

Your complete guide to natural dog care and training

Whole Dog Journal™



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Minimum order 1,000

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Whole Dog Journal (ISSN #1097-5322) is published monthly by Belvoir Media Group, LLC, 535 Connecticut Avenue, Norwalk, CT 06854. Robert Englander, Chairman and CEO; Timothy H. Cole, Executive Vice President, Editorial Director; Philip L. Penny, Chief Operating Officer; Greg King, Executive Vice President, Marketing Director; Ron Goldberg, Chief Financial Officer; Tom Canfield, Vice President, Circulation. Periodicals postage paid at Norwalk, CT and at additional mailing offices. Copyright ©2018, Belvoir Media Group, LLC. All rights reserved. Reproduction in whole or in part is strictly prohibited. Printed in U.S.A. Revenue Canada GST Account #128044658. Canada Publishing Agreement Number #40016479.

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Subscriptions: \$39 annually (12 issues). Bulk rate subscriptions for organizations and educational institutions available upon request.

Postmaster: Please send address changes to

Whole Dog Journal,

PO Box 8535, Big Sandy, TX 75755-8535

In Canada, send address changes to

Whole Dog Journal,

PO Box 39, Norwich, ON, N0J 1P0



Sorry, It's Personal

This issue contains a lot of information that I needed as much as anyone (though I hope it helps you, too!).

Recently, I posted an apology of sorts on the WDJ blog site (wholedogjournal.com/blog), explaining that while WDJ isn't by any stretch just about *my* dogs, several articles in the June issue actually might be. Which came first? The articles or my doggie disasters? A little of both!

One of our newest contributing authors is a veterinarian who practiced emergency medicine for more than nine years. She's been the impetus for our recent rash of articles about various ways to prevent canine health emergencies, and how to behave if you, despite your best efforts, end up dealing with one anyway. (Speaking of rashes – perhaps I should ask Dr. Ashe to write about that?)

Shortly after she proposed to write something for us about assessing and treating wounds, my impulsive young dog, Woody, had a run-in (run-through?) with some rusty barbed wire, and ended up with gashes on the bridge of his nose and one foreleg. Mind you, when this happened, he was still sporting staples from his *previous* fetch-related wounds! And now, *rusty* wire? Suddenly my mind was racing: Do dogs get tetanus? Do dogs get tetanus shots? SHOULD I GO GET WOODY A TETANUS SHOT?

Then it struck me: I wonder how many others don't know the answers to these questions? I asked Dr. Ashe to include answers to all these questions in her article (and sidebar on tetanus) on pages 13-15. If you do, you will be treated to a photo of Woody's latest scar-in-the-making. (He's going to look like a fighting dog in no time. Oy!)

Another one of our new contributing author/veterinarians, Dr. Kyle Grusling, offered to write about next-step diagnostic tests; her article appears on page 7. I have to admit that I wanted to read the article she wrote before making an appointment for my 10-year-old dog, Otto, to have some of these very diagnostics – not as a follow-up to earlier tests, but just as an extra precaution for a large, senior dog. If Otto ever gets cancer or some other serious condition, I want to know as early as possible so I can have the best chance of treating and beating anything that ails him.

Finally, after attending the annual conference of the International Association of Animal Behavior Consultants in Boston in April, where I learned all about Fear Free veterinary practices, I've decided I'm not going to have abdominal ultrasounds or abdominal radiographs done on Otto anywhere except a Fear Free veterinary clinic that allows me to be with him, or within his view. One of the last times he was at the vet he got so scared "in the back" that he released his anal glands. I'm just *not* going to let that happen again. For more information about the practice of taking dogs "in the back" for examination, tests, and treatment at veterinary clinics, read Linda Case's article "Being There," on page 20.



NK

2 Say “Leave it!” in a cheerful voice before you put the cube on the floor, and then position it under your shoe. *The cheerful tone is important.* You are just giving your dog information – not trying to warn or intimidate her into leaving the treat alone.

3 Wait. Your dog will probably lick, chew and/or paw at your foot to try to get the treat. (Wear sturdy shoes!). Do not reprimand her for this, and do not repeat the “Leave it!” cue. Just wait. If her tongue is sliding under your foot and tasting the treat, tip your shoe forward so she can’t lick the cube.

4 As soon as she looks away from your foot *for any reason*, click and treat. Remember, you are using DRO; you will click and treat *any behavior other than* trying to get the treat. If she looked away because she heard a dog bark, click and treat. If she glances at a bird flying by, click and treat. If she looks up in confusion or frustration, click and treat.

5 Continue to click and treat for anything other than paying attention to your shoe. She doesn’t have to look at your foot again and then look away; in fact, ideally, she will continue to look away while you click and treat several times. We don’t want her to think she has to look at your foot and then look away each time to get the click and treat. We want the “look away, look away, look away” behavior, not “look then look away; look then look away; look then look away.”

6 If your dog seems to have totally forgotten that the treat is under your shoe, carefully uncover it and tap your foot next to it to draw her attention back to it. Be ready! When she sees the treat and dives for it, calmly cover it again with your shoe – do not reprimand her, and do not repeat the “Leave it!” cue. Then do a series of reinforcements for “look away, look away, look away” before uncovering it again.

7 Eventually your dog will glance at the uncovered treat and, realizing she’s not going to get it, she will look away to get you to click and treat, without diving for the cube. This is a huge moment – she’s beginning to understand and she’s beginning to exercise impulse control! “I see it. I want it. And I’m not going to try to

get it.” The best way to get a treat is to *not try* to get the treat. Kind of Zen!

8 Now you can gradually leave the treat uncovered for longer and longer, always ready to cover it again with your shoe if she has a relapse and tries to go for it.

9 Occasionally pick the treat up, show it to her again, say your “Leave it!” cue, and place it back down under your shoe. (When you pick it up and put it back down on the floor it’s a new “trial,” so you do repeat the cue.)

10 When your dog will consistently and reliably leave the cube alone even when uncovered, say “Leave it!” and then place the treat on the floor near your shoe. Be ready to cover it if necessary. When you can do this consistently without your dog trying to eat the treat, your dog is starting to develop significant impulse control, and you are ready for Level 2.

Important: When your training session is done, *do not* just leave the treat on the floor or invite your dog to eat it. You just spent 20 minutes telling her she couldn’t have it – and you want “Leave it!” to mean *forever!* Don’t undo all your good work! If you want to feed her that treat, pick it up, move several feet away to a new location, and feed it to her from your hand.

■ **Level 2: Generalizing Leave It to Real Life**

In this level, you are starting to ask her to Leave It in circumstances that more closely approximate real life.

1 Warm up with your Level 1, Step 10 protocol (or lower if needed).

2 Now say “Leave it!” in a cheerful tone, and carefully drop the treat so it lands slightly off to the side and behind you. Try not to let it take a bad bounce and land under her nose! This is harder, as our dogs are pretty accustomed to being able to eat treats that we drop. Be prepared to body block and/or cover it with your foot if necessary.



If she *doesn't* try to get it, click and give her a treat from your hand and tell her how wonderful she is! If she does try to get it, wait for her to look away from the cube – click and treat. Repeat until you can easily drop the treat after your Leave It cue, without having to body block or cover it.

3 Next, drop the treat first, followed immediately by your “Leave it” cue. (This simulates a real-life – oops! You dropped your blood pressure pill – or whatever – on the floor and you don’t want her to grab it.) Be ready to cover the cube with your foot if she dives for it! Click and treat when she leaves it alone. Repeat until you can follow the dropped treat with your “Leave it!” cue and she will reliably and consistently leave it alone.

■ **Level 3: Temptation Alley**

This level replicates real life and generalizes the “Leave It” cue to a variety of tempting objects your dog might encounter around the house and while out for a walk.

1 Leave your dog in the house while you set up your Temptation Alley (TA). On a paved or gravel surface (driveways work well) or on bare dirt, lay out several items that your dog will likely be attracted to, such as a tennis ball, a stuffed squeaky toy, a pile of tasty treats, a stuffed Kong, and a bowl of kibble. Items should be placed eight to 10 feet apart.

2 Bring your dog out of the house on leash and walk toward your TA. As soon as your dog sees the first item and wants to move toward it, say “Leave it!” in a cheerful voice, stop moving, and restrain her with the leash so she can’t reach the item.

3 Wait. Do not tug on the leash, do not reprimand, and do not repeat the “Leave it!” cue.

4 When your dog eventually looks away from the first item for any reason, click and treat, and move forward. As long as she looks away from

“Leave It” FAQs

- Q:** *In Level 1, why do I need to say “Leave it” before I place the cube under my shoe?*
- A:** *You want to give your dog the information before she makes a mistake. Imagine you are giving a cocktail party, and you are about to place a tray of appetizers on the coffee table. You want to cue your dog to “Leave it!” before her nose is in the guacamole.*
- Q:** *Why do I not repeat the “Leave it!” cue while my dog is doing her best to try to get the treat out from under my shoe?*
- A:** *You want your dog to understand that “Leave it” means forever; you shouldn’t have to constantly nag her to remind her. Back to your cocktail party –now that the appetizers are on the table, you don’t want to have to remain there for the entire party, reminding your dog to “Leave it!” every time she looks at them.*
- Q:** *Why do I need to say “Leave it!” cheerfully? Why can’t I use a “warning” tone?*
- A:** *As always in force-free training, we want our dog’s voluntary and happy cooperation in the behaviors we ask of her. It’s why we use cues instead of commands. A commanding tone of voice may intimidate her into leaving the treat alone, but it also adds stress to the activity, has potential for damaging your relationship with your dog, and may make it less likely that she will do what you ask in circumstances where she realizes she has a choice. We want her choice to be happy cooperation!*

the item, click and treat for attention and good leash walking as you move forward. Use a high rate of reinforcement (lots of clicks and treats – she’s doing great!) Stay far enough to the side of your TA that your dog cannot access the items as you pass them.

5 If your dog looks at or moves toward the item again once you are in motion, say “Leave it!” again and stand still. Wait for her to look away, click and treat, and move forward again. Attention to each new item gets a new “Leave it!” cue. Repeat until your dog can move at a safe distance past each item without even looking a second time after she hears “Leave it!”

■ **Level 4: Real Life**

You can certainly use this cue at any point in real life during this process – *if* you can control your dog’s access to the tempting thing/person, thereby setting her up to succeed. For example, if she’s on-leash and pulling you toward a baby in a stroller, give your “Leave it!” cue and use your leash to gently prevent her from having access

to the baby. When she looks away, click and treat.

Conversely, if she’s not yet reliable with her response, avoid using the cue when it’s likely that it *won’t* work. Otherwise, you will inadvertently reinforce her for not responding to your “Leave it” cue.

When you have practiced all the various setups to the point you are confident that your dog is skilled and fluent in her impulse-control behavior, you’re ready to move on with real life, using the cue successfully in situations where you need her to resist the temptation to eat or greet some real life stimulus: chicken in the gutter, another dog, a passing senior citizen – you name it, she can leave it! People will be impressed. Kudos to you for your investment in having a happy, responsive, well-behaved dog! 🐾

Author Pat Miller, CBCC-KA, CPDT-KA, is WDJ’s Training Editor. She lives in Fairplay, Maryland, site of her Peaceable Paws training center. Miller is also the author of many books on positive training. See page 24 for book and contact information.



Emergency Preparedness

Five things to do to be ready for a canine health emergency.

If you have a dog, emergencies are inevitable. Dogs are prone to injuries, ingestion of toxic substances, and illnesses. Are you prepared in an emergency? Do you know what to do and what *not* to do? After nine years as an emergency veterinarian, I've seen it all! Here are my top tips for helping your emergency-room veterinarian help your dog.

1 Start an emergency fund. Often, pet illnesses and injuries are sudden, unexpected, and very expensive. There are several ways to be prepared. Start a savings account for your pet. Also, consider pet insurance when adopting a new family member (see "Rest Insured," WDJ March 2018). Last, consider financing through a company such as CareCredit. These are credit cards available to use in the event of certain medical emergencies (including veterinary), and there are many options currently available. **Pro tip:** Check ahead of any emergencies to see what payment options your emergency veterinarian offers.

2 Contact the ASPCA Poison Control (888-426-4435) or the Pet Poison Helpline (855-764-7661) for advice on what to do should your dog ingest a potential toxin or foreign object. For a flat fee, they will tell you what treatment can be administered and whether a trip to the emergency vet is needed. For instance, the silica packs found in many products are not toxic when eaten, but they can cause an obstruction in the small intestines of small dogs. **Pro-tip:** Post the poison-control numbers in a visible place in your house; save them in your mobile phone contact list, too.

3 Do not administer medications to your pet without consulting a veterinarian first. There are many medications that, while safe at appropriate doses in humans, can be toxic to your pet. While acetaminophen (the active ingredient in Tylenol) serves as a fever reducer and pain reliever in humans, it can cause liver failure in dogs. Naproxen, a common pain

reliever used in human medicine, can cause severe GI bleeding and kidney failure in dogs when used at almost any dose.

Similarly, giving aspirin to your dog can impede the veterinarian's ability to treat your pet effectively. Aspirin can inhibit blood clotting for up to seven days after a single dose. If your pet needs surgery, this could be a major problem. Further, if your pet needs treatment with steroids or a non-steroidal anti-inflammatory, it may have to be delayed for two to three days.

4 Don't forget your pet's records! If you find yourself heading for the emergency room, don't forget to bring along any medications that your pet takes. Also, don't forget to tell the veterinarian if you've given your dog *any* medication or remedy. This includes aspirin, Benadryl, Pepto-Bismol, Pepcid AC, supplements, and any prescription medications. It is imperative that we know everything in the pet's system, especially when treating a possible toxin ingestion. **Pro tip:** Download a pet medical record app for your phone such as VitusVet or PawPrint.

5 Be prepared to wait! If you have to wait in the emergency room with your dog, it's a good sign! That means his condition is not life-threatening enough to warrant being rushed to the treatment area. Just as human ERs can have extended waits, so can pet ERs. Be patient with the doctors and staff. They are trying to give close attention and time to each patient. This ensures that pets receive the attention they need and the best treatment options.

Dealing with a pet emergency can be a stressful and scary experience. With a little forethought, you can help make a trip to the emergency veterinarian a significantly less stressful event. 🐾

Catherine Ashe, DVM, practiced ER medicine for nine years. She now works as a relief veterinarian in Asheville, North Carolina.

We may not be able to prevent every emergency situation our dogs can get into, but with a little forethought, we can be prepared to deal with it as efficiently as possible!





Next-Step Diagnostics

When abnormalities are found with basic laboratory tests and exams, vets often recommend high-tech tools. Here's what you need to know to decide if you want to proceed.

Basic screening tests, in combination with regular physical exams, are foundation components of a good health care program. In younger dogs, routine tests are done to establish normal baselines, exclude congenital problems, and/or ensure safety for anesthesia. In older pets, these tests often provide the first indication of possible health problems.

Last month, we described some basic screening tests that veterinarians use to check for early signs of illness. The test results of senior dogs, in particular, are more likely to possess abnormalities, ranging from subtle and easily explained irregularities to complex abnormalities that require further work-up.

So what happens when the screening test shows a problem? Let's explore the next-step diagnostics.

ABDOMINAL ULTRASOUND

What it is: Ultrasound technology uses sound waves bounced off of structures to create a picture. When used in a medical sense, this tool can look at the structure of organs in the abdomen and chest or ligaments and tendons. Abdominal ultrasound shows the structure and internal texture of the abdominal organs, including the liver, gallbladder, kidneys, spleen, small and large intestine, bladder, adrenal glands, and lymph nodes among others.

Why run it: Unlike an x-ray, which can only show the outline of things, an ultrasound can show the internal structure and architecture. This is important, as a change in the texture of an organ can indicate disease. Ultrasound

For an abdominal ultrasound, the dog is positioned on her back in a V-shaped cradle. Her owner (on the right in this photo) rubs her chest and reassures her, while a vet tech holds her back legs in a gentle restraint and the veterinarian (center) slides the ultrasound transducer (probe) across her abdomen, which has been shaved.



is also very useful in detecting masses. Frequently, masses do not cause any outward changes and can be missed on physical exam or even x-ray, but an ultrasound can pick up very small growths. This early detection allows for more options moving forward. A very large mass may not be surgically removable, whereas when detected early, when still small, surgery may result in a cure.

Ultrasound is also used to guide a veterinarian's needle to obtain samples of organs for biopsy; without this guidance, surgery would be required to access the organs for a biopsy.

When it should be run: Abdominal ultrasound is a test that is recommended most often based on changes to lab work. For example, if a routine chemistry panel shows elevation in liver enzymes, an ultrasound can be used to evaluate *why* those values are elevated. Alternatively, if your veterinarian feels a suspicious area on physical exam, she may recommend an ultrasound to check for a mass or organ enlargement.

Case example: Roswell, a nine-year-old Golden Retriever, presented to his veterinarian for his annual physical. His owner mentioned that he had seemed lazier lately and wasn't eating his food as quickly as he had when he was a younger dog. On his physical exam, Roswell's gums were noted to be a little lighter in color than normal and his belly seemed uncomfortable when the veterinarian was checking it. A complete blood count and chemistry profile were recommended. These tests showed a low red blood cell count (anemia) and elevations in multiple liver values.

Based on these results, as well as the discomfort Roswell had shown during his physical and the comments of decreased energy and appetite, Roswell's veterinarian recommended an abdominal ultrasound. The ultrasound revealed a liver mass that was slowly bleeding into Roswell's abdomen.

Because it was detected early, Roswell was able to undergo surgery to

have his tumor removed. While it was cancerous, it was completely removed and to date, almost a year after surgery, Roswell has had no further signs of illness and has regained his youthful spirit.

ECHOCARDIOGRAM

What it is: An echocardiogram is an ultrasound of the heart. Similar to an abdominal ultrasound, an "echo" uses sound waves to create a picture of the heart.

An echocardiogram can provide a wealth of information about heart health. It can be used to evaluate the thickness of the heart muscle, the functionality of the valves, and the coordination of the beat. We can zero in on a single valve or look at the heart as a whole. We can evaluate the space around the heart for fluid or masses or look at how blood flows through the heart. Using a feature called a color Doppler, a veterinarian can assess the direction of blood flow across valves, into and out of the chambers of the heart, and through blood vessels.

Why run it: Characterizing heart disease is incredibly important to successful treatment. When your veterinarian can see exactly what is happening, appropriate medications can be prescribed to ward off heart failure or slow the progression of disease.

For example, a veterinary medication called pimobendan has been proven to prolong life when started in dogs with a heart condition called dilated cardiomyopathy (DCM) that are otherwise healthy. This is huge! Untreated, DCM can lead to congestive heart failure.

An echocardiogram also helps define severity of heart disease. This lets your veterinarian provide important information about prognosis and what to watch for.

When it should be run: The reason an echocardiogram is recommended depends upon the screening test that detected the possible abnormality in the first place. During a physical examina-

tion, your veterinarian may have heard a cardiac change that warrants further investigation. Detected with x-rays, an enlarged heart may have prompted the recommendation. Any time heart disease is suspected, an echocardiogram is the gold standard of diagnostics.

This test is especially important prior to undergoing an anesthetic procedure. Dogs with heart disease are at greater risk for complications from anesthesia, but these can largely be mitigated with an appropriate diagnosis and medical management. If your veterinarian recommends a "complete cardiac work-up," an echocardiogram is the first step. Getting an exact diagnosis will allow your dog to live the longest, fullest life possible.

ELECTROCARDIOGRAM

What it is: The electrocardiogram, also called an ECG or EKG, is a visual representation of the heartbeat. It transcribes the electrical impulse that causes your dog's heart to lub-dub. There are three parts to an ECG – the



P wave, the QRS complex, and the T wave. Each part represents a different portion of a single contraction. It is important that these all happen in a coordinated, predictable way to pump blood through the body effectively.

An ECG also measures heart rate and the spacing between beats. Interpreted all together, it creates a picture of your dog's heartbeat.

Why run it: Abnormal heart rhythms cause myriad symptoms, from subtle things like general lethargy to more dramatic things like collapse. Certain breeds of dog are even prone to sudden cardiac death from abnormal heart rhythms. What you may see as a low drive to play ball may actually be weakness from a heart that isn't beating right. There are medications to help manage these conditions and restore your pup's normal energy level.

When it should be run: An electrocardiogram is part of a complete cardiac workup. In conjunction with an echocardiogram, it allows for complete assessment of heart health. Your dog's heart, simply put, is what keeps him moving. If there's a problem, it's crucial to know quickly and get it under control. Dogs don't have heart attacks the way people do, but they can die suddenly from untreated heart disease. Early detection is paramount to long-term management. Abnormal rhythms, independent of physical changes, can sometimes even be cured.

Case Example: Sampson came in for his yearly exam and vaccinations. As part of his history, his owner mentioned that he had been having fainting spells about once every few weeks over the winter. He would be playing normally, then fall over and seem briefly unconscious. He always recovered within

Rupert, a senior Border Collie, developed idiopathic ventricular tachycardia when he was about 11 years old. Regular ECGs helped his cardiologist adjust and fine-tune the amount of medication required to keep his heart beating more slowly and regularly.

seconds and never seemed to have any lingering damage, so his owner didn't think too much of the episodes.

During his visit, his veterinarian heard an abnormal heart rhythm and felt a racing pulse. Sampson's owner approved an ECG, which showed him to be having runs of a very fast, abnormal heart rhythm intermixed with a normal heartbeat.

This finding prompted a visit to a cardiology specialist, who diagnosed Sampson with supraventricular tachycardia, a kind of fast heart rhythm that, if left untreated, can result in sudden death. The fainting spells seen by his owner happened when that rhythm occurred for too long without going back to normal, keeping blood from effectively getting to Sampson's brain and other organs.

Sampson was started on medication and since that time has had no further fainting spells.

COMPLETE THYROID PANEL

What it is: The thyroid gland secretes a number of different hormones that are responsible for regulating a multitude of things. Thyroid hormones have a hand in just about every process in the body. The complete thyroid panel measures thyroxine (T4), triiodothyronine (T3), and thyroid-stimulating hormone (cTSH). Having all of these values allows for a full evaluation of potential thyroid disease.

Why run it: There are two cases in dogs that result in low T4. The first is true hypothyroidism and the second is known as "sick euthyroidism." When a low T4 value is noted on screening blood work, a complete thyroid panel is needed to differentiate between the two conditions. Dogs with true hypothyroidism require supplementation, whereas dogs with sick euthyroidism can worsen with supplementation.

When it should be run: We touched on this a bit in last month's article ("Senior Exams"). The time to run a complete thyroid panel is when the screening thyroid check comes back

low. This allows your veterinarian to assess your dog's need for supplemental thyroid hormone.

When a dog is truly hypothyroid, thyroid-stimulating hormone will be above normal limits. This is because the brain is trying to tell the thyroid gland to produce more hormone. A truly malfunctioning thyroid gland will not be able to increase production, leading to all thyroid hormones being low.

In the case of sick euthyroidism, thyroid-stimulating hormone will be low or normal, leading to low or normal thyroid hormones. Dogs who are sick will decrease thyroid hormone production naturally, but this is an appropriate response, so there is no need to start supplementation. Dogs who are truly hypothyroid need supplementation because their thyroid gland is not properly functioning.

WORTH THE INVESTMENT

There are so many ways that our dogs enrich our lives. They provide companionship when we are lonely, motivation to get out and exercise, and assistance in life and work, just to name a few things. We are entrusted with keeping them safe and keeping them healthy in return.

When your veterinarian recommends an advanced diagnostic test, such as the ones discussed here, her motivation is to get the most information possible to create a plan to prolong good quality of life. We all wish there was a crystal ball that would tell us what is wrong and a magic wand to wave and fix it. While we don't have those things, we do have diagnostic tests! 🐾

After graduating from Michigan State University College of Veterinary Medicine in 2011, Kyle Grusling had internships in small-animal clinical medicine and surgery, then practiced emergency medicine for three years, before deciding to pursue a career in general practice at Northland Animal Hospital in Rockford, Michigan. When she's not at work, Dr. Grusling enjoys spending time with her husband and their two sons, two cats, and Golden Retriever.



Infamous Foxtails

What you should know about the most insidious threat to canine health in the West.



The bristling plumes in front of Cole are immature, green, soft foxtails - the reproductive structures of a grass that is commonly referred to by the same name. When the grass dries, these plumes dry up and become nearly adhesive, thanks to microscopic barbs on each one of those thread-like awns.

In California, where I have spent all but one year of my life (so far) with dogs, there are two types of dog owners: those have spent a small fortune having veterinarians remove foxtails from some part of their dogs' bodies, and those who haven't – yet. I'm in the first group, and I would hazard a guess that the first group is *far* larger than the second.

If you live in the western United States (particularly California), are planning to visit with your dog, or have adopted a dog who spent any time in that part of the country, you should know all the ways that this plant can hurt your dog (and your bank account!). It doesn't matter if the exposure was recent or months ago. If the dog has been near foxtail grass, read on!

SPACE INVADERS

The seeds of this nasty grass seem to have a special affinity for invading dogs' bodies. The three most common hazards are these: They get sniffed into dog noses, work their way into dog ears, and lodge between dog toes. Each of these sites is a mere port of entry for these sturdy seeds; once inside, they start a relentless crawl forward, traveling deeper into a dog's tissue with every passing hour. They are sometimes found in exploratory surgeries *years* afterward; the durable seed and awn fibers resist breaking down in the body as if they were made of plastic.

Those common jumping-off points for the foxtail's inner-dog journey are not the only ones, however. Foxtails can penetrate any part of your dog; all they need is a place to attach. In dogs with very short hair (like American Pit Bull Terriers, Vizslas, and Weimaraners), they need a fold in the skin of some kind (armpit, vagina, prepuce). To these bristly seeds, longer, thicker, or curly coats behave a little like the "loop" side of

a Velcro-type hook-and-loop fastener; a foxtail can stick to the coat, and wherever it sticks, it will start to burrow, enabling the seeds to penetrate *anywhere* on the furry dogs' bodies.

How do they do that?! The seeds are *very* hard and tipped with a sharp point that is capable of puncturing your dog's skin and entering his body. Attached to the seed are long, fibrous awns, which are covered with microscopic bristles that are arranged in a single direction, like the teeth on a rasp or nail file. Any contact with these tiny bristles literally pushes the seed forward, trailing its awn behind it.

If you push one of these seeds between your fingers, and then try to pull it out backward, you will begin to understand how they

can pierce a dog's skin and begin to forge, arrow-like, in the dog's body: It's very difficult to pull the seed backward, against the "grain" of the tiny bristles. If you pull on the seeds (and awns) when they're fully dried and brittle (which occurs in late spring), the awn tends to break off (sort of like a captured lizard's tail). This frees the remaining parts of the foxtail, which continues its singularly forward travel with every movement of the dog.

If a foxtail incursion is detected immediately, they can usually be removed from the dog relatively quickly and easily. Once, I was taking an after-work walk with a good friend and our (combined) four dogs when I noticed that, after urinating and then standing up, her spayed Kelpie, Chaco, had a few drops of blood dripping from her vulva. My friend and I looked at each other and simultaneously said two words that start with the letter F, one of which was "Foxtail!"

We immediately turned around and quickened our pace in an effort to get back to my car and get to the closest veterinary clinic before it closed. The vet was able to use a speculum and alligator retractor and remove the foxtail from Chaco's vagina within two minutes; she spent a few more minutes making sure that not even a tiny segment of awn was left behind. The bill was less than \$100.

I hate to think of what would have happened if we had not happened to see the couple of drops of blood that tipped us off to the foxtail invasion of poor Chaco's nether end. Had it spent another day or two working its way into Chaco's vagina, it surely would have caused infection and localized tissue damage, and could have easily traveled anywhere else in her abdomen. Radiographs, ultrasound, and exploratory surgery to find it later would have costs thousands.

The take-home point: If your dog has been anywhere near foxtails, and has any sort of abnormal sign of discomfort or irritation – shaking her head, an uncharacteristic squint, repetitively licking her paw or other part of her body, sneezing, coughing, gagging

For those lucky folks in eastern North America who ask, "What are foxtails?"

There are many plants in the grass family, *Hordeum* genus, that have fox tail-shaped reproductive structures, such as *Hordeum brachyantherum* (found all over western North America) and *Hordeum jubatum* (widespread in the United States and Canada). *Hordeum murinum* and *Hordeum marinum* (which appear across most of the western U.S.), though, are the grass species that cause the most harm to dogs (and other animals). Only botanists refer to these grasses by their scientific names, however; mostly, the grass is called by the common and descriptive name of its reproductive structure: foxtails, or foxtail grass.

Foxtail grass isn't present only in California, but the state is definitely ground zero for this injurious plant. It grows as well in pastures and lawns as it does in gravel driveways and cracks in the sidewalk. The seeds germinate in winter, and when the plant starts to grow in the late winter and early spring, it's actually lovely; it's a bright green, soft, fast-growing grass that many dogs find irresistible for chewing. As it begins to mature in mid-spring, it produces the structure that resembles a fox's tail: a thick, bristly spike that starts out green and soft.

As spring temperatures increase and the rains end, the grass begins to dry out and the spikes turn yellow. The drier they get, the more brittle they become, and the plume-like "foxtail" starts to fall apart into individual segments, each tipped by a sharp seed and trailing those propulsive awns.

Our dogs and other animals carry the seeds far from the plants that shed them, helping spread them far and wide, but the journey of some seeds *into* our dogs has no purpose of propagation. The *real* purpose of the awns is to help the seeds work their way into the soil, where they bury themselves and wait for winter rainfall to germinate and start the cycle again.



– call your vet and make an appointment *as soon as possible*.

TAILS OF DESTRUCTION

Twice in as many years, I've seen one of the puppies that I was fostering pawing at his or her face and found and removed a foxtail that had just gotten lodged under the pup's eyelid. Each time, I thanked my stars that I was *right there* when it happened and that I noticed the puppy's discomfort right away.

I'm even more grateful for this *now*, since I asked friends and followers of WDJ's Facebook page for foxtail horror stories and was told by *two* different people that their dog had to have an eye surgically removed after

being damaged by a foxtail. ACK!

I'm going to share more anecdotes from people who responded to my request for their "worst foxtail story" – not for the shock value, but so you can be alert to the variety of ways that these freaky seeds can invade your dog and wreak havoc:

■ "I know someone who lost two of her working dogs to foxtails in one year. One of them ended up with a foxtail in his lungs; the other was female and the foxtail entered through her vagina and into internal organs."

■ "One of our dogs started coughing up specks of blood. We had to have her 'scoped (with the dog fully anesthe-

tized, an endoscopic camera is passed down the dog's throat and into the lungs). The vet found a foxtail lodged in the lining of our dog's lung and extracted it. That was the most expensive video we ever bought!"

■ "My Belgian Sheepdog, Bing, got one in his throat. His airway partially closed. It took an emergency trip to our local vet and then an emergency trip to Penn Vet and an entire team of specialists to do exploratory surgery. Four weeks of prednisone and antibiotics followed. Treatment was particularly challenging because he was a biter, so no evaluations could be done with him awake. The event was a total life-changer for him, and not in a good way."

■ "At one time I owned a Redbone hound who got a foxtail between her toes that quickly moved up her leg. The vet operated but could not find the foxtail. A month later she abscessed on her side and the vet operated again, and again he couldn't find it. She had two more surgeries with no luck. I couldn't afford more operations even though she was a good hunting dog and valuable. I gave her to a man who had her operated on two more times and finally got the foxtail. The dog recovered but was covered with scars. The one foxtail cost thousands of dollars and over a year to take care of."

■ "My one-year-old Golden inhaled a foxtail that traveled through her lung and created an infection in the space next to her heart. She needed open heart surgery to remove the mass and part of her lung. The cost was more than \$10,000. Although she nearly died several times that month, she recovered completely. Unfortunately, the scar tissue weakened her heart over time and eventually caused its failure at just eight years old.

"Teala was my heart and soul. She was the first dog I ever purchased insurance for, back in 2008. Because of this experience, I have sworn to always keep all of my dogs on medical insurance for their entire lives. I never want

to have to make a medical or emotional decision because of finances."

■ "When Bailey was just a puppy, she got a couple in her paws and one in her ear the first summer we moved to California from Texas. Foxtails don't exist in Texas, and we had absolutely no idea whatsoever that they were a hazard – and our backyard was full of them! Now we pull em like crazy, and they are all but gone from the yard."

HAZARD REDUCTION

In the stories above, you may have gleaned a few helpful hints about how to reduce the odds that your dog will be invaded by one of these evil awns – and if she is, what you should do. Here are more:

■ **If you walk or hike in foxtail country, consider the only effective protective gear made to prevent the awns from being swallowed, sniffed, or lodged in your dog's ears: the Outfox Field Guard.**

This is essentially a net that your dog wears over his whole head. He can see through it, pant, drink, and even carry toys while wearing it, but he can't get a foxtail anywhere on his face while wearing it. See outfoxfordogs.com or ask about them at your local pet supply store.



■ **Check your dog after every exposure to the weeds, especially between his toes.** If he has the kind of coat that attracts foxtails, brush or comb him thoroughly, daily.

■ **Pull up the foxtail plant by the roots as soon as it begins to produce its signature plumes in the spring.** (Before the plumes appear, it's hard to tell which grass is foxtail grass and which is not.) Dispose of the whole plants in your yard-waste bin or bag them securely and send them to the landfill. The seeds often survive even intense composting; I wouldn't even try it.

■ **Don't use a string trimmer on them if you can help it.** String trimmers actually help disperse the seeds widely.

■ **If you must mow the grass, use a grass-catcher and dispose of the clippings in the manner described above.** But understand that as long as there is any moisture in the ground and the plant is still alive, after mowing, it will begin to produce the plumes right at ground level.

■ **I have heard reports that a propane-torch "weed burner" can help control the weeds.** I just bought one. I will get back to you on its efficacy. I can't *wait* to go burn some foxtails. I might be happy to burn them even if it *doesn't* help me control their population on my property.

■ **I HATE to ever recommend the use of Roundup or any other type of herbicide.**

But we know people who could not eliminate foxtail grass from their property any other way. If you haven't been able to prevent your dog from getting foxtails in his body every year and the grass is all over your property, we wouldn't blame you for resorting to this.

■ **It bears repeating: If your dog exhibits any sign or abnormal behavior after being exposed to foxtails, get thee to a veterinary (clinic).** Of particular note: excessive blinking or pawing at the eyes, sneezing, coughing, gagging, head-shaking, paw-licking (or any targeted licking, especially if you see a raw, red bump), or pain or discomfort while or after urinating.

■ **Maintain a health savings account or health insurance for your dog.** If you live in foxtail country, whether you have them in your yard or encounter them on your dog walks, you should be prepared to pay for an expensive vet visit or three at some point. 🐾

Nancy Kerns is WDJ's editor.



Wounded in Action

How to determine if your dog's wound warrants veterinary attention, and how to treat it if home care is appropriate.

Dogs are naturally curious, physical, and exuberant, and while we love this about them, these characteristics can also lead to unintentional injuries. These can run the gamut from very minor to severe and life-threatening. How do you know the difference? When is it time to consult a veterinarian and when can you manage a wound at home? Here are some steps for assessing wounds and treating them.

■ First and foremost, keep in mind that wounds are painful! Even though your dog may have never snapped at you or bitten before, tender injuries can make even the most docile, sweet-natured dog snap or bite. Whenever handling an injured pet, make sure that someone restrains the dog properly while you examine and investigate the injury.

■ All bite wounds should be evaluated by a veterinarian. If your dog scuffles with another dog, cat, or a wild animal, immediate care with a vet is needed. This is true for several reasons: First, animal teeth drive bacteria deep into wounds, even if they are only small punctures. Antibiotics are generally warranted any time that a dog is bitten by another animal.

Second, your dog might need to receive a rabies booster, particularly if he was bitten by a stray dog or cat or wild animal.

Finally, bite wounds are often referred to as “tip of the iceberg” injuries. Though the external wounds may not look severe, there can be underlying trauma to the muscles and other tissues (particularly in the case of a smaller dog being grabbed and shaken), or even internal bleeding.

RIGHT: These wounds look clean along the edges, but they involve most of the cranial ear pinna, an area that is rich with muscular, nervous, and vascular contributions; the dog will benefit from veterinary attention. FAR RIGHT: The ear looks much better after debridement (removal of damaged tissue) and suture placement.

■ Any punctures that have an unknown source should be treated by a veterinarian.

Puncture wounds can represent several types of injuries including gunshot wounds, bites from other animals, or foreign-body penetration. It is not uncommon for a stick or other sharp object to penetrate a wound and become lodged within it. Though the wound may look small from the outside, foreign material trapped in the wound can lead to delayed or lack of healing, localized infection, and/or tetanus.

■ A veterinarian should treat any wound that is over an inch long, occurs on the chest or the abdomen, is contaminated, or has jagged edges.

It is difficult or impossible at home to deeply clean a wound without risking injury to yourself or traumatizing the wound. It is also important to note that wounds on the body (thorax or abdomen) can be more severe than they initially appear and always need to be addressed by a veterinarian, whereas wounds on the face (away from the eyes) or small, superficial wounds on the limbs may do just fine with at-home management.



ABOVE: This doesn't look like a very serious injury, does it? Despite the fact that the dog is standing and the wound looks small, it IS a serious injury: it's a gunshot wound! A dog with any puncture wound of unknown cause or origin should be seen by a veterinarian as soon as possible.



■ Hydrogen peroxide can be used initially on a wound to decontaminate it, but it should not be used repeatedly – and, truth be told, there are better ways to clean a wound. Hydrogen peroxide is extremely irritating to tissue and can impede healing if used repetitively. If you do use it on a wound, use only after the initial cleaning and do not repeat.

■ Avoid alcohol on wounds, as the sudden, sharp stinging may provoke an otherwise well-behaved dog to snap or bite.

■ If the wound seems relatively minor (less than an inch long with clean edges), you can clean gently with a warm wet washcloth and apply a thin layer of triple antibiotic ointment to the wound. If your pet licks the wound, use an Elizabethan collar (aka “cone”) or cone alternative to prevent self-trauma. You can also lightly wrap the wounds.



These wounds are a result of improper bandage placement. As you can see, complications from incorrect bandaging can be severe. The original wound on this foot was bandaged for several days by the owner. The dog was seen at a veterinarian's office after the bandage became wet and had an odor.

■ It is imperative that you are careful when wrapping. As an emergency-room veterinarian, I saw *many* complications related to improper bandaging.

To make a safe bandage, you should use three layers. Start with a sterile dressing square over the wound. Over that, you can place two or three layers of a cotton-gauze wrapping. The last layer should be a stretchy wrap such as PetFlex. Before placing it, unroll the stretch wrap to remove some of the tension and then rewind it. This will help prevent overly tight application. Place two to three layers over the cotton. You should be able to insert two

fingers under all edges of the bandage. If you cannot, the bandage should be removed and re-wrapped.

Bandages that are too tight can lead to decreased blood flow to the limb below, as well as decreased blood flow to the wound itself. This will slow healing.

■ It is also imperative that wounds receive oxygen to heal. Change the bandage every 12 to 24 hours. If the wound appears to be healing well after 72 hours, you can remove the bandage.

■ Any wound, whether being managed at home or by your veterinarian, should be monitored for sudden changes. Acute redness, swelling, or discomfort, or discharge that is thick, foul-smelling, or copious merits an immediate trip to the vet.

Licking His Wounds?

Wounds go through several phases of healing, and just like with our own wounds, each phase can cause the dog to feel a variety of sensations. These can include itching, burning, pain, and a tight, pulling sensation as the skin knits back together. Dogs will frequently lick or chew healing wounds in an effort to alleviate these feelings of discomfort, but all that moisture and pressure can increase the damage to the wounds themselves (especially if there are stitches or staples present) and promote infection.

If your dog tries to lick his wound, it's important to use an Elizabethan collar or some alternative product to prevent him from further traumatizing the area. “Cones” can be bulky and annoying to your dog, and though most dogs will adapt to wearing one relatively quickly, there are many lighter and/or more comfortable options. For a wide selection of products that might suit your dog better, see “Best Cone Alternatives,” WDJ July 2017.



Whatever product you use, be patient, and keep it on your dog until the wound is healed and/or your dog is no longer paying any attention to it.

This Elizabethan-type collar (the Forey Recovery Pet Cone) is a more comfortable example of the many alternatives to the classic clinic-issued “cone” that are now available in pet supply stores and online.

BETTER SAFE THAN SORRY

It is important to remember that when in doubt, all but the most superficial wounds should be evaluated by a veterinarian. Wounds can seem misleadingly slight, belying significant tissue trauma beneath. Hopefully, your visit with the veterinarian will be a quick evaluation, wound cleaning, and some prescription medications. If not, though, the sooner a wound is evaluated, the better the chances for healing and recovery. 🐾

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Dogs CAN Get Tetanus – and There Isn't a Canine Vaccine

Your canine companion is walking calmly with you one minute, and the next, a rabbit! Off streaks your dog, ignoring your calls and bent on chasing the rabbit. Unfortunately for him, he doesn't notice the rusty old wire fence stretching across the landscape and runs right through it. Abashed, he returns to you with superficial wounds from the barbed wire on his legs and face. Your mind races: Do dogs get tetanus? Should your dog get a tetanus shot now?



Hey, guess who?

Yes: Dogs *can* get tetanus. But, no, you couldn't get him a tetanus vaccine even if you wanted to.

Fortunately, tetanus is relatively rare in dogs. Horses and humans are more susceptible to tetanus, while cats are highly resistant. Dogs fall somewhere in the middle of this spectrum – but it does happen. As an emergency veterinarian, I have personally seen two cases of tetanus in dogs and read of several others.

The disease arises from the bacteria *Clostridium tetani*, which is introduced into the body via wounds. *C. tetani* is naturally present in some soils. Despite what many people think, *C. tetani* is not a particular hazard of rusty metal; it's the dirt on rusty metal – as well as metal that is not at all rusty! – that carries *C. tetani* into a wound.

Another surprise is that the bacteria *itself* is not the problem. Rather, the tetanus malady is caused by a neurotoxin ("tetanospasmin") that is produced by the bacteria after it is introduced to an oxygen-deprived setting (as in puncture wounds) and it begins to reproduce. The toxin binds to tissue in the nervous system and causes the classic signs of tetanus. In dogs, these signs include painful muscle contractions and stiffness or rigidity of the limb nearest the site of infection. This can progress to generalized signs that include rigidity in all four limbs known as the "sawhorse stance." The more classic presentation of tetanus is a dog with *rictus sardonius* ("sardonic grin"). The ears are pulled tightly back, as are the lips. The eyes bulge, and the dog appears to be grinning.

A dog with tetanus.



Treatment for tetanus consists mainly of general supportive care while the dog's nervous system recovers from the damage caused by exposure to the neurotoxin. Dogs with generalized tetanus cannot walk. They require attentive nursing care with soft bedding, frequent rotation to avoid decubital ulcers ("bed sores"), hand feeding or feeding by a nasogastric or gastric tube, assistance with expressing their bladder, and minimal stimulation. Recovery can take weeks or even months, but if they are provided with excellent nursing care, many dogs will survive.

PREVENTION

So, back to your furry friend and his barbed wire injuries. He has wounds on his nose from rusty metal. Now what? Shouldn't he receive a tetanus vaccine?

As it turns out, he can't! There are multiple FDA-approved tetanus toxoid vaccines for humans, horses, and sheep. Unfortunately, there are none for dogs. Since tetanus is relatively rare in dogs, the sales of a tetanus toxoid vaccine for dogs would likely never pay off the expense of its development by a pharmaceutical company, so it's no surprise that it hasn't yet been developed. Money aside, there are also ethical considerations to vaccine development: To study whether a toxoid vaccine works in dogs, researchers would be required to infect dogs with tetanus and then treat them. The infection and resulting illness, treatment, and possible side effects of the vaccines would cause significant suffering and some deaths in the research animals. On balance, the endeavor hasn't yet appealed to any vaccine developer.

Since there is not a readily available vaccine against tetanus for your dog, how can you protect your dog from the condition?

- First and foremost, you should clean any wound thoroughly and with care, following the suggestions in the accompanying article.
- Bites and puncture wounds are at special risk of developing tetanus; bring these to your vet!
- Next, monitor your dog carefully after he sustains any open wound. If you notice stiffness at the site of the injury, **do not wait** to have your dog seen by a veterinarian. The more quickly tetanus is detected and treated, the better your dog's prognosis will be.



Considering Whether to Board and Train?

It can get a dog off to a great start – or cause irreparable harm.



Some trainers wouldn't have any problem with doing force-based "training" in front of you. In this case, it's easy to decide that they are not the sort of trainer you should be leaving your dog with for any amount of time. Trainers who market themselves as "positive," but do this sort of thing when no one is around, are a perilous threat to your dog's physical and emotional well being.

Perhaps you're thinking about taking your adolescent out-of-control dog, or your dog with significant behavior issues, to a board-and-train (B&T) facility, where they will work with her for a few short weeks and hand her back all perfect. Right? Wait a minute. What sounds like a perfect solution to your dog's behavior and training challenges is fraught with danger. Remember that something that sounds too good to be true, often is.

Don't get me wrong. There are certainly some fantastic B&T professionals who can indeed help you with your dog when you feel like you've hit a wall. It's just that they are few and far between while the scary ones seem to be everywhere.

When you leave your dog in someone else's hands and walk away, you are taking a significant risk that they will do bad things to your dog when you are no longer there to intervene. There is virtually no regulation in the

dog-training industry in the United States, and even so-called "positive trainers" can do bad things to your dog when you aren't there.

THE BAD AND THE UGLY

There are a variety of B&T trainers who fall into the "bad and ugly" category. They are:

The Criminal Scammers. A tragic news article caught my eye recently about a B&T provider who was refusing to answer phone calls from worried owners. When authorities were called in, they found dead and other seriously neglected dogs on the premises. (And this isn't the first time I've seen this happen.)

The Shock Jocks. These are B&T providers who are proud of the fact that they use shock collars along with other pain-causing tools and physical force and punishment to "dominate" their clients' dogs. They insist that dogs need to know who is boss, and the only way to achieve this is with the use of force.

If there is one good thing about these folks, it's that you can spot them a mile away and know immediately that you would never leave your beloved dog in their hands.

Balancing Act. Then there are the so-called "balanced trainers" who profess to using positive reinforcement as a first resort, but who are willing to use pain, force, and coercion when they feel a dog "needs" it. These trainers can be very good at talking you into thinking that force is sometimes necessary as a backup plan. (It's not.) Some are even convinced they can use a shock collar as "positive reinforcement." (It's not. Ever.) Also, knowing they are willing to use those tools and methods, you will have no idea how much they are getting used when you're not there to supervise.

Positive Pretenders. These are the really sneaky ones. They claim to be "positive" when in fact they aren't. Sometimes they *think* they

are positive because they give the dog a treat after they jerk on the collar – or because they are less punitive than they used to be. Some trainers say they are “positive,” but they don’t ever use food or treats as reinforcers. Food is considered a “primary reinforcer” – valuable to most dogs. If a trainer *never* uses treats, she is needlessly foregoing *the* most powerful reinforcer in the force-free training toolbox. She will likely be less successful and/or use coercion in her training. Trainers who *pretend* to be force-free are not likely to do anything overtly forceful in your presence. This is why you need to get good referrals from trusted friends and professionals and do your own research, too (more on that below).

THE GOOD

If you are in a situation where you feel compelled to pursue a B&T option for your dog, it is critically important that you do in-depth research before agreeing to allow someone to work with your dog.

The following are due-diligence tips from well-respected trainers who offer Board & Train services themselves:

- Leslie Clifton, CPDT-KA, CPCT, PMCT, is a force-free trainer who offers limited B&T services in Putnam County, Florida.
- Christine Danker, CPDT-KA, KPA-CTP, PMCT3, of Albany County, New York, is a force-free trainer who has had considerable experience with B&T services.

■ **Find** a trainer who uses only reward-based methods, preferably a trainer referred to you by another training professional you trust, or a trusted friend who has had already used this service and is satisfied.

■ **Check out** the trainer’s website. Look for professional certifications that support force-free training. (See “Training Titles,” WDJ February 2014.) Look for incongruities, such as trainers who call themselves “positive” but photos on their websites show dogs

in prong collars, choke chains, and/or shock collars. Not a good choice. Instead, find a trainer who walks the walk as well as she talks the talk.

■ **Visit** the place where your dog will be staying. Is it safely and securely fenced? Double fencing is ideal, with fence in good repair, and latches in good working condition. Some trainers have B&T dogs live in their own homes, with their own canine and human family members. (These trainers generally take a very limited number of B&T clients, sometimes only their own already-existing clients.) If your dog will be kenneled, are the kennels clean and well-maintained, with appropriate climate controls?

■ **Verify** what kinds of tools and methods the trainers use and confirm these in writing in your B&T contract. Flat collars, martingales, harnesses, treats, praise, and toys: all good. Any mention of “e-collars” or one of the many euphemisms for “shock” (such as “e-touch,” “stim,” “remote,” and “tickle”) should send you running for the door. If more than one trainer will be working with your dog, confirm that each trainer shares your philosophy of force-free handling and training.

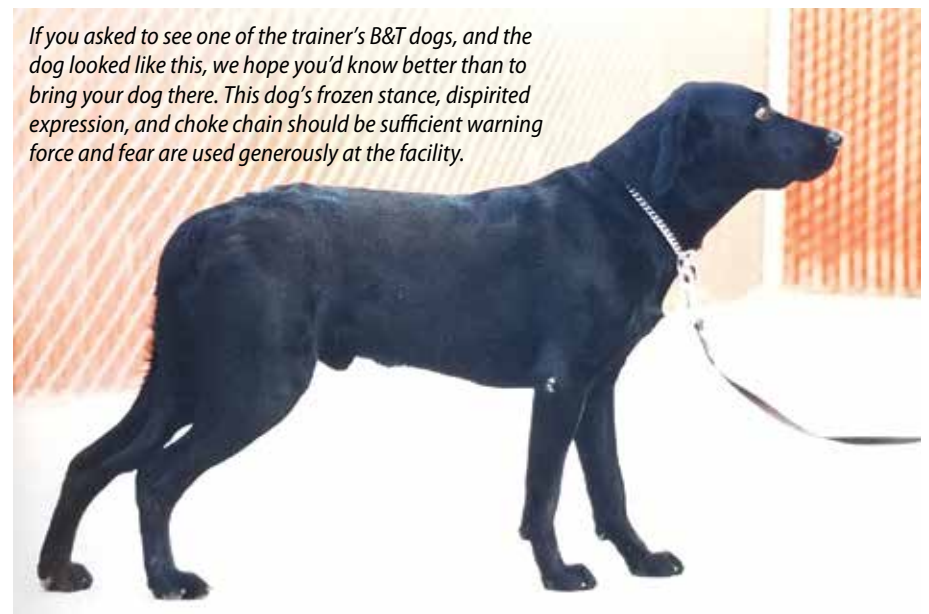
■ **Ask** how many dogs the trainer takes at a time. When you visit the

property, make sure the number of dogs present seems reasonable for the facilities and number of trainers available to work with the dogs.

■ **Inquire** if your dog will be taken off premises, and if so, for what reason(s)? Emergency vet visits, yes. Group play at the dog park or dog-pack walks should be a definite *no*. Will your dog be transported safely in a crate? If your dog needs veterinary care, will the trainer take your dog to your own vet, or to hers? (Yours is preferred, of course, but distance may be too great if you are traveling far to find an excellent B&T facility.)

■ **Ask** what skills will be worked on, and again, confirm the methods that will be used. Have the trainer give a demonstration but be ready to assertively interrupt if she begins to use any coercive methods, such as leash jerks, a loud voice, or physically forcing the dog into position.

■ **Look** at the dogs currently in the trainer’s care. Do they appear happy and *relaxed*? Quiet does not always mean stress-free; they may be intimidated. Look for dogs to move happily toward the trainer. Dogs who move slowly and/or with a lowered body posture and/or lowered head can indicate fear, deference, or appeasement. These



If you asked to see one of the trainer’s B&T dogs, and the dog looked like this, we hope you’d know better than to bring your dog there. This dog’s frozen stance, dispirited expression, and choke chain should be sufficient warning force and fear are used generously at the facility.

are sometimes a sign that aversives are being used in training and other interactions with the dogs.

If dogs are barking and jumping at kennel fences and kennel doors, how does the trainer handle the situation? There should be no yelling, squirt bottles, penny cans, or other aversives used to quiet barking dogs. Rather, puzzle toys and other environmental enrichment tools should be in place to help keep dogs quiet, as well as management (physical barriers to reduce stimulation).

■ **Ask** for references from previous clients. Contact and interview those clients in detail, asking specific

questions about their dogs' behavior before and after the training, and what tools and methods were used. Ask, too, what they loved about the trainer and her results, as well as anything that they were less than happy with.

PROTECTIVE PAPERWORK

If all looks good and you are ready to proceed, ask to see the provider's intake forms. Ideally, the provider wants a lot of information about your dog! There should be rigorous intake forms, including a dog behavior questionnaire, a pet profile and medical history, a board and train contract, and a veterinary release form (should your dog become ill).

■ **Make clear** that you are to be contacted *immediately* if your dog becomes ill; include this in your contract.

■ **Be prepared** to sign a contract that states exactly where the dog will stay, what skills will be trained, what tools and methods will be used, and how the dog will interact (if at all) with other dogs on the premises. Ask for the following to be included in the contract: that you will be sent daily updates and photos, that follow-up training notes and videos will be provided, and that emails or phone calls will be returned if you have questions, both during your dog's stay and after she comes home. If the trainer doesn't offer a contract, or

Trainers Comment on "Board and Train" Experiences

We asked several trainers how they feel about board and train practices. Here are some of their comments:

TRISH RYAN, PMCT-CERTIFIED POSITIVE TRAINER, PPG, APDT

For Paw Drive, Manchester, NJ

A friend of mine who is involved with rescue wanted to send one of their rescue dogs to a B&T that was recommended by someone and was purportedly "positive." She sent me the link and the first thing I looked at was the photo gallery. I asked her to tell me what was wrong with the pictures. She didn't understand; she didn't see anything wrong. I told her to take another look; every single dog was wearing a choke collar!

Also, in a Q and A section about their dog training program, they said, "Our training techniques are all very humane. Every trainer at [Name Redacted]'s Dog Training Company is here because they *love* dogs ... they are our passion. Therefore, we have found over years of dog-training experience that the most effective training method is positive reinforcement – not food or treats!"

This is obviously not a true positive-training facility.

CHRISTINE MICHAUD, CTC, PMCT, CPDT-KA

Family Dog Training LLC, Fairfax, VA

I just started to offer B&T and I take only one puppy at

a time, so it's super small scale. But I wanted to offer an alternative to the local boot camps that take puppies at 16 weeks, kennel them, shock them to teach sit, then send them home as temporarily obedient zombies.

I keep the puppies in my home, living as part of my family, not only so I can love and care for them the way their own family would, but also so they get experience in a home environment. I send them home happy, socialized, loved, and well-mannered for the family environment in which they will live, using toys, play, and meals to teach. I video their training and play sessions and send daily video to the family. I wish I could take 100 puppies!

KARLENE TURKINGTON, CPDT-KA

Pawsitive Results Dog Training, Opelika, AL

I've had a couple of dogs with issues from B&T. One was a client's dog, a huge Rottie. I was supposed to work with her on aggression issues and general obedience. On my first day training her, I was reviewing the cues she supposedly already knew. When I asked her to "down" she growled at me and ran across the room. She repeated this behavior twice more.

I asked the owners if they could explain why she did this. They could not – but about two years earlier they had sent her to a B&T. She didn't know the "down" behavior before, nor would she "down" on cue when she came back, but ever since she'd come back,

these specifics are not included, ask for it to be created.

■ **Understand** that you will still need to work with your dog when she comes home – B&T can't fix everything! Follow-up lessons with the owner should be part of the package and included in the contract.

■ **Insist** on writing “owner visitations” into the contract, to protect your dog from the criminal scammers, if your dog is going to be at B&T for more than a week or two.

■ **Call** in the authorities if even *one* of your visits is refused.

Remember that B&T professionals can't just wave a magic wand and fix your dog forever. If they could, they would all be millionaires! They can help manage and retrain behavioral challenges, but you are still responsible for managing and training your dog. They can teach you how to live successfully with your dog, but you'll still need to work with your dog yourself.

Because your dog likely has a prior history of being reinforced for the unwanted behaviors at home, she may well try them again, even if she learned new good-manners behaviors at the B&T. Make sure your B&T trainer gives you good information on how to help her generalize the desired behav-

iors to your home environment and is willing to continue giving you guidance along the way. 🐾

Contact information for all of the trainers mentioned in this article appears in the “Resources” section on page 24.

Author Pat Miller, CBCC-KA, CPDT-KA, is WDJ's Training Editor. She and her husband Paul live in Fairplay, Maryland, site of her Peaceable Paws training center. Miller is also the author of many books on positive training. Her newest is Beware of the Dog: Positive Solutions for Aggressive Behavior in Dogs. See page 24 for contact information, information on her classes for dog owners and trainers, and book purchasing details.

whenever they would ask her to down she behaved in just this way – so, of course, they had quit asking her.

I feel certain she had been forced into a “down” at the B&T and the growling was a sign of her fear about this. So instead of asking her to down, I simply started “capturing” the behavior (this is when a handler rewards the dog every time she happens to perform the behavior, until she does the behavior on purpose in order to get the reward; then and only then does the handler add a cue). Within a few sessions, she would down with no growl, because she really liked hotdogs!

BOB RYDER, PMCT-3, CPDT-KA
Pawsitive Transformations, Bloomington, IL

I've had only one board and train experience in my eight-plus years as a professional trainer. A young family was overwhelmed with an extremely energetic and intelligent Lab puppy. Mom, Dad, and three young kids were busy with careers, school, and sports, and barely had a moment left over for puppy training and exercise. The puppy spent long hours in a kennel and was a tornado of desperation and impulsive needs.

After half a dozen in-home training/coaching sessions, the family knew they needed more help and asked if I would board and train their puppy while they traveled for vacation. The puppy initially spent two weeks with us, then another week later during the summer when the family traveled again. During her time with me, the puppy was an all-star pupil. She was eager to learn and made meteoric progress.

When her family returned from their travels and picked her up, she went home with a “straight A” report card, an hour of in-home instruction in management and training games, and a detailed, written list of all her tricks and the signals to cue them. I could not have been more proud of the puppy or my efforts with her.

A few weeks later, I returned to their home for a follow-up session and found that the puppy had reverted to all of the fractious behaviors she practiced before our board and train project. The family had not changed their approach with her at all, and we were back to square one. It was *beyond* discouraging.

Soon after, the mom suffered a broken leg, dad was at wits' end, the kids were very disenchanted, and the puppy was back in the kennel much of the time. The mom asked whether I would consider adopting the puppy. Daisy has been with us ever since and is now a model of happy, self-controlled, good manners and cooperation.

I'd probably never do B&T again. The more experience I accumulate in training and behavior modification, the clearer it is to me that there's no substitute for a family or individual being able to understand their dog's physical and mental needs and to build a skill-set for positive-reinforcement training. Training a dog is not the same as installing an app on a smart phone or changing the tires on a car. Good training means helping the family and the dog build a relationship based on good information, skills, and mutual trust; it takes commitment that board and train can't replace.



Being There

Why you should look for a veterinarian who doesn't take your dog "into the back."

The treatment room at All About Animals, the veterinary clinic in Mahomet, Illinois, described by Linda Case in this article, is seen here through a specially installed window that allows owners to watch as their pets receive treatment in a sterile environment. Assisted by Caleb Hansen, CVT, Dr. Joella Koss is examining Linda's younger dog, Alice, while Alice keeps a watchful eye on her owner.

We switched to a new veterinarian last year. We made the change on a good friend's recommendation and could not be happier. Our new vet is thorough, compassionate, smart as a whip, and an outstanding diagnostician. Her staff members are also competent and welcoming. An additional virtue of this clinic is the topic of this article. Our new veterinarian's standard policy is that owners remain with their dogs and cats for physical examinations and for all health-care procedures that good veterinary practice allows.

Here is an example: Last summer, one of our Golden Retrievers, Cooper, developed an ear hematoma. I was away, so my husband, Mike, took Cooper to the clinic.

After an initial examination (conducted with Mike holding and talking to Cooper throughout), our veterinarian recommended a relatively new approach to hematoma treatment, in which the site is drained with a large-gauge needle and an anti-inflammatory agent is injected directly into the remaining pocket. It is an outpatient procedure, does not require anesthesia, and

is less invasive than traditional treatment protocols. But because it is a sterile procedure, Cooper would need to be treated in the clinic's pre-surgery room.

Fortunately – amazingly – the vet told Mike that the pre-surgery room has a large observation window, so Mike could watch as Cooper was being treated, if he so desired.

Mike *did* so desire. As Cooper looked back at him through the window (wagging his tail the entire time), Mike witnessed both the procedure and the gentle way in which Cooper was handled and spoken to throughout treatment. After the procedure, the veterinary technician (Cooper's new best friend), brought Cooper back out to Mike, and they were good to go.

Again, for emphasis: Throughout the entire examination and treatment, Cooper was either with Mike (for weighing, examination, and diagnosis) or Mike could see him through the window (during treatment).

STANDARD PROCEDURE

As many dog folks know, this level of transparency and owner involvement is no longer standard practice at many veterinary clinics. It is quite common today for clinics to require that owners relinquish their dog to a staff person while still in the waiting room. All physical examinations, vaccinations, and treatments are then conducted out of sight of the owner in a treatment room and the dog is returned to the owner at the end of the appointment.

I am going to be blunt; I have a strong opinion about this. There is absolutely no chance that I would allow any of my dogs to be taken "into the back" at a veterinary clinic for anything short of surgery. Our new vet does go above and beyond with her clinic's degree of owner involvement, but we have *never* been clients at a clinic that required our dogs to be taken away from us for examinations.





Most dogs are less anxious when their owners are able to stay with and comfort them at the vet clinic.

“order effect,” the sequence of the conditions varied and was randomly assigned. Examinations lasted about five minutes and included mild restraint, examination of the dog’s eyes, ears, mouth, and teeth; palpation of the lymph nodes and abdomen; manipulation of joints; and heart and lung examination with a stethoscope.

RESULTS

Unsurprisingly, veterinary visits are stressful to dogs:

■ **Waiting room stress.** All of the dogs experienced at least a low-level of stress during the pre-examination period in the waiting room. As they waited, many of the dogs showed frequent yawning, which is considered to be a displacement behavior during periods of emotional conflict. Some of the dogs also whined and vocalized.

■ **Examination stress.** The researchers found that all of the dogs, whether or not their owner was comforting them, showed a measurable stress response during the veterinary examination. Heart rate, ocular temperature, and lip-licking all increased during the examination period.

■ **Owner being there.** When owners stood close to their dogs and provided comfort by talking to and petting them, the dogs’ heart rates and ocular temperatures decreased when compared with the condition in which owners were *not* interacting with their dogs. Both of these changes are associated with a decrease in stress. Dogs also attempted to jump off of the examining table less frequently when their owner was providing them with comfort than when the owner was not comforting them.

The authors conclude: “The well-being of dogs during veterinary visits may be improved by affiliative owner-dog interactions.”

Just as I assume that parents would not accept such a policy from their child’s pediatrician, I would not expect owners to agree to be excluded from their dog’s veterinary examination. Yet, this is not only standard protocol in many clinics, but also a requirement of some for acceptance as a client.

Yeah, that’s not going to happen to any of *my* dogs. I am my dogs’ advocate as well as their source of comfort and security. Our dogs trust us to have their backs and at no time is this more important than when they are nervous or frightened, a common state of mind of many dogs during veterinary visits.

Until recently, this was a matter of opinion. However, a new study, conducted at the National Veterinary School of Alfort in France, examined whether a dog’s stress level during a veterinary examination was influenced by having their owner present and providing comfort¹.

THE STUDY

The objectives of the study were to measure dogs’ physiological and behavioral responses to a standard veterinary examination and to determine if having the owner present and providing comfort reduced the dog’s level of stress.

A group of 33 healthy dogs and their owners were enrolled. The dogs were at least six months of age and all had previous experience at a veterinary clinic. Heart rate, rectal temperature, ocular (eye) surface temperature, salivary cortisol, and stress-related behaviors were recorded before, during, and after a physical examination conducted in a clinic setting in two distinct conditions:

1. Contact: The owner stood next to the examination table at the dog’s side and comforted the dog by gently petting and talking to him or her quietly.

2. Non-contact: The owner was in the room, but did not interact with the dog and sat quietly in a chair located about 10 feet away from the exam table.

A balanced, crossover design was used. This means that each dog experienced two visits (timed one to two weeks apart) and was subjected to both conditions. To control for an

CITED STUDY

1 Csoltova E, Martineau M, Boissy A, Gilbert C. “Behavioral and physiological reactions in dogs to a veterinary examination: Owner-dog interactions improve canine well-being.” *Physiology & Behavior* 2017; 177:270-281.

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UP ON MY SOAPBOX

I know, these results are a no-brainer for many dog folks: Veterinary visits are stressful to dogs and being present to comfort and reassure our dogs reduces their fear and stress.

Unfortunately, in my view, this study did not go far enough, since it did not study the condition that I am most interested in learning about: when dogs are taken away from their owners and examined out of the owner's presence.

Interestingly, the argument that is made to support this practice at the clinics that insist upon it is that they remove dogs from their owners because the presence of the owner can cause the dog to be more stressed, not less so. Well, at the very least, these results provide evidence against that excuse.

And – an excuse it truly is. Perhaps this sounds harsh (remember, I *am* standing on a soapbox!), but my belief is that these policies are in place more for the convenience of the clinic than for the benefit of the dogs. No doubt, reducing client interactions in an examination room is more expedient and efficient (for the clinic).

And, there is also that pesky issue of transparency. An owner who does not have the opportunity to witness how her dog is handled, spoken to, examined, or treated cannot question or criticize. There is really no other

way to say this: The risk of owner displeasure and complaints is reduced by not having owners present while dogs are being examined and treated.

So, personally, I am happy to see these results, as they can be used as evidence when responding to a clinic that insists it is less stressful for dogs to be removed from their owner during examinations and routine procedures. Petting and talking to our dogs when they are upset during a veterinary visit reduces their stress. We have the data. (Not to put too fine a point on it, but these results also provide more ammunition to combat the still-present [and false] belief that calming a fearful dog “reinforces fear.” I address that particular issue in more depth in my book *Dog Smart*).

Hopefully, we will see a follow-up study that examines dogs' responses to “no owner present” policies. Regardless, the data that we currently have encourage us to stay with our dogs during veterinary visits and examinations. It is quite simple really: Just. Be. There. Insist upon it. 🐾

Linda P. Case is the owner of AutumnGold Consulting & Dog Training Center in Mahomet, Illinois. Linda is the author of Dog Food Logic, has a new book, Dog Smart, and writes The Science Dog blog at thesciencedog.wordpress.com. See page 24 for contact and book information.



The policy of taking dogs “in the back” for exams and treatment is more convenient for the veterinarian and her staff – but it can increase your dog’s anxiety and mistrust of the veterinary staff.

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