perform the behavior – both in terms of the time it takes the dog to start the behavior after you deliver the cue (latency), and the time it takes to perform the behavior from start to finish (speed).



There are no right or wrong answers. As the owner and trainer, you get to decide what's most important to you, but you do need to think about your overall expectations in order to develop a training plan to support them. If you don't have a clear idea of what you want, how will your dog know? Many of us begin training a behavior without clear expectations, only to suddenly decide the behavior we've been rewarding isn't really what we want.

For example, think of the "puppy sit." It's not uncommon to have clients ask how to get their now 8-month-old dog to sit square on his hips after months of rewarding the puppy for slouched sitting. To fix it, we have to stop rewarding "sloppy sits" and work to re-train the behavior. Ever have a boss criticize you for failing to follow a procedure change nobody bothered to tell you about? It's frustrating to be told you're wrong when you're doing exactly what was expected of you in the past. I suspect our dogs might agree.

■ **WEAN YOUR DOG OFF OF LURES AND PROMPTS.**

A critical step toward your dog's fluency is to get rid of common training aids such as food lures and assorted prompts as quickly as possible. If your dog lies down only when you say "down" and point to the floor with a cookie in your hand, he doesn't truly understand that the word "down," by itself, means he should move his body to the floor. If he turns to look at you only when you say his name while patting your leg as encouragement, he doesn't actually know that you want him to orient himself to you when he hears his name.

To eliminate your dog's dependency

on lures and prompts, try warming him up by asking for a behavior two or three times in a row, using the known lure or prompt. With this short pattern in place, quickly ask for the behavior again, but without the obvious food lure or prompt. When he's successful (which is likely, due to the patterned warm-up), surprise him with a celebratory jackpot. This is an important step toward weaning your dog off of the lures and prompts, teaching him to show up for work by responding to cues in order to earn food rewards versus food and prompts as training wheels that help create behavior.

■ **BE CLEAR AND CONSISTENT WITH YOUR CUES.**

It's important to be mindful of how you taught a behavior, and what part of your cue might be most salient to your dog. For example, many people teach "down" by saying the word while luring the dog into position with a treat. Next, the dog learns to follow the same hand signal (pointing to the floor) without needing a treat on his nose. In this case, even though you say "down," food on your dog's nose, and later, the same hand that once held food, is likely the most noticeable piece of information, not the word, "down."

If your goal is for your dog to lie down with only a verbal cue, don't use verbal and physical cues simultaneously. Be sure to say the word "down" before you begin bending or pointing toward the floor. Allow your dog a brief moment (one second) to hear and consider the newer (to him) verbal cue, and then, if he doesn't respond, follow the verbal cue with the physical cue that he understands. Soon, he will realize that the verbal cue consistently predicts the physical cue and

will perform the behavior upon hearing the verbal cue alone.

It's also important to be consistent with the delivery of your cues. If your verbal cue for sit is "sit," be careful to not say, "sit down," when asking your dog to perform the behavior. If your gestural cue for your dog to lift his left paw to "shake" is the presentation of your right hand, don't be surprised if he struggles to perform correctly when you suddenly reach across your body with your left hand. These may seem like subtle differences, but they can easily create confusion in dogs, who are supreme masters when it comes to recognizing body language.

■ MAKE TRAINING A WAY OF LIFE.

Positive reinforcement training is all about teaching a dog that desired behavior brings rewards. We often use food treats as rewards, but we must be careful to avoid creating a dog who wants to work only when he sees that you have food, or has good reason to believe that you *might* have food. It's great to have formal practice sessions where it's completely obvious you are training the dog – you have your treat pouch, maybe he's on leash, and you're working in your usual training area. But it's also important to make training a way of life to help your dog understand what's expected of him all the time, not just when the overall picture looks like training.

To accomplish this, be aware of your dog's behavior throughout the day and "catch him in the act" of being good. Consider stashing a portion of his daily kibble in one or two plastic cups around the house and randomly toss him a piece when he offers a behavior you'd like to see more of. This takes some of the formality out of training, gives him

many opportunities for practice that support eventual fluency, and helps your dog realize there's *always* an opportunity for reinforcement.

Using "life rewards" (such as opening a door to let the dog out, throwing a favorite toy to fetch, attaching a leash for a walk, or inviting the dog to join you on the sofa) is another meaningful way to reinforce a dog for correct behavior away from a formal training session. It also helps us develop a long list of ways to reinforce our dogs besides just treats.

In many cases, the potential life reward is, in that moment, even more valuable to the dog than an offered cookie. Ever see a dog refuse a treat, or take it and then spit it out as he sits transfixed by a squirrel? For that dog, getting the "Okay!" to race out the door and chase the squirrel across the yard after he sits when asked is way more powerful than an offered cookie.

■ SYSTEMATICALLY GENERALIZE THE BEHAVIOR.

An important part of achieving fluency with a behavior is to help your dog *generalize* the behavior as needed. Just as you get to decide what the finished behavior should look like, you also get to decide under what conditions you need the behavior to hold up.

Will you ask your dog to perform the behavior in the presence of distractions? What kind? Will the dog need to perform the behavior at a distance from you? How long will he be expected to perform the behavior? Do you need the behavior only at home, or in a variety of locations? Do you prefer that the dog respond to you alone, or do you need him to respond to the cue if it is delivered by other people?

You don't need to specifically train for every scenario you can imagine, but the more you train for, the greater his

generalization will be. The more time you invest in specifically training to help your dog generalize, the greater the odds that he will be successful when you suddenly encounter something different or unusual. Once, while I was leading a group of city dogs and their owners on a training walk through a mountain resort, I ran into a man walking a goat. None of the dogs had ever seen (or smelled!) a goat before, but we had previously worked sit-stays around so many different types of distractions, all of the dogs were able to successfully control themselves as the goat strolled by!

Training for generalization is like asking, "Can you do the desired behavior if: _?" Think about your lifestyle and your expectations, and make a list of the different ways you might pose the question to your dog. Then set out to teach your dog how to meet the different challenges. For example, your dog might be able to hold a down-stay on his spot if you're standing right next to him. But can he do it if:

- There's delicious food on the table? The cat saunters into the room? The kids are running nearby? The doorbell rings?
- Someone other than the primary trainer is working with him?
- You're at an outdoor café near a busy sidewalk and another dog walks past? What if the dog is barking? What if the dog is pulling somebody on a skateboard?

Don't be afraid to get creative and challenge your dog to perform under circumstances that seem unlikely. Can your dog sit if your back is to him when you ask? If you cover your face with your hands while delivering the cue? If you're standing in a chair? If you're lying on the ground?

He might need help at first – and that's okay! As you introduce new challenges, be mindful of your dog's emotional state. Meeting a new challenge should be a fun way to build confidence, not an overwhelming experience. Choose situations that your dog is realistically able to handle. As he works through a variety of challenges, he will realize he can perform successfully even when the training picture looks different from what he's most used to – like when you're asking him to sit at a busy sidewalk café versus sitting at home in the kitchen.

Although Linus can lie down with only a verbal cue when away from the pool, the water and toys have distracted him enough that he needs to see the hand signal in order to be successful. With practice, he can become just as solid on a verbal down, even near the pool!



■ BREAK THINGS DOWN.

It's important to break full behaviors into smaller pieces during training. Say your idea of a perfect stay is a dog who can maintain a sit for 10 minutes, while you stand 30 feet away as others run past your dog squeaking toys and bouncing tennis balls. It would not be fair to immediately set up such a scenario and expect him to work through it, especially if he's a relatively inexperienced dog. Instead, concentrate on one element of the behavior while lowering your expectations for the others. If you're asking him to stay for 3 minutes when he's used to shorter stays, don't practice this piece (duration) while you're also

standing far away or in a distracting environment.

Knowing the right time to raise criteria (make something harder) is an important part of successful training. A rule of thumb is to ask for more only when your dog has easily met your expectation of the easier task 80 percent of the time. If he wasn't able to perform the behavior correctly three times in a row, the current task is too hard; find a way to make it easier. Struggling to meet the challenge isn't failure – it's information!

■ MOST IMPORTANTLY, KEEP IT FUN!

As you work with your dog, be careful to not put too much pressure on yourself

or your dog. Be mindful of your dog's body language. Yawning, excessive sniffing, lip-licking, avoidance, or hyper or "fooling around" behaviors are all signs that your dog is feeling distress. Focus on meeting your goals through a series of baby steps rather than a few giant leaps. Keep training sessions upbeat and fun; there's no need to "drill" a behavior. Remember to breathe and smile at your dog, and *stop* if you start to feel frustrated. Nothing will shut down your dog faster than your own frustration. 🐾

Stephanie Colman is a writer and dog trainer in Los Angeles. See "Resources," page 24, for contact information.

PIECES OF THE TRAINING PUZZLE

ELEMENT:	WHAT IT MEANS:	SPECIAL CONSIDERATIONS:
PRECISION	Can the dog perform the behavior accurately? For example, if "on your spot" means lie down with your entire body touching the bed, does your dog meet that criteria, or does he lie down near the bed, or with only part of his body on the bed?	To train for precision, you must know what you want the finished behavior to look like. Break complex behaviors into smaller parts to ensure that each piece can be done correctly. For example, if your vision for a formal retrieve includes a quiet hold on the object (no mouthing), don't be in a hurry to throw the object until the dog can pick it up and hand it to you in a way that meets your criteria.
LATENCY	The length of time it takes for the dog to initiate the behavior after perceiving the cue. How long is acceptable to you?	High latency can indicate a lack of understanding on the dog's part or a lack of motivation. Make sure your cues are consistent to help avoid confusion, and consider what you might change to make the behavior more rewarding (motivating) for the dog.
SPEED	The amount of time it takes for the dog to execute the behavior from start to finish. Is your ideal "spin" one where the dog twists in a circle in a rapid, flashy manner, or is a slower rotation acceptable?	Be mindful of physical/breed characteristics that affect speed. A Mastiff physically cannot sit as fast as a Border Collie. Define your goal based on what is realistic for your dog. Use high-energy rewards to increase speed (toys, energetic personal play, the opportunity to chase a thrown food reward) and calm rewards (quiet praise, massage-like petting, calmly delivered food rewards) if you're trying to encourage a less exuberant performance.
DISTANCE	Where, in relationship to the handler, will the dog be asked to perform the behavior? Holding a stay next to the handler is easier than holding a stay with the handler across the room. It's easier to sit when your handler is right in front of you than when he asks for the sit when you are 10 feet away from him.	It's important to consider your dog's emotional state when adding distance to behaviors. Dogs who are fearful will typically find it more difficult to work away from their handlers. Reward generously to help build confidence and form a positive association with the increased distance. Be especially careful to not overface your dog (to give him a greater distance challenge than he can handle).
DURATION	How long will the dog need to perform the behavior? A 5-second sit-stay is easier than a 3-minute sit-stay. Some behaviors require more duration. Loose-leash walking is challenging for most dogs because of the duration required, i.e., the length of the walk.	When training, raise criteria slowly and avoid <i>always</i> asking for more. For example, when working on stays, sometimes surprise your dog with a reward after just a few seconds of an especially nice stay, even when you know he can stay longer.
DISTRACTIONS	What distracting conditions are most relevant to your needs with your dog? Some possibilities: working around food, toys, other dogs, other animals, strangers, adored family members, urban distractions. Decide what you need and create a plan to help your dog learn to work around a variety of distractions.	Be reasonable in your expectations and set your dog up for success. The goal is not to trick your dog into doing it wrong. Rather, you want to introduce distractions in such a way that your dog enjoys success. Success builds confidence, and confident dogs are better able to work around myriad distractions. Plan to progress via baby steps and be ready to make the challenge easier when needed.

Make a *Planned* Entrance at the Vet

Paying attention to these details before a vet visit with your dog will improve the experience.

BY TIFFANY LOVELL, CPDT-KA

Making a grand entrance is something celebrities enjoy. There is a time and a place for this, however, and entering a veterinary clinic with your dog is not it! Unfortunately, a grandly *bad* entrance into vet clinics is very common, with dogs pulling and lunging at the end of tight leashes, perhaps barking or growling at the other dogs already present in the waiting area, while their people are hard-pressed to simultaneously control them, check in with the front-counter staff, and find a place to sit.

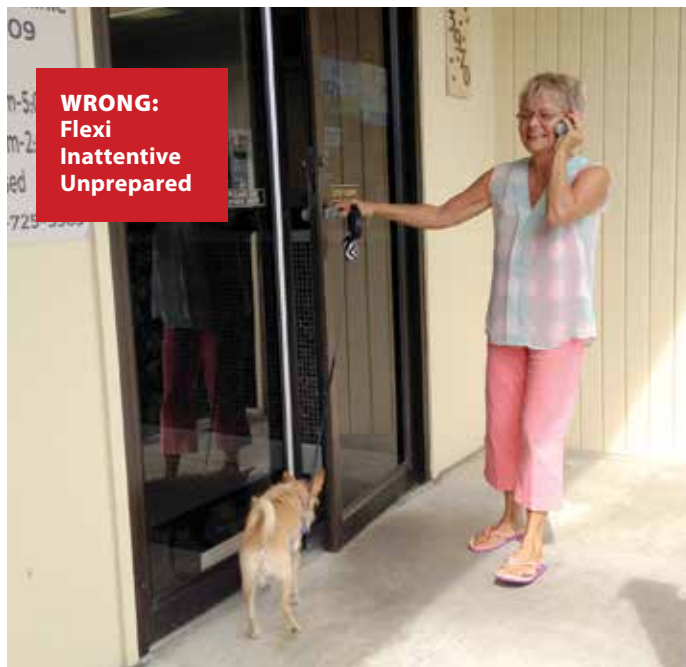
Does this sound familiar? Does it describe you and your dog? You may find some relief in knowing that you're not alone. But it absolutely does not have to be this way! Here are some simple tips to help you and your dog enter a veterinary clinic with ease.

1 HAVE A PLAN. Thinking about and planning for every aspect of your and your dog's vet visit can lower stress for you *and* your dog. Things to consider:

- **Your appointment time.** If your dog becomes stressed and hard to manage around other dogs, schedule your appointment for the first thing in the morning or the first appointment after lunch. This way you are less likely to encounter an entire lobby full of dogs.
- **Transporting your dog.** While riding in a crate is the safest option for most dogs, car safety harnesses provide another good option. The two most important things to consider are your dog's

safety and stress level. Each dog is an individual and it is up to you to choose the safest and least stressful means of transporting your dog in your car. If your dog becomes nervous during car rides, please consider consulting a professional behavior consultant for ways to help him become more comfortable and even love riding in a car.

- **Enough time for travel, potential delays, and pre-entrance pottyting.** Getting stressed (or yelling or swearing) about traffic delays or detours is a great way to make your dog tense and anxious before you even arrive. Give yourself more than enough time to arrive early for your appointment. Get yourself organized, get out of the car in a relaxed fashion, and allow your dog to walk around and even urinate if there is a safe space for this. Your dog will be far more relaxed inside if she has an empty bladder!
- **The parking situation.** If your dog is not used to traffic, parking near a busy road may add to her stress. If possible, choose a more secluded parking spot.
- **Payment method.** While this may not seem to fit in the category of "entering a vet clinic," it's important to consider ahead of time. After the doctor has completed his exam, you and your dog will be ushered to a checkout area. Considering what your dog may have experienced during the visit, she may be ready to leave and relentlessly pull toward the exit door. Why then, do we humans tend to make this one of the longest portions of the visit? "Hmm, should I pay with a check? No, maybe a credit card . . . but, which one? Do you take Discover?"





**RIGHT:
Safe
Attentive
Reinforcing**

Plan ahead by asking for an estimate of services (and which credit cards they accept) when you make the appointment, and have that card, or cash, or a partially filled-out check at the ready.

In addition, it can be helpful to excuse yourself and your dog from the building immediately following the exam. Allow your dog to eliminate and then place him/her safely in your properly ventilated car while you return to pay. (Please do this only if you know your dog can remain in your car for a few minutes safely and with minimal stress.)

2 BE PREPARED TO HANDLE YOUR DOG THOUGHTFULLY THROUGHOUT THE VISIT. Ensure that you have everything you and your dog will need to be successful.

- **Bring reinforcements.** How will you communicate with your dog and let her know when she's doing the right thing? Bring high value food or treats to reinforce your dog's good behavior – *unless* you have been specifically instructed not to feed your dog due to a pending surgery or procedure. (In this case, bring a couple of your dog's favorite toys!) A visit to the vet is a stressful experience for your dog and she will need lots of feedback from you about what she is doing right. Reinforcing good behavior with things she enjoys will increase those good behaviors in this and other settings.

- **Bring the right collar and leash.** How will you keep your dog safe and

Small things, but they add up to a pleasant, productive veterinary visit that ends with everyone still smiling! Thanks to Palm Bay Animal Clinic, Palm Bay, Florida, for hosting our photo shoot.

close to you? Never use a retractable leash when taking your dog to the vet (we recommend never using them *at all*, but that's another article). It's harder to control a dog on a retractable leash, especially if you need to quickly pull your dog toward you and away from, say, another dog in the waiting area who suddenly erupts aggressively. Bring your dog to the vet wearing a flat buckle collar (or limited-slip or martingale collar) and/or a properly fitted harness, attached with a 4-6 foot leash. Keeping a short leash will help your dog close to you and focused on you.

- If you are seeing a new vet or a specialist, **bring your dog's previous health records.** This will guarantee that your dog will receive exactly what is needed for her health and what is required by your state law. This will also help your appointment run more smoothly and efficiently, which makes certain that your dog spends as little time in the exam room as necessary. These are all good things when trying to eliminate as much stress as possible for both of you.

3 STAY POSITIVE TO CONDITION YOUR DOG TO LOVE GOING TO THE VET. How do you like to be treated by others when you are worried and anxious? I'll bet you respond much better to a kind word or a gentle touch than being ordered around by cranky healthcare workers or neglected by absent-minded ones. Keep this in mind while entering the clinic with your dog and it will help immensely!

Also, consider this: As soon as you walk into that lobby together, you become

the only familiar piece in a very uncertain and scary puzzle for your dog. She will need you for comfort and reassurance. Be kind in your words and actions. Raising your voice, scolding, leash jerking, and forceful handling are all unnecessary and extremely counterproductive when communicating with our dogs – especially during a heightened time of stress and anxiety.

Will your dog follow your cues? Enter the building with a smile and confidence that this will be a good visit. Watch your dog and reinforce her when she focuses on you. Be present with her to show her that this is a positive experience and she will be just fine.

What if you mess up? If your dog jumps on another client or whines during your wait in the lobby, simply consider it information and make a mental note to work on that behavior through training. In the moment, redirect your dog and give her something appropriate to do – and then reinforce her for doing it. Stay positive and know that this is a process. If you aren't sure where to start with your dog's unwanted behavior at the veterinary clinic, contact a certified and trained professional who can assist you with your specific needs.

By following these simple steps you are well on your way to creating a more pleasant and productive experience in your vet's office. 🐾

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Fear-Free Vet Visits

You can (and should) teach your dog to love those trips to the veterinary clinic!

BY PAT MILLER, CBCC-KA, CPDT-KA

There is a gentle breeze of change wafting through the veterinary community, led by noted veterinary behaviorists Dr. Karen Overall and the late Dr. Sophia Yin, and veterinarian Dr. Marty Becker. All three of these veterinarians have long been outspoken advocates for a kinder, gentler approach to handling animals at veterinary clinics, to combat the widespread challenge of dogs (and other animal companions) who become increasingly fearful, difficult to handle, and even seriously aggressive with repeated visits to the animal doctor.

Your dog may be one of the many thousands who went to his first puppy checkup with his tail wagging, happily kissing the face of the tech who lifted him to the table, but has since morphed into a demon-possessed candidate for a remake of the Exorcist. Or perhaps he started out a little fearful and somewhat resistant, and his behavior has deteriorated to the point that you need to take a sedative before making that dreaded trip with him to the vet hospital. Either way, you know things are only going to get worse. There are many vet visits in your dog's future, even if he stays perfectly healthy and only needs to go in for his annual well-pet checkup.

Do I have some good news for you! Not only is it possible for you to give your dog a happier opinion of all the various veterinary procedures he is likely to face in the coming years, but the aforementioned winds of change make it easier and easier to find a veterinarian whose handling procedures won't terrify your dog. Plus, the now readily-available materials on modern, gentle veterinary handling techniques, combined with

your own strong advocacy for your dog, give you tons of powerful ammunition with which to convince your current veterinarian to join the low-stress handling revolution. That's a huge plus for all the other dogs she sees, as well as your own dog.

ADVOCACY

Let's start with the advocacy piece. That's easier, because all you need is the fortitude to be willing to stand up for your dog when he needs you the most.

Here are some examples of situations where and how you can, and have every right to, intervene on your dog's behalf:

1 STAY IN THE ROOM. Some vets insist that their clients' difficult dogs are better behaved when the owner isn't present. They have the tech whisk the dog to a back room where the vet does whatever needs to be done, then return the dog to the owner, claiming the dog was "fine." While it's possible that some dogs are calmer when not in the presence of a stressed owner, there are several other explanations for this, none of them acceptable:

- A fearful dog may, indeed, shut down when taken away from the owner. While a shut-down dog may be easier for the vet and her staff to handle, it is likely that the dog is becoming more stressed and fearful during the procedure, and will likely be even more stressed (and harder to handle) the next time he needs to be examined, vaccinated, or treated, by the owner as well as the veterinarian.
- When the owner is not there to watch, vets and clinic staff may be less inhibited about using significant force to compel the dog to accept the handling. In extreme cases, some veterinarians have even been caught

"It's true! I love my vet's office! I'm happy to be here!" That's what this middle-aged dog told the photographer in the waiting room of Creature Comfort, a holistic veterinary practice in Oakland, California.



on video hitting dogs and worse, throwing them against a wall in response to their resistance. If you are present, they are likely to at least moderate their use of force.

- When the owner is present, not only might the clinic staff feel less free to use forcible restraint methods they “know” will work, they also may have to explain and defend what they are doing, at the risk of upsetting the owner and losing a client.

2 ASK FOR SEDATION. For the dog, not for you – although some owners might benefit from a little medication as well! If your dog resists to the point that your veterinarian feels inclined to use forcible restraint, ask that she use drugs instead. Unless there is a medical reason preventing your dog from being sedated, this is a far easier, less stressful solution for all concerned, both human and canine. Yes, it will cost you a little more, and yes, there is a slight risk, even for a healthy dog, but well worth both, in my eyes.

Please note: Many veterinarians administer acepromazine (“Ace”) as a sedative when clients request medication. Dr. Karen Overall vehemently argues against the use of acepromazine for dogs.

“I know that the common ‘treatment’ for storm and noise phobias and veterinary office visits is acepromazine,” she says. “In truth, I wish this medication would be placed at the far back of a top shelf and used only exceptionally. Acepromazine is a dissociative anesthetic, meaning that it scrambles perceptions. Ask yourself if a scrambling of perceptions will make an anxious or uncertain dog worse or better.”

If your vet agrees to sedate your dog, ask what drug she plans to use. If she suggests “Ace” for your dog, ask her to watch this video of Dr. Overall speaking about the drug: tinyurl.com/dr-overall-on-ace. Alternatively, ask her to speak with a veterinary behaviorist to determine what might be the most appropriate drug for your dog for this situation.

3 INTERVENE AS NEEDED. One of the reasons some vets prefer not to have owners present is that if the dog does continue to resist, they may opt to use restraint methods that many owners would find unacceptable. In the

QUOTES FROM ADVOCATES OF LOW-STRESS HANDLING

DR. KAREN L. OVERALL received her BA, MA, and VMD degrees from the University of Pennsylvania, and her PhD from the University of Wisconsin at Madison. She completed her residency in behavioral medicine at the University of Pennsylvania, is a Diplomate of the American College of Veterinary Behavior (ACVB) and is board certified by the Animal Behavior Society (ABS) as an Applied Animal Behaviorist. A faculty member at the University of Pennsylvania, she has given hundreds of national and international presentations on behavioral medicine. Dr. Overall is an outspoken, high-profile advocate for force-free training and handling methods.

From Dr. Overall’s book, *The Manual of Clinical Behavior Medicine*:

“If we want patients to be partners in their care, we want their experiences to be as positive as possible. We should err on the side of minimizing any potential distress because it is cheap and easy to do and may have a huge benefit for us (and our patients).”

“All puppies should be conditioned to be handled in ways that foster preventive veterinary care and facilitate veterinary examination.”

From a video interview on veterinarynews.dvm360.com:

“If we see a puppy who, you go to examine and three people are now having to hold him down – Stop! You’re done! It’s over! He’s already past the limit . . . Everything you do is going to make this worse.”

“We subject these animals to these manipulations that they find scary, and people don’t realize that we may be doing irreversible harm. We certainly are doing needless harm.”

DR. SOPHIA YIN was a veterinarian, animal behaviorist, author, and international expert on low-stress handling. Her “pet-friendly” techniques for animal handling and behavior modification helped to shape the new standard of care for veterinarians and pet care professionals. She served on the executive board for the American Veterinary Society of Animal Behavior, the American Association of Feline Practitioners (AAFP) Handling Guidelines Committee, and the American Humane Association (AHA) Animal Behavior and Training Advisory Committee. She also created multiple educational DVDs that addressed animal care, handling, and training. Dr. Yin died in 2014, but her legacy lives on as the veterinary community increasingly moves toward low-stress handling practices.



From Dr. Yin’s book, *Low Stress Handling, Restraint and Behavior Modification of Dogs & Cats*:

“Besides creating a situation where animal caregivers could get injured, handling animals poorly or roughly can have even more serious implications. By handling animals in such a manner, veterinarians could be breaking the promise to ‘do no harm’ on a daily basis. Restraining pets in a forceful or crude manner can make pets behaviorally worse to the point where they can no longer receive veterinary care. It can even precipitate events that lead to heightened aggression at home and, ultimately, to euthanasia.”

“Why not use force if the animal just appears to be unruly? Because there are smarter ways.”

vets' defense, they have a job to do, and muzzling and forcible restraint enable them to get the job done while ensuring their own safety and the safety of their staff. Unfortunately, it *also* ensures that your dog's behavior will likely get worse and worse with each subsequent visit to the vet clinic.

However, most vet office procedures are not urgent, and if your vet explains what she needs to be able to do, you could conceivably go home and put a behavior modification protocol into practice that will, in a reasonable amount of time, enable you to bring your dog back for the next appointment, willing and able to tolerate routine veterinary procedures. Unless your dog is bleeding badly or suffering from some other life-threatening emergency, make clear to your vet that you won't tolerate the use of force, and ask her to work with you to find alternatives. Be prepared to assertively stop clinic staff from doing anything to your dog that you are not comfortable with.

4 CHOOSE YOUR SURFACE. Some dogs do great on the exam table – but even better if you bring a soft, familiar rug or blanket from home to put on it so it's not so shiny, slippery, or scary. Other dogs do much better on the floor of the exam room. Stress can cause aggression (see "A New Threshold," WDJ October 2010), so if you know that your dog will be less stressed on the floor than on the table, ask your vet to do the exam and procedures on the floor if possible.

5 FEED TREATS. If you can keep your dog happy and distracted with super-delicious treats, there is just no good reason not to do so. And fortunately, many more veterinarians are starting to realize that "doing what works" without force just makes sense!

I recently had to take our 12-year-old Cardigan Corgi, Lucy, to our vet for an anal gland exam (excessive licking and scooting). I was a little apprehensive, as Lucy has been clear about her discomfort with vet exams in the past. I was seeing a new vet and had no idea what to expect.

Girding my advocacy loins, I walked Lucy into the exam room, and immediately started feeding treats to "prime" her (get her in a happy frame of mind) for the exam. To my delight, the doctor didn't suggest they take Lucy to a back room, so I didn't have to fight that

The same dog as seen on page 12, receiving an injection of a sedative prior to an invasive procedure. The blanket keeps him comfortable and prevents slipping; the techs are gentle and patient. All of these things help preserve his good feelings about coming to the clinic!

battle. And when I advised him that she had been difficult in the past and would be happier if I fed her while he examined her, he said, "Well then, you just keep right on feeding her."

MODIFYING VET EXAM BEHAVIOR

In addition to having a plan, being prepared, and staying positive (as described on pages 10-11), you can set up your dog to succeed by creating very positive associations (classically conditioning) or changing negative associations to positive ones (counter-conditioning) with the various tools and procedures he will likely encounter during his vet visits.

To start, identify procedures and equipment your dog is already uncomfortable with. If your puppy or young dog doesn't yet have any bad associations, you can still "inoculate" him against stressful vet visits by conditioning him from the start to think all these tools and procedures are wonderful. Your lists might look like this:

■ TOOLS:

Stethoscope, otoscope, thermometer, syringe, tooth scaler, nail clippers, etc.

■ PROCEDURES:

Examining ears, eyes, teeth, and other body parts; having temperature taken; getting a shot; restraint for blood draw; nail trimming, etc.

■ TOOL PROTOCOLS

Since the tools your dog finds aversive are used in many of the *procedures* he *also* finds aversive, you can start with the tools. Obtain a reasonable facsimile of each tool, and begin your counter-conditioning program. Ideally you will work for 15-20 minutes per session, as many sessions per week as you can fit into your schedule. Remember to subtract calories from his meals to compensate for all the yummy treats he gets!

1 Sit on a chair with your dog in front of you – on leash if you think he will



leave. Have a large container of high-value treats on a table next to you. I prefer chicken: baked, broiled, or canned/rinsed/drained. Most dogs love chicken, and it's low fat/low calorie – healthier for them than some other high-value treats. Have a handful of chicken in one hand hidden behind your back, and one of the tools (let's say the syringe) in the other, also out of sight.

2 Hold up the syringe, close to your chest. As soon as he sees it, bring out the chicken and give him a nibble. Then hide both hands behind your back.

3 Repeat Step 2 until, when you hold up the syringe, he glances at it and immediately looks toward the other hand for the chicken. This is a "conditioned emotional response" (CER) and it tells you that he is starting to happily associate the syringe with receiving chicken!

4 When he looks for the chicken each time you hold up the syringe, move the syringe a little closer to him with the next presentation. Work at each new increment until you have a consistent CER, then move it a little closer.

5 When he is comfortable with the syringe touching him, touch it to his fur in various places over his body, again establishing a CER at each new location before moving on to another.

6 Do this with each tool, until he is happy to have you touch him all over with each of the tools. Then bring in someone new – ideally someone who resembles your vet! Start over at Step 1,

with the new person holding the tool and you doing the feeding, until he is delighted to have anyone touch him with the various tools.

■ PROCEDURE PROTOCOLS

As you did with the Tool Protocols, you will start with tiny steps toward your goal of having your dog *love* all of his veterinary procedures. We will use “examining his ears” as our example.

Again, you will ideally work for 15-20 minutes per session, as many sessions per week as you can fit into your schedule. You can do this while you are working on your Tool Protocols (for example, Tool Protocol in the morning, Procedure Protocol in the evening).

1 Determine where in the procedure your dog begins to be mildly uncomfortable. If you can touch or scratch his shoulder but he gets tense if you touch his ear, start with touching his shoulder and work up from there.

2 Sit on a chair with your dog in front of you. Have a large container of high-value treats on a table next to you. Put both hands behind your back, one holding a handful of chicken.

3 Touch him on his shoulder with your empty hand. As soon as you touch him, bring out the chicken and feed him a bit, then put both hands behind your back.

4 Repeat Step 2 until, when you touch him on the shoulder, he immediately looks toward the other hand for the chicken. This is a “conditioned emotional response” (CER) and it tells you that he is starting to make the happy association: “Touch makes chicken happen!”

5 When he looks for the chicken consistently, each time you touch his shoulder, start working your way up to his neck, then his ear, working at each new increment until you have a consistent CER, then moving a little higher.

6 When he is comfortable with you touching his ears, be a little more invasive, touching the inside of his ear, then moving your finger (or a cotton ball) deeper into his ear canal. Remember to establish a consistent CER at each new location before moving on.

FEAR-FREE INITIATIVE

MARTY BECKER, DVM, is an adjunct professor at his alma mater, the Washington State University College of Veterinary Medicine, and also at the Colleges of Veterinary Medicine at Colorado State University and the University of Missouri. He practices at North Idaho Animal Hospital, and serves as the chief veterinary correspondent for the American Humane Association. Dr. Becker is also a prolific author, having some 22 books to his name as well as countless columns for the nationally syndicated newspaper feature *Pet Connection*, *Dogster*, *Catster*, and on *Vetstreet.com*.

Dr. Becker is in the process of developing The Fear-Free Initiative, an innovative movement that will, in his words, “take the pet out of petrified and get pets back into practices.” The Fear-Free Initiative will be expanded by Dr. Becker with leading board-certified veterinary experts in partnership with additional industry sponsors, partners, and an advisory board. Fear Free will educate and certify veterinary professionals in the creation and delivery of Fear Free visits to Fear Free practices. In Fear Free practices, “taking the fear out of visiting the veterinarian will become a priority; veterinarians and technicians will treat the pet’s physical well-being as well as their emotional well-being.” The initiative is for vets, techs, and owners, in an effort to make annual checkups and unplanned veterinary visits less stressful for everyone involved. Some quotes from Dr. Becker:

“My goal is to promote the idea of practices adjusting their methods to create fear-free visits, and also to educate pet owners about how they can help make the experience more tolerable, or even downright enjoyable.”

“We do a great job of vaccinating against disease, but we don’t inoculate against fear and anxiety.”

“In the search to make veterinary visits Fear-Free for pets, one of my favorite tools is a package of deli-sliced lunch meat.”

7 Do this with a different procedure, until he is happy to have you replicate each of the identified procedures. If the procedure involves a tool, repeat the process with the tool in your hand, after he has been conditioned to love the tool, and after he’s comfortable with you going through the motions of the procedure without the tool in your hand.

8 Finally, bring in someone new, and start over at Step 1, with the new person mimicking the procedure and you doing the feeding, until he is delighted to have anyone performing the various procedures.

(Note: For details on modifying your dog’s response to nail-trimming procedures, see “Positive Pedi-Pedis,” August 2012.)

A LOT OF WORK

This may sound like a lot of work. The good news is that dogs can generalize these conditioning protocols, so as you

move from one tool to the next, or one procedure to the next, your dog is likely to catch on more quickly with each subsequent one. In the meantime, you can also give your dog a positive classical association with your vet clinic by dropping in whenever you get the chance, and sitting with him in the waiting room or the exam room, feeding him some chicken, and then leaving, without having anything “bad” happen. It may take some work, but it will be well worth it when you walk into your vet clinic with your relaxed dog happily trotting by your side, eager to see the nice veterinarian and be poked and prodded, yummy treats happening all the while. 🐾

Pat Miller, CBCC-KA, CPDT-KA, 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 her courses and books on positive training.

The Neurochemistry of Fear

How behavior medications can work to help fearful and anxious dogs learn not to be afraid.

BY JESSICA HEKMAN, DVM, MS

Sometimes something goes wrong in dogs' heads, and they become afraid of things they shouldn't be. Men with beards. Other dogs. Being alone. Sometimes their fear makes them anxious. Sometimes it makes them aggressive. It always makes their lives more difficult, for themselves and for the people who love them.

Behavior modification is crucial in helping dogs like this become more comfortable in the world. Behavior medication can also be crucial in many cases, because sometimes, it seems, a dog's brain has gotten out of whack in ways that behavior modification alone can't fix. Sometimes the dog needs support in the form of medication before he can begin to take in what behavior modification is telling him: that his world is a safe place.

Stress-related behavior problems in dogs include fear aggression, generalized

anxiety, and separation anxiety. In humans, they include major depressive disorder, generalized anxiety, and post-traumatic stress disorder.

The medications that help individuals overcome these problems include some that primarily reduce depression ("anti-depressants"), some that primarily reduce anxiety ("anxiolytics"), and some that do both. Many medications used in dogs are referred to as "anti-depressants" because in humans they are primarily used for their anti-depressive action, but their primary use in dogs is for their

anxiolytic action. We don't know exactly what is different in the brains of dogs, or humans who suffer from stress-related behavior problems, and we don't know exactly how behavior medications work to improve brain function in individuals with these problems. But we're starting to put some pieces of the puzzle together.

What we know for sure is that while medication can help behavior problems on its own, it does a whole lot better when paired with behavior modification. We also know that most behavior medications take four to six weeks to take effect. So what's going on with a dog's brain chemistry during those weeks?

THE SEROTONIN THEORY

Broadly speaking, anti-depressants work to change the levels of neurotransmitters in the brain. Neurotransmitters are chemicals that work to pass signals between one neuron and another; the first neuron releases a packet of neurotransmitter molecules, the next neuron receives and acts on the information, and the first neuron sucks the neurotransmitter molecules back up to be reused.

There are a variety of neurotransmitters in the brain, but one, serotonin, is one of the most common targets of anti-depressants. Individuals with low serotonin levels are often anxious and sometimes aggressive. According to the serotonin theory of anti-depressant function, anti-depressants work by increasing the availability of serotonin or similar substances in the brain.

For example, although neurons normally take serotonin back up for reuse after its initial release, a class of anti-depressants called selective serotonin reuptake inhibitors (SSRIs) slow down this reuptake process. Serotonin remains in the gap between two neurons for longer, and the end result is more serotonin available for signaling. In theory, this should result in a less anxious emotional state.

In practice, SSRIs do result in mood improvements for many anxious or depressed individuals, particularly if they are undergoing behavior modification at the same time. But although these medications change serotonin levels in the brain within hours, their behavior effects aren't apparent for weeks. If



This highly anxious dog would be better able to learn and absorb training if medication was used to reduce his anxiety level.

changing serotonin levels were the entire answer to the question of how anti-depressants work, then these medications' effects should be almost immediate. And yet there remains this long waiting period, so frustrating to so many owners of fearful dogs, before the behavior effects actually kick in. What else could be going on?

HIPPOCAMPUS THEORY

The answer might lie in a changing brain structure. One region of the brain, called the hippocampus, is critical in managing associations between stimuli (like the approach of a strange dog) and emotion (fearfulness versus a positive emotion). Individuals with fear-based behavior issues may have trouble making new, positive connections in their hippocampus; their ability to learn may be impaired. In humans with severe stress-related disorders, such as post-traumatic stress disorder, the hippocampus can be actually reduced in size!

Behavior medications affect the hippocampus profoundly, increasing the number of connections between neurons in this brain region and sometimes restoring normal hippocampus size. Importantly, they help individuals make new associations to stimuli, so in the presence of behavior modification work, pains should be taken to ensure that these associations are positive ones.

FINDING THE RIGHT BEHAVIOR MEDICATION FOR YOUR DOG

Behavior medication is, as described above, *not* about sedating a dog. It is about reducing the dog's anxiety and increasing his ability to make new, positive associations to stimuli that he previously found frightening. However, sometimes these medications do have side effects, which range from gastrointestinal problems (vomiting, diarrhea) to behavior effects (sedation, other unwanted personality changes, even increased anxiety or aggression). There is a large variety of behavior medication available, so remember that if your dog reacts poorly to the first medication that your veterinarian tries, there are other options! Let your veterinarian know that you don't like how your dog seems to be feeling on the medication and ask if there's something else you can try.

TYPES OF BEHAVIOR MEDICATIONS

Behavioral medications may be given in one of two ways, either daily or as needed. Some animals may be prescribed both a daily medication and an as-needed medication for particularly difficult days. Always follow your veterinarian's dosing schedule, but talk to her if you feel your animal could do better on a different medication.

DAILY MEDICATIONS – Take longer to take full effect, often several weeks. Given daily to animals with chronic anxiety or aggression. Examples include fluoxetine (Reconcile, Prozac); clomipramine (Clomicalm); buspirone (Buspar); paroxetine (Paxil); sertraline (Zoloft); trazodone* (Desyrel).

SITUATIONAL (AS NEEDED) MEDICATIONS – Take effect within minutes to hours, but are not long-lasting (several hours, not a full day). Given prior to anxiety-inducing situations (thunderstorms, fireworks, visiting strangers, long car ride). Examples include alprazolam (Xanax); trazodone* (Desyrel). Formerly, acepromazine (Ace, Atravet).

* Note that trazodone is in both categories. This is a newer medication that can be given daily and may take several weeks to reach its full effect. However, it does have a partial effect in the short term, and therefore may alternatively be given situationally.

Acepromazine ("ace") is frequently used as an animal sedative. Veterinarians still debate whether this medication has any anxiolytic (anxiety-reducing) effects, or whether it is solely a sedative. Veterinary behaviorists typically recommend that it is **not** used for situationally treating anxious dogs, as even a quite sedated dog may still be highly anxious, but unable to react. Many behaviorists have suggested that being immobilized in the face of whatever stressor makes the dog anxious may actually increase the dog's fearful and anxious association with the stressor. Alternative medication should be chosen for situational use in anxious animals.

ADDITIONAL RESOURCES

To find a veterinary behaviorist in your area, see dacvb.org

To find a veterinarian with behavior experience in your area, see avsabonline.org

Finding the right medication or mix of medications for your anxious dog can be tricky. If your veterinarian doesn't have experience with behavior medication, you might consider visiting a veterinary behaviorist – a vet who has completed a behavior residency and passed a board exam. Veterinary behaviorists can be few and far between, but if there isn't one in your area, many are willing to consult with your veterinarian remotely to offer advice on the appropriate medication regimen (usually for a fee). Ask your vet if she is willing to explore this option. Or, look for a general-practice veterinarian with a special interest in behavior who is a member of the American Society of Veterinary Animal Behaviorists (AVSAB).

Finally, remember that although we

don't know exactly why many behavior medications take so long to take effect, you must expect to wait a month or two before you can be sure whether or not a particular medication is helping your dog. Be patient! The wait can be frustrating, but the rewards of seeing your fearful dog begin to respond to behavior modification are worth it. 🐾

Jessica Hekman, DVM, MS, completed her shelter-medicine internship at the University of Florida's Maddie's Shelter Medicine Program in 2013. She now studies the genetics of dog behavior in Illinois, where she lives with her husband and three dogs. Check out Dr. Hekman's blog, dogzombie.blogspot.com, a blog about dog brains and behavior (and sometimes shelter medicine), or follow her on Twitter @dogzombieblog.

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Following a serious injury (like a broken bone) and/or major surgery, dogs should receive medication to control their pain. Veterinarians today recognize that such pain control helps the dog heal.

Feeling No Pain

Happily for our dogs, pain awareness and control are modern priorities for veterinarians.

BY DENISE FLAIM

When Laurie McCauley was in college in the late 1980s, she worked for a veterinarian who was nearing retirement. Recalling his veterinary-school days earlier in that century, he told her of a fellow student whose senior-year project was to periodically take a dog, break multiple bones, and then fix them. As incredibly inhumane as that sounds to modern dog lovers, “this was accepted at the time,” says Dr. McCauley, now a board-certified rehabilitation veterinarian and medical director at TOPS Veterinary Rehabilitation in Grayslake, Illinois. “They believed that animals did not feel pain.”

We’ve come a long way, baby. In the last few decades, veterinary medicine has come to embrace the idea of pain management for dogs and other companion animals. “Some of this is due to better recognizing behaviors that indicate an animal is in pain,” says Beth Boynton, DVM, FNAP, a professor of wellness at the College of Veterinary Medicine at Western University of Health Sciences in Pomona, California. “They tend to ‘hide’ signs, so the subtle cues are often lost. And we have much more effective and

safer medications to use to help them than in the past.”

As recently as the late 1980s and early 1990s, Dr. Boynton continues, many veterinarians recommended no pain control for animals after surgery, believing it would keep them “quiet” so they wouldn’t move around and would heal faster. “We know from studies since then that that is not the case in any animal or human,” she says. In fact, administering pain medication before a dog even awakes from anesthesia is now

standard procedure, as discomfort is more difficult to control once the nerves that signal pain have been activated. “Pain control helps healing, and that control should be started early. In fact, it is part of the standard of practice for all veterinarians, and ‘relief of animal suffering’ is in our Veterinarian’s Oath.”

Indeed, this newly minted attention to pain relief in dogs is as much a response to good science as it is about compassion. “There is research that shows that 60 percent of pain receptors in the body are ‘sleeping,’ and if they get ‘woken up’ by pain lasting 12 to 24 hours, then any later pain incident in the life of the patient is exacerbated,” Dr. McCauley says.

All this has led to an unprecedented focus on avoiding pain in dogs, even before it begins. Administering pain relief for “routine” procedures such as spaying is now standard practice. Dogs who need to stay quiet while recuperating are given light sedatives along with their pain medications, as opposed to letting their discomfort keep them immobile. “Modern veterinary thinking is that all pain should be relieved – period,” Dr. McCauley says.

TYPES OF PAIN

Pain is a response to cell damage or injury in the body. There are two types: Acute pain is often defined as pain that results from inflammation and healing after injury, and it can last for as long as the anticipated healing time, up to three months. Chronic pain is pain that continues on after that expected time frame.

Pain can also be classified by how it is generated. Nociceptive pain stimulates specific pain receptors, which may sense temperature, vibration, or chemicals released by damaged cells. Inflammatory pain derives more gradually from an activated immune system that responds to infection or injury. Pathological pain, which results from excessive tissue damage, produces extended discomfort and abnormal sensitivity. And maladaptive pain persists after healing

has completed, caused by changes in the nervous system.

Earlier this year, in collaboration with the American Association of Feline Practitioners, the American Animal Hospital Association released updated guidelines for pain management in dogs and cats. The paper stresses that veterinarians need to anticipate their patients' pain-management needs, and reassess continually until the pain is resolved.

The acronym "PLATTER" has been devised for pain management: **P**lan ahead with a patient-specific plan; **A**nticipate what the pain-management needs might be; **T**reat, factoring in the type, severity, and duration of pain that is expected; **E**valuate how effective and appropriate the treatment is, using a client questionnaire or a pain-scoring system, and **R**eturn to the patient to see whether pain management needs to be discontinued or modified further.

SIGNS OF PAIN

It's long been observed that dogs seem to try to hide any indication that they are in

pain; biologists speculate this is based in some sort of survival instinct. If your dog has a potentially painful condition, you need to watch for little "tells" that indicate she may be experiencing discomfort.

Several veterinary institutions have developed scales that can be used to quantify the level of pain that a dog is feeling. The International Veterinary Academy of Pain Management (ivapm.org) offers a list of symptoms of pain, compiled by Dr. Michael C. Petty. They include:

- Reluctance to walk on slippery surfaces or use stairs.
- Becoming selective about what types of furniture to jump on and off of.
- Attempting to stand with the front legs first.
- Multiple "false starts" and circling when attempting to lie down.
- Reduced running and jumping.

- Abnormal wear on nails.
- Unwillingness to initiate play or other interactions.
- Aggression toward other animals.
- Dislike of being petted or touched.
- Change in sleep patterns.
- Stiffness.
- Decreased appetite.
- Housebreaking lapses.

TYPES OF PAIN MEDICATIONS

The drug group most commonly used by veterinarians are non-steroidal anti-inflammatory drugs, NSAIDs (pronounced as "en-saids"). "They are great if there is active inflammation, but not as good if the pain is chronic in nature and the inflammation has ceased," Dr. McCauley notes.

Examples of commonly used veterinary NSAIDs are carprofen (brand

WHAT A PAIN

Because dogs cannot communicate how they are feeling, non-verbal cues are the best way to determine the severity of a dog's pain.






Veterinarians may use one of several pain scales to try and quantify acute post-operative pain, including the University of Glasgow Short Form Composite Pain Score (newmetrica.com/cmpps/) and the UNESP-Botucatu Multidimensional Composite Pain Scale (animalpain.com.br/en-us/avaliacao-da-dorem-gatos.php).

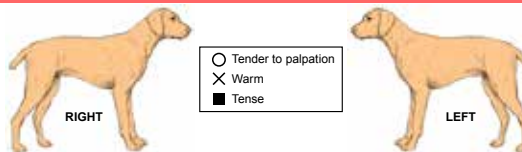
Colorado State University's James L. Voss Veterinary Teaching Hospital has developed a pain-level assessment that scores acute pain from 0 to 4, with severity increasing numerically. Among the factors considered are psychological and behavioral signs, along with body tension and response to palpation.

The pain scores may be used to help guide the dog's pain control protocol.

CANINE ACUTE PAIN SCALE

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Pain Score	Example	Psychological & Behavioral	Rescore when awake	
			<input type="checkbox"/> Animal is sleeping, but can be aroused - Not evaluated for pain	<input type="checkbox"/> Animal can't be aroused, check vital signs, assess therapy
			Response to Palpation	Body Tension
0		<input type="checkbox"/> Comfortable when resting <input type="checkbox"/> Happy, content <input type="checkbox"/> Not bothering wound or surgery site <input type="checkbox"/> Interested in or curious about surroundings	<input type="checkbox"/> Nontender to palpation of wound or surgery site, or to palpation elsewhere	Minimal
1		<input type="checkbox"/> Content to slightly unsettled or restless <input type="checkbox"/> Distracted easily by surroundings	<input type="checkbox"/> Reacts to palpation of wound, surgery site, or other body part by looking around, finching, or whimpering	Mild
2		<input type="checkbox"/> Looks uncomfortable when resting <input type="checkbox"/> May whimper or cry and may lick or rub wound or surgery site when unattended <input type="checkbox"/> Droopy ears, worried facial expression (arched eye brows, darting eyes) <input type="checkbox"/> Reluctant to respond when beckoned <input type="checkbox"/> Not eager to interact with people or surroundings but will look around to see what is going on	<input type="checkbox"/> Flinches, whimpers cries, or guards/pulls away	Mild to Moderate Reassess analgesic plan
3		<input type="checkbox"/> Unsettled, crying, groaning, biting or chewing wound when unattended <input type="checkbox"/> Guards or protects wound or surgery site by altering weight distribution (i.e., limping, shifting body position) <input type="checkbox"/> May be unwilling to move all or part of body	<input type="checkbox"/> May be subtle (shifting eyes or increased respiratory rate) if dog is too painful to move or is stoic <input type="checkbox"/> May be dramatic, such as a sharp cry, growl, bite or bite threat, and/or pulling away	Moderate Reassess analgesic plan
4		<input type="checkbox"/> Constantly groaning or screaming when unattended <input type="checkbox"/> May bite or chew at wound, but unlikely to move <input type="checkbox"/> Potentially unresponsive to surroundings <input type="checkbox"/> Difficult to distract from pain	<input type="checkbox"/> Cries at non-painful palpation (may be experiencing allodynia, wind-up, or fearful that pain could be made worse) <input type="checkbox"/> May react aggressively to palpation	Moderate to Severe May be rigid to avoid painful movement Reassess analgesic plan



Comments _____

name, Rimadyl), etodolac (Lodine), meloxicam (Metacam), deracoxib (Deramaxx), and firocoxib (Equioxx and Previcox).

Aspirin is an over-the-counter NSAID, but should not be administered without a vet's oversight because it has more harmful side effects and is less effective than approved medications. (And while we are on the subject of human pain relievers, owners should never administer acetaminophen, which is the active ingredient in pain relievers such as Tylenol. While some vets do use acetaminophen in dogs, it needs to be very carefully monitored.)

NSAIDs are generally safe, but can cause liver or kidney damage in some dogs. "Pets need to have blood tests prior to going on medications and be monitored appropriately while on them," Dr. Boynton says. "Some pets develop serious liver or kidney disease while taking drugs and that needs to be detected as early as possible to minimize harm."

Watch for adverse signs, such as behavior changes, reduced appetite, skin redness, vomiting, or loose or tarry stools, and contact your veterinarian immediately.

There are three other commonly prescribed pain medications in dogs:

■ **TRAMADOL** is a weaker opiate that does not require the extensive paperwork of more heavily regulated opiates such as morphine or codeine. (And in dogs as opposed to people, the drug is not

metabolized into an opioid.) Unlike NSAIDs, Tramadol does not reduce pain and inflammation at the injury site, but rather changes brain chemistry to inhibit the reuptake of serotonin and norepinephrine, two chemicals associated with mood and responsiveness to pain.

Used to control moderate to severe pain, Tramadol is sometimes prescribed for older dogs with chronic pain from arthritis or cancer. Side effects can include upset stomach, decreased heart rate, coughing, and constipation. In some states, Tramadol is now a controlled substance, requiring veterinarians to have a license from the Drug Enforcement Administration (DEA), and carefully log how it is dispensed.

■ **GABAPENTIN** is often used to control seizures in dogs and cats, because it stabilizes excessive electrical activity in the brain. But it also works well to help control nerve-related pain, and chronic pain from cancer and arthritis. Some dogs may experience vomiting, drowsiness, loss of balance or diarrhea.

■ **AMANTADINE** was initially used as an antiviral medication, but today is mainly used for pain relief. It works by inhibiting the nervous system's NMDA receptor, which creates the sensation of chronic pain. Amantadine can be quite expensive, Dr. McCauley notes, but "is excellent for 'big pain' like an amputation." Potential side effects include gastrointestinal disturbances

such as nausea, vomiting, loss of appetite, flatulence and diarrhea, as well as agitation, which often dissipates after the first few days.

While all these medications can be used individually, they can also be used together so that their pain-relieving qualities outweigh the sum of their parts. And because less of each drug is used, this can mean little to no side effects. But, Dr. Boynton stresses, "this takes careful calculation, because some drug combinations are harmful or fatal."

OPIATES: NOT FOR THE MASSES

Veterinarians can prescribe opiates such as morphine for their canine patients. There isn't a concern about addiction, because dogs can't manipulate veterinarians into prescribing more of a particular narcotic because they just want to get high. Their human counterparts, however, aren't always as transparent.

"The problem the veterinarian has to watch out for is if the client gets the medications for the dog and then uses them for themselves," Dr. McCauley explains. "For this reason, the DEA has done a great job of creating guidelines to prevent veterinarians from overprescribing scheduled drugs."

"Sometimes opioids are the best choice or part of a combination approach, and many of these drugs are a concern for human toxicity or abuse," Dr. Boynton adds. "Pharmacy tracking is being better developed to monitor for abuse."

Because of all the paperwork and close governmental scrutiny, many veterinarians do not prescribe opiates. (And some worry that having them on hand in the practice may also encourage break-ins.) But such strong narcotics may have a place in your dog's care – if, for example, you are performing at-home hospice for a dog who is dying from a painful cancer. In such cases, have a candid conversation with your veterinarian to discuss concerns on both sides of the exam table.

If your veterinarian writes a prescription for an opioid for your

Many people think their senior dogs are "just getting old" when, in fact, the dogs are actually suffering needlessly from arthritis or other pain. Have your veterinarian help you assess the situation.



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dog so you can have it filled at a human pharmacy, be sure not to allow substitutions, Dr. McCauley warns. “For instance, Hydrocodone commonly comes with acetaminophen, which can be toxic for dogs depending on the dose.”

INTEGRATIVE APPROACH

Such a “multi-modal” approach isn’t just for pain-relieving drugs. In its 2015 guidelines, the AAHA discusses the importance of an integrated approach to managing pain – one that does not rely solely on drugs.

Dr. McCauley ticks off a long list of complementary modalities that can help relieve a dog’s pain and speed healing:

- **Rehabilitation** is a combination of pain management and making the animal stronger, using exercise to strengthen the affected area to prevent further injury or degeneration.

- **Laser therapy** has hit the veterinary field by storm, she notes. “Research shows that it not only significantly decreases the inflammatory mediators, but also affects the nerve cells to decrease pain and inflammation.”

- **Acupuncture** has been around for millennia, though its introduction into American veterinary practices didn’t start until the 1970s. “More and more vets are accepting this as mainstream and using it for all types of medicine, not just pain relief,” Dr. McCauley says. While not all acupuncture-certified veterinarians are well versed in Chinese herbal medicine, many are, and they can prescribe herbs that can help with pain relief. (As always, veterinarians need to be careful about dosage, as well as how drugs and herbs may interact.)

- Dr. McCauley is a proponent of **tPEMF units** such as the Assisi Loop (assisianimalhealth.com). A non-invasive, non-pharmaceutical healing device for animals, the loop uses low-level energy pulses to reduce pain and inflammation, and speed healing.

“We use it for acute or ‘acute on chronic’ problems,” Dr. McCauley explains. (An example of the latter is when an arthritic dog compensates until he plays hard or goes for a long walk, and then is sore.)

“A beautiful thing about this is that we can sell them to our clients, and they

A DOOBIE FOR SCOOPY?

In recent years, medical marijuana use has grown exponentially in the United States: Some two dozen states now permit the use of cannabis for pain relief, and a handful of others allow its recreational use. Could the advent of pot for pets be far behind?

Several companies are already marketing cannabis-derived products for dogs, banking on the idea that marijuana’s pain-relieving qualities translate to dogs, too.

Treatibles (treatibles.com) contain 40 milligrams of cannabidiol, or CBD, as it’s called for short, which is a non-psychoactive component of the cannabis plant. Another company founded by two veterinarians, Canna Companion (cannaforpets.com), uses a blend of hemp strains raised in Washington State; Seattle-based Canna-Pet (canna-pet.com) also uses industrial hemp in its biscuits and capsules. To be clear, these products are not made with actual medical-grade marijuana baked in, but rather use a variety of hemp strains that contain little to no THC, which is the compound that creates the marijuana “high.”

There are currently no double-blind studies providing the efficacy of marijuana-derived supplements in dogs, and there are no clear guidelines about safe therapeutic dosages. Veterinarians cannot legally prescribe marijuana for animals.

can do the treatments as needed and do it at home.”

- Dr. McCauley notes that **massage therapy, manual therapy** (which uses joint manipulation and mobilization as well as muscle manipulation), and **chiropractic therapy** can all relieve pain as well as muscle and joint problems for diminishing or eliminating pain and allowing improved movement.

While there are many options for augmenting your dog’s pain management, don’t forget the basics: “First, the diagnosis should be accurately made,” Dr. Boynton reminds. “If there is a broken bone, for example, that needs to be fixed before the animal will get real relief. Many times what is assumed to be arthritis may be something treatable, or it could be a serious cancer or infection. Signs can be very confusing in pets.”

DON’T BE PART OF THE PROBLEM

The AAHA/AAFP guidelines stress that pain management requires a “team oriented approach” that includes the owner as a vital link. Because pain diagnosis depends so heavily on the dog’s behavior, noting changes in how your dog acts, plays, moves, and interacts in his normal routine is crucial.

Dr. McCauley notes that the more

emotionally invested an owner is in her dog, the more likely she will appreciate the importance of pain management. “The people who have a four-legged furry child who sleeps, if not in bed with them, then at least in the bedroom, are the population that care a lot about pain meds and quality of life,” she says.

Dr. Boynton adds that far too many owners are unaware of the importance of pain medication for their dogs because they don’t appreciate just how stoic many dogs can be.

“There is still quite a lot of resistance. People often don’t understand that an animal who isn’t whimpering may be in horrible pain,” she says. “Animal survival in the wild often meant that they had to hide pain and keep going with the group, so signs of pain are often very subtle. People also may think that medications are expensive or dangerous.”

Bottom line: It’s not humane to let your dog suffer, and the science shows it’s not healthy, either. Most dogs can be given some type of pain control: Work with your vet to determine the safest and most effective drugs or combinations of drugs to keep your dog comfortable while she’s on the mend. 🐾

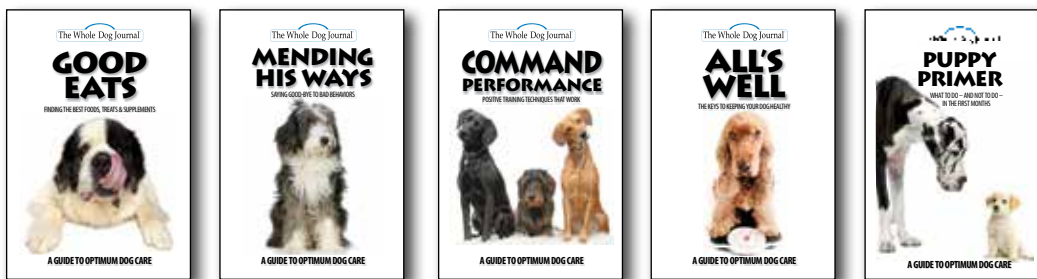
Denise Flaim of Revodana Ridgebacks in Long Island, New York, shares her home with three Ridgebacks, 11-year-old triplets, and a very patient husband.

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