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The Whole



Dog Journal™

A monthly guide to natural dog care and training

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The first thing you need to know about canine allergies is that every type makes dogs itchy. Here's how to diagnose, treat, and manage the allergic dog so he can stop licking, chewing, and scratching himself to pieces.

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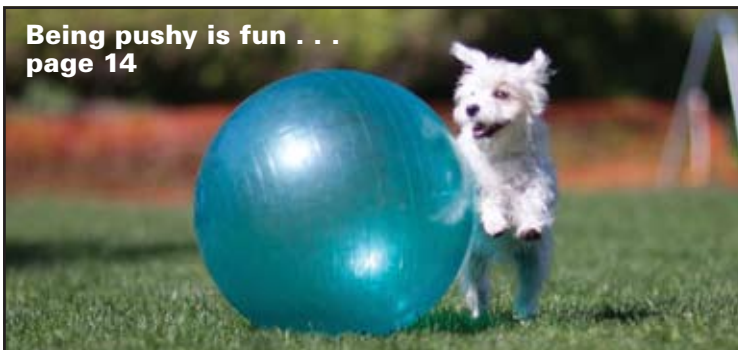
Conquering the fears of this 165-pound dog was no small challenge.



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PHOTO BY BLUECOCOS.SMUGMUG.COM

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Live and Learn

... and your next dog will benefit even more.

BY NANCY KERNS

For months now, I've been planning and thinking about and making notes for "Itching to Be Well," the article about canine allergies that I wrote for this issue. My last dog, a Border Collie named Rupert, has been on my mind as I've been working on the article. Rupe was itchy most of his life, and though I became aware early on that he had a severe hypersensitivity to flea bites – the bite of a single flea could turn him into an obsessively scratching, chewing, red, irritated mess within hours – it took me almost a decade to discover that he also was allergic to chicken.

How could it take me that long? Rupert was seven or eight years old when I was asked to edit the inaugural issue of WDJ, an incredible (to me!) 14 years ago. I came to the publication from a career editing horse magazines; I was a rather average dog owner at the time. I knew enough to understand that there was *some* connection between his food and his health, but not enough to diligently record what was in the foods and treats I bought for him, or what sort of response he had to them. Sometimes he was itchier than other times; I wasn't sure why. When his chewing and scratching got severe, and he mutilated himself in an effort to stop the itching, I'd take him to the vet for some steroids. That cortisone is a real miracle drug.

Please don't judge me! I didn't know better – and I have to say, *none* of the veterinarians I brought Rupert to (for his occasional steroid shots and pills) said much to educate me about what else I

could be doing to identify the substances that were torturing my dog, so that I could better manage Rupert's exposure to them. That is, until I started editing this journal and visiting a different type of veterinarian.

Holistic vets! I wasn't in Kansas anymore! (Metaphorically speaking, of course; there are actually some *great* holistic vets in Kansas.) The first holistic vet I took Rupert to was the first vet I ever met who *didn't* want to vaccinate my dog for *something*; in fact, he suggested that Rupe not be vaccinated again at all until we improved his health. What was he talking about? Rupert was a healthy dog; he just had these weird itching fits, so much so that he'd start a "hot spot" and need antibiotics. And he did have a lot of ear infections, but that's just life, right?

Well, this is just embarrassing. Suffice it to say that I know better now. I know enough to be really worried about my dog Otto, because in the past week, he's suddenly started licking himself a *lot*, and all over. He's been mildly itchy in the spring since I adopted him almost three years ago, but this is definitely a new behavior. I suspect atopy, an allergy to something in the environment – probably tree pollen. I'm giving him a bath tomorrow, and have an appointment to see our vet later this week (it won't be for steroids).

Rupe, I'm dedicating this issue to your memory. Thanks for the education; sorry I was so slow.

NK



MISSION STATEMENT: WDJ's mission is to provide dog guardians with in-depth information on effective holistic healthcare methods and successful nonviolent training. The methods we discuss will endeavor to do no harm to dogs; we do not advocate perpetrating even minor transgressions in the name of "greater good." We intend our articles to enable readers to immediately apply training and healthcare techniques to their own dogs with visible and enjoyable success. All topics should contribute to improving the dog's health and vitality, and deepening the canine/human bond. Above all, we wish to contribute information that will enable consumers to make kind, healthy, and informed decisions about caring for their own dogs.

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FDA Notifies Veterinarians of Phenobarbital Recall

Mislabeled tablets contain the wrong drugs

On March 10, the U.S. Food and Drug Administration's Center for Veterinary Medicine (CVM) advised veterinarians about a recall of a human drug, phenobarbital, which is used extra-label for pets. On February 5, Qualitest Pharmaceuticals recalled certain lots of product that was labeled as phenobarbital – but was actually hydrocodone/acetaminophen (Vicodin).

The recalled product is identified as Phenobarbital Tablets, USP 32.4 mg, NDC 0603-5166-32, 1,000 count, lot numbers T150G10B, T120J10E, and T023M10A. The tablets in these lots are large, pink, and capsule-shaped, marked with a “V” on one side and “3600” on the reverse. They were distributed to retail and wholesale pharmacies between September and December 2010.

Phenobarbital is prescribed to control seizures in dogs and other animals. Because of the mix-up, pets may be given Vicodin tablets instead of the intended phenobarbital. Dogs who do not get their usual dose of phenobarbital may begin seizing. Frequent or prolonged seizures require veterinary intervention to prevent hyperthermia.

In addition, CVM has received at least three reports of serious adverse events involving dogs treated with these “phenobarbital” tablets.

Administration of acetaminophen can cause liver damage, and can also damage red blood cells, eventually leading to death. It is deadly to cats. Signs of acetaminophen toxicity include vomiting, difficulty breathing, brown-colored gums, drooling, brown or bloody urine, and convulsions. Liver failure can be associated with abdominal pain, jaundice (yellowing of the gums and whites of the eyes), and mental confusion.

Hydrocodone is a potent narcotic sometimes used for cough suppression in dogs; high doses can cause respiratory suppression, extreme drowsiness, slow heart rate, and death. Combining hydrocodone



If you give your dog phenobarbital, check with your vet to make sure you don't have some of the recalled product, which is the wrong drug entirely.

with barbiturates such as phenobarbital increases the risk of serious side effects.

It is not clear to whom adverse events should be reported. Try the FDA's Safety Reporting Portal at www.safetyreporting.hhs.gov, which is used to report problems with animal drugs, or call them at the number below. – *Mary Straus*

For more information:

FDA's Center for Veterinary Medicine, 240-276-9300

www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm246624.htm

www.fda.gov/Safety/Recalls/ucm242398.htm

One More Reason to Fight Flea Infestation

Two Oregon residents (and their dog) contract bubonic plague, probably from fleas

In late February, the Centers for Disease Control and Prevention published a report about two people who live in the same home in Lake County, Oregon, who were diagnosed with bubonic plague

– the only two cases of the disease in the United States in 2010. Because bubonic plague is so rare in the U.S. – and potentially deadly – the victim's county and state health departments, as well as the CDC, all participated in investigating how the

patients contracted the illness. Eventually, all fingers pointed at a third member of the household: the family dog. More specifically, fleas on the family dog.

The bubonic plague is caused by a bacteria, *Yersinia pestis*, that is carried from host to host in the gut of infected fleas. In the United States, it's the “rat flea” (*Xenopsylla cheopis*) that is the most common vector of the *Yersinia pestis* bacteria. Despite the name, the rat flea afflicts rats, mice, chipmunks, prairie dogs, and ground squirrels – and if its host dies, the flea will hop aboard any mammal that happens by.

Without appropriate treatment, two out of three infected humans die within six days of infection with bubonic plague.

Though the plague victims in Oregon were not accurately diagnosed until weeks

after their health crises, the antibiotics and other supportive care they received saved their lives. Once the diagnosis was confirmed, investigators tested the family dog, and determined that it, too, had been bitten by an infected flea and had recovered (on its own) from a *Yersinia pestis* infection.

A number of press reports mentioned the fact that the dog slept on the bed of one of the family members and hinted that dogs should not sleep with humans; most of the reports also recommended that dog owners run out and buy flea collars for their dogs. Flea infestations cause far more common hazards – to humans *and* dogs – than the plague. Flea control should be a top priority for every dog owner, but flea collars have been largely replaced with more effective treatments.

– *Nancy Kerns*



PHOTO BY WARREN ROSENBERG
DREAMSTIME.COM

Itching to Be Well

The major symptom of every type of allergy in dogs is itching.

BY NANCY KERNS

Maybe this has happened to you: You're reading or watching TV or at your computer, and your dog is lying on the carpet near you. You're absorbed in what you are doing, but all of a sudden, you realize that your dog is licking or chewing himself, or scratching his ear with a hind paw. "Hey!" you say to your dog. "Stop that!" Your dog stops, looks at you, and wags his tail. You go back to doing what you were doing – and a few minutes later, you hear the tell-tale sounds of licking or chewing or scratching *again*.

Every dog does a certain amount of self-grooming to keep himself clean – and every dog owner should be aware of how much is normal, and how much is *too much*, because "too much" is often the first indication that a dog is having an allergy attack.

What you can do . . .

- Pay close attention when your dog scratches, chews, or licks himself excessively; note the event on a calendar somewhere.
- Look for a veterinarian who will do more than try to sell you a "prescription" food and steroids.
- Consider immunotherapy for severely allergic dogs.
- Give every allergic dog a fatty acid supplement.
- Practice good housekeeping practices; keep the dog, his bed, and your home as clean as possible.



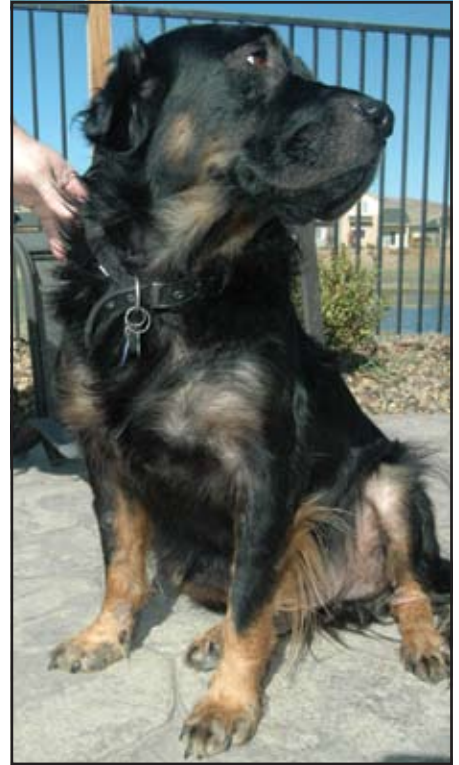
The most common sign of allergy in the dog is *itching*. When humans have an allergy attack, the most common symptoms are itchy, teary eyes; a runny nose; sneezing; and nasal congestion.

In contrast, allergic dogs itch all over. And so they scratch, chew, and lick themselves, trying to relieve that unrelenting itching sensation in their skin or paws or ears. The itch might keep them up at night (which might affect your own sleep, if their beds are in the same room as yours), make them cranky and out of sorts, and cause them to damage their skin.

In the throes of an acute allergy attack, dogs can lick, chew, or scratch a hole in themselves within just a few minutes of intense activity, allowing bacteria to gain access to several layers of skin and tissue and triggering a dandy infection. The itching in their paws may cause them to lick until sores develop between their toes or their paw pads develop ulcers. And the itching sensation in their ears can lead them to claw at their ears enough to damage and inflame the tissue, leading to infection and – if they shake their heads violently – cause blood vessels to burst in their ear flaps, leading to an excruciatingly painful, swollen ear. Untreated, ear hematomas (as they are called) can lead to tissue death and cause permanent disfigurement of the ear.

Over a lifetime, chronic allergies can leave dogs depleted and irritable, with low-level infections constantly breaking out on their skin, feet, and in their ears; worn front teeth (from chewing themselves); and smelly, sparse coats that neither protect them well from the elements nor invite much petting and affection from their owners. Chronic allergies can also deplete an owner's time and financial resources – especially if the owner fails to take the most effective path to helping her dog.

Unfortunately, most dog owners rely solely on their veterinarians to take care of the problem with a shot or a prescription or



This five-year-old dog had severe allergies. His coat is thin and his skin is thick and scaly everywhere he's been able to rub, lick, or scratch. Up until this point, his food was never changed; his vet prescribed nothing but steroids.

a special food; they are unaware that they are in the best position to help their dog in a significant way. While veterinary diagnostic and treatment skills will be important in the battle, it's the owner's dedication to his dog, acute observation skills, and meticulous home care that will ultimately win the war against allergies.

Before discussing what can be done about allergies, let's make sure you're clear about what canine allergies are, and what they are not.

Canine allergy basics

In the simplest terms, allergy is the result of an immune system gone awry. When it's

functioning as it should, the immune system patrols the body, with various agents checking the identification (as it were) of every molecule in the body. It allows the body's own molecules and harmless foreign substances to go about their business, but detects, recognizes, and attacks potentially harmful agents such as viruses and pathogenic bacteria.

When a dog develops an allergy, the immune system becomes hypersensitive and malfunctions. It may mistake benign agents (such as pollen or nutritious food) for harmful ones and sound the alarm, calling in all the body's defenses in a misguided, one-sided battle that ultimately harms the body's tissues or disrupts the body's usual tasks. Alternately, the immune system may fail to recognize normal agents of the body itself, and start a biochemical war against those agents.

The three most common types of canine allergy are, in order of prevalence:

- Flea bite hypersensitivity (known informally as “flea allergy”)
- Atopy (also known as atopic disease or atopic dermatitis)
- Food hypersensitivity (also called “food allergy”)

Let's take a closer look at these three most common canine allergies.

■ **Flea bite hypersensitivity** – Have you ever been bitten by a flea? If so, you know how irritating the bites can be. The flea injects its saliva into its bite during feeding to prevent clotting of its host's blood. The flea's saliva is what some dogs are allergic to – but even nonallergic dogs suffer skin irritation from flea saliva.

The site of a flea bite often develops a raised, red, itchy papule in allergic and nonallergic animals alike. The difference is, in a nonallergic animal, the number of papules and the amount of itching will be roughly congruent with the number of bites the dog received. (If a nonallergic dog was bitten just once or twice, he will experience itching and a bump on the skin in just those sites.)

Contrast this with an allergic dog, who may exhibit a severe reaction to just one or two flea bites, with generalized dermatitis and oozing papules emerging over his entire body. If you can't find any fleas on your dog, or found just one flea after 10 minutes

Allergy Glossary

Allergen: A substance that causes an allergic reaction. Anything can be an allergen to a hypersensitive individual, even water. The term has meaning only in relation to an individual who is hypersensitive to that substance.

Allergen-specific immunotherapy: Also known as “allergy shots.” An injection that is custom-made for each patient based on results of intradermal skin tests. The injections contain saline solution and tiny amounts of (commercially produced) extracts from the substances to which the patient is hypersensitive. The injections are given once or twice weekly for four to six months (or longer); the amount of the allergens that the injections contain is slowly increased until a “maintenance dose” is achieved. This therapy is extremely effective, though time-consuming and (over time) expensive.

Allergic contact dermatitis: A hypersensitivity reaction to skin contact with an environmental substance.

Alopecia: Hair loss.

Antibody: Also known as immunoglobulin. A complex Y-shaped protein used by the immune system to identify and neutralize foreign substances. Antibodies are produced by white blood cells.

Antigen: A molecule that induces the formation of antibodies.

Atopy: Also known as “canine atopic dermatitis.” A hereditary and chronic allergic skin disease. Dogs may be allergic to inhaled substances or substances their skin has come in contact with. Redness and hair loss from scratching is often worst around the eyes, muzzle, ears, and on the feet.

Food hypersensitivity: Also known as “food allergy.” An uncommon, nonseasonal hypersensitivity caused by a dietary substance; an abnormal immunologic response to an ingested substance. Food hypersensitivity is not usually associated with a change in diet. Most dogs who develop the condition have eaten the same food for more than two years. A dog can develop a food allergy to any food, but the most commonly incriminated foods in canine food hypersensitivity include beef, dairy products, lamb, poultry products, wheat, soy, corn, rice, and eggs. (Note that these are also some of the most common ingredients in commercial pet food.)

Intradermal (skin) tests: A test in which tiny amounts of various environmental allergens (such as local tree, grass, and flower pollens) are injected under the dog's skin, and the skin is observed for a reaction. Redness and swelling indicates a substance to which the dog is allergic. Needed in order to customize a dog's immunotherapeutic injections (“allergy shots”).

In vitro diagnostic tests: Also known as blood or serologic tests for antigen-induced antibodies, ELISA, or RAST tests. Not very reliable indicators of allergy because of the large numbers of false positive and false negative results.

Pruritus: Itchiness; an unpleasant sensation that causes the desire to scratch.

Pyoderma: A bacterial infection of the skin. Generally treated with antibiotics, but the underlying cause of the infection needs to be addressed, too, so the condition doesn't recur. The type of antibiotic prescribed will depend on whether the pyoderma originates from deep within the skin or closer to the surface (superficial).

Pyogenic: Bacterial infection that produces pus (dead white blood cells).

Other Conditions That Can Cause Itching

Allergies are not the only reason that dogs itch. In fact, to properly diagnose hypersensitivity, one of the first things a veterinarian needs to do is to rule out other potential causes of itching. “Allergies are a diagnosis of exclusion,” says Donna Spector, DVM, DACVIM, an internal medicine specialist with a consulting practice in Deerfield, Illinois. A dog’s medical history can sometimes help his vet identify the reason for the dog’s itching, but in other cases, the history may be lacking (such as with a shelter dog).

In other cases, a good history may exist, but the picture it presents is muddled. Complicating the diagnostic task is the fact that some causes of itching may actually be a secondary effect of the dog’s allergy. For example, a dog may be itchy because he has a yeast infection (an overgrowth of an organism commonly found on even healthy dogs) – or he may have developed a yeast infection as a result of licking and chewing (due to an allergy), which created the conditions in which the yeast organism thrives. It may take some time and tests for your vet to sort it all out. Here are some of the *other* conditions that can cause dogs to itch.

- **Bacterial infection** (pyoderma)
- **Contact dermatitis** from exposure to a caustic agent
- **Drug reaction**
- **Fungal infection** (including yeast)
- **Hyperadrenocorticism** (Cushing’s disease – causes a secondary infection)
- **Hypothyroidism** (causes a secondary infection)
- **Immune-mediated disorders** – Includes conditions such as systemic lupus erythematosus (SLE)
- **Liver, pancreatic, or renal disease**
- **Parasitic infection** – Includes internal parasites, as well as external parasites such as fleas, ticks, and mites. Three main types of mites are most problematic: *Cheyletiella* (“walking dandruff”); *Demodex canis* (which causes demodicosis, also known as red mange or demodectic mange); and *Sarcoptes scabiei canis* (which causes scabies, also known as sarcoptic mange)

of using a flea comb on him, and yet he’s scratching himself raw all over, he’s very likely allergic to flea bites.

Like all allergies, flea bite hypersensitivity is a heritable trait; dogs from families with lots of allergies have a predisposition to develop allergies, too. It’s been estimated that about 40 percent of all dogs are hypersensitive to flea bites. In areas with cold winter temperatures and a resulting flea-free season, dogs who are allergic to flea bites will enjoy an itch-free period; in warmer climates, where fleas are a year-round problem, the flea-allergic dog’s suffering will be year-round as well.

Flea-bite hypersensitivity usually gets worse throughout the dog’s life. Each year,

the signs of the allergy will start earlier and last longer in the “flea season,” and the itching will be more severe.

■ **Atopy** – Atopic disease (AD) in dogs is roughly analogous to hayfever in humans – except that instead of a runny nose and sneezing, a dog with this allergy will *itch*. Dogs with AD may be allergic to pollen, mold spores, dust, dust mite droppings, and other common environmental antigens. Dogs may be exposed to these allergens through breathing them in (inhalant transmission) or through transcutaneous exposure (through the skin). Estimates vary, but it’s generally accepted that 10 to 15 percent of all dogs have AD.

Dogs of any breed can suffer from atopy, but because the predisposition to the condition is heritable, the allergy is observed very commonly in dogs of certain breeds.

All dogs (like all humans) will experience an occasional itch. But dogs with AD will stop in the middle of eating or playing in order to scratch or chew themselves; it will be difficult to interrupt them or prevent them from scratching or chewing intently. The most common sites that atopic dogs focus on are the feet (which are licked or chewed); face (which they will rub against carpet or furniture); and ventral areas (tummy and groin are licked; “armpits” are scratched).

About 80 percent of atopic dogs also display flea bite hypersensitivity.

■ **Food hypersensitivity** – A true allergy to foods is less common than many dog owners believe. Some experts estimate the prevalence of food allergy in dogs at 1 to 5 percent; other sources suggest a figure as high as 10 percent. However, almost half (43 percent, according to one study) of dogs who suffer from food allergy also exhibit other hypersensitivities, complicating the diagnostic picture.

Clinical signs of food allergy are extremely variable. The skin, gastrointestinal tract, respiratory tract, central nervous system, and any combination of these may be affected; the skin, however, is most frequently involved. Nonseasonal, generalized itchiness (pruritus) is the most common sign, with a distribution of itchiness on the dog’s body that is indistinguishable from that of atopy. About 10 to 15 percent of food-allergic dogs with dermatologic symptoms also suffer from gastrointestinal symptoms, including diarrhea, vomiting, gassiness, and cramping.

Food hypersensitivity can begin at any age, even late in a dog’s life. Allergies that start before a puppy is six months old are most likely caused by food.

Remember, “food allergy” and “food hypersensitivity” are the same thing; by definition, this condition is characterized by an abnormal immunological response to food. Don’t confuse those terms with “food intolerance,” which is an abnormal but *non-immunological* response to some foods. Dogs with food intolerance are far more likely to suffer digestive problems, such as vomiting, diarrhea, and gas.

Flea bites, environmental allergens, and food account for the vast majority of

cases of canine allergy. But dogs can be hypersensitive to all sorts of other things, including the bites of flies, mosquitoes, ticks, and mites; drugs, medications, and nutritional supplements; various fungal and yeast species; internal parasites (such as ascarids, hookworms, tapeworms, whipworms, and heartworms); and even their own sex hormones (in intact animals).

Diagnosis

Ideally, hypersensitivity to any substance would be confirmed by eliminating it from the animal or the animal's environment, observing an improvement in the animal's condition, and reintroducing it with a resulting resumption of signs of allergy. Then, "all" an owner would have to do is prevent his dog's contact with that substance forever!

If you and your allergic dog lived in a bubble, your task would be a bit simpler; you could control the environment with precision and alter just one environmental variable at a time. But most dogs who are hypersensitive are often allergic to more than one type of allergen. Plus, the world is a dynamic, unpredictable place. Someone can casually hand your dog a treat he's not supposed to have, or he can dive for and gobble an unidentifiable chunk of matter, and ruin weeks of a carefully constructed food elimination trial. A friend can stop by your house with her dog – and some fleas he just picked up at the beach – and the flea bites your dog received unbeknownst to you can result in a hypersensitive response that leads you to suspect your dog's current *food* by mistake.

Even in the best of circumstances, identification of the substance or substances to which a dog is hypersensitive requires absolute diligence and daily observation from the dog's owner, and an alert, interested veterinarian. And sometimes, the process can take years.

The first step, though, is finding a motivated veterinarian, and making an appointment for your itchy dog. There are many medical conditions that can cause itching, and the veterinarian will need to examine your dog, take a good history, and perhaps run some tests to rule out some of the nonimmunological causes of itching.

The history is particularly important. An astute veterinarian will be able to formulate likely theories about a dog's allergic triggers based on the information you provide.

"You can find *almost* everything you



This senior dog was so infested with fleas, it was impossible to tell whether he was allergic to their bites, or whether the fact that he constantly chewed himself was entirely in proportion to the number of fleas on him. The first step would be to get him flea-free.

need to know by taking a good history," says Donna Spector, DVM, DACVIM, an internal medicine specialist with a consulting practice in Deerfield, Illinois. "There are good clues to be found in such facts as the environment the dog lives in, when the allergies started, the location on the body that is most affected, whether there is a seasonal component, the dog's breed, and any medications he's been given and what sort of response he had to those drugs. All these things will help pinpoint the most likely causes of the dog's itching."

Histories are *most* helpful, of course, when an owner has solid information to pass along. Dates of major itching episodes are perhaps the most helpful, because the date can often correlate to the prevalence of certain environmental allergens. The dog's age and the season at the onset of the dog's itching are significant. A full 75 percent of dogs with atopy show signs before they are three years of age. (However, the signs during the dog's first year are often mild, and the owner may hardly

recall the incident.) Also, curiously, dogs whose families move a lot when the dog is young may not show clinical signs of their allergy until they are older.

Highly inbred dogs whose relatives have a high prevalence of allergies may experience serious allergic episodes before they are six months old. Studies have shown that more than three-quarters of the dogs who are diagnosed with atopic allergies first showed signs in the spring, with the majority of the rest showing their first signs in winter.

The vet will want to know when your dog started itching (based on his self-scratching and chewing behaviors), how long the period of itchiness lasted, whether it changed in intensity, and what locations on his body he scratches the most. As eclectic as these facts might seem, each indicates something different about the dog's condition. For example, "flea bite hypersensitivity" often starts on the dog's back end and gradually spreads to more and more of his body, whereas a dog whose face seems to itch the most may have an autoimmune disease.

This is yet one more reason why we strongly suggest that all dog owners keep a journal for their dog's health, or at a minimum, make notes on a calendar or planner about his health. Memory is highly fallible, but even a short note on a calendar ("March 1; Leroy licking his feet.") can lead to a diagnosis, especially when one reviews the notes for a couple of years and finds a seasonal pattern in the dog's symptoms. Note things such as when his diet is changed, when flea, tick, or heartworm preventives are administered, and of course, whenever you notice a significant change in his health, habits, or attitude. Your vet's records will help fill in information about when (and why) your dog was seen at the veterinarian's office, vaccinated, or given medications.

The vet should also conduct a very thorough and systematic physical examination. Every inch of the dog's body should be inspected for lesions or redness, with special attention paid to the feet (especially between the toes) and inside the dog's ears.

As part of the examination, the vet may use a small instrument to scrape cells from your dog's skin. She will examine the samples under a microscope to look for mites, bacteria, and yeast.

After taking your dog's history and conducting an exam, the veterinarian may

want to run some tests. The ones she orders will depend on what her observations thus far lead her to suspect, or what she'd like to rule out. See "When It Comes to Allergy Tests, Some Flunk," below.

If your vet suspects food allergy, or wants to test whether a food allergy might be a component of your dog's itching, she might suggest a food elimination trial. The results can be rewarding, either confirming the presence of a food allergy or proving that your dog's allergies are not related at

all to his diet – but only if you are able to maintain strict control over every molecule that your dog eats during the duration of the test. See "Food Elimination Trial: A Valuable Tool (When Done Correctly)," on the next page.

Treatments

Once you and your veterinarian think you have a handle on what your dog is allergic to, it's time to talk about treatment. Conventional western medicine

acknowledges three major approaches for treating allergy:

- **Avoidance**
- **Symptomatic therapy**
- **Immunotherapy**

■ **Avoidance** is brilliant. If your dog is allergic to something, you can just keep him away from it. No exposure = no reaction = no treatment! Simple!

Well, it's simple when it comes to al-

When It Comes to Allergy Tests, Some Flunk

There are a few different types of tests available that purport to identify the allergens to which a dog is hypersensitive; some of them are helpful, and some are a waste of time and money. Since all of them are commonly referred to as "allergy tests," few people know which ones are credible, and which ones are not. The following is a brief description of the types of tests available for allergy diagnosis.

■ **Blood (serologic) tests for antigen-induced antibodies**

– Two different methods (RAST and ELISA) are used for the most common commercial test products used by veterinarians, and the tests may be referred to by those names or by the name of the company whose test kit uses the methodology (such as Heska, Greer, or VARL). These tests are designed to detect antibodies that a dog has produced in response to specific environmental antigens. By identifying the antibodies, the tests were supposed to be able to deliver clues about the environmental substances that the dog's immune system is treating as an "invader."

Historically, the tests have been unreliable, with lots of false positive and false negative results, though the technology has improved over the years.

If the test results indicate "55 different things your dog is supposedly allergic to," says Dr. Donna Spector, owner of SpectorDVM Consulting, in Deerfield, Illinois, it's not particularly helpful, "and not particularly believable, when the results indicate your dog is allergic to something that he doesn't even have significant exposure to." However, she adds, if there is a really strong positive result, "not just one or two points above what they say is normal, but *really* strong results, you have something you can ask the owner about. 'Does your pet have exposure to oak trees?' If the owner says, 'Oh yeah, they're all over our property, we're loaded with oak trees!' then you've got something you can work with." Or rather, something you can target with immunotherapy (allergy shots).

Dr. Spector has one suggestion for those considering paying for one of these tests: "It's best to test right *after* the dog has gone through his worst allergy season, because his antibody levels will be the highest at that time, and you can get the best picture of what really bothers him the most. Sometimes a vet will run a blood test randomly, say, in the middle of winter, or 'in preparation for the upcoming spring,' and it is not as helpful."

■ **Skin (intradermal) tests for environmental allergens** –

In an intradermal test, tiny amounts of a number of suspected or likely local allergens are injected just under the dog's skin. The location is shaved (the better to observe the reaction of the skin and underlying tissue) and marked (with a pen), so the response to each allergen can be recorded. Swelling and/or redness indicates the dog is allergic to the substance injected in that spot.



**After-
math of
a skin
test.**

Identification of the substances to which a dog is allergic is helpful for two reasons. First, if the allergens that are problematic for a dog are known, the dog's owner can try to prevent (as much as possible) the dog's exposure to them. Second, testing identifies the allergens to be chosen for inclusion in customized allergy shots (also known as "immunotherapeutic injections").

Most veterinary dermatologists feel these tests are much more reliable than blood tests for antibodies. It should be noted that the testing is more time-consuming and expensive, not to mention stressful for the dog, who must be observed *very* closely, several times, by a stranger!

■ **Tests for food allergies** – Both blood and skin tests for food allergies exist, but it's difficult to find anyone (besides the companies that produce the tests) who feels the results are worth the paper they are printed on. It would be exciting and useful if it worked, but so far, the tests are a work in progress, with only an estimated 30 percent accuracy rate. Why would you bother – especially when you can conduct a food elimination trial that will deliver much more accurate information about your dog's food allergies.

lergens that the dog might eat or a drug he might be given. But only rarely can one control a dog's environment so assiduously as to entirely prevent exposure to airborne allergens such as pollen or dust.

My dog Rupert (long-deceased) was diagnosed as being allergic to redwood trees. At the time, we lived in a home that had a 150-foot redwood tree towering over it. Cutting down the tree was not an option. Poor Rupe! Fortunately, there were other options. I tried to reduce his exposure to the tree's pollen and the dirt and dust under the tree (which I imagined was saturated with the tree's pollen). I didn't let him lie in the dirt under the tree; I bathed him (with a gentle dog shampoo) pretty much weekly; I washed his bedding weekly; I ripped out all the carpet in the house and kept the floors as clean as possible.

"Good housekeeping practices can help a lot," agrees Dr. Spector. "I recommend washing the dog's bedding frequently, at least once a week, in a hypoallergenic detergent. Wiping the dog with a damp cloth to remove airborne allergens, and brushing the haircoat regularly, helps distribute the natural oils and prevents mats that can irritate the skin. With some of the worst

cases, I recommend using hypoallergenic pillowcases or mattress covers on the dog's bed, so he can't come into contact with any sort of fiber except the hypoallergenic ones. I might also suggest using a HEPA filter. And I'd think about keeping the dog inside on high-pollen days."

■ **Symptomatic therapy** means treating the dog's symptoms. Through varying actions, **anti-inflammatory drugs, antihistamines, and corticosteroids** all counteract some of the inflammation summoned by the hypersensitive response. Of the three types of drugs, corticosteroids are the most effective at reducing inflammation, but they also pose higher risks to the dog if overused. See "Corticosteroids: Lifesaver or Killer?" next page.

Surprisingly, some **antidepressant** medications have proven to be helpful in reducing the urge of some allergic dogs to engage in self-mutilation.

Fatty acid supplements have emerged as safe and incredibly beneficial for allergic dogs. "Fatty acids have a really amazing anti-inflammatory effect on the skin," says Dr. Spector. "Mildly allergic dogs respond best to them. In my opinion,

severely allergic dogs should be on them as well; combined with an antihistamine, or some of the other treatment methods, you can get some great results. Fatty acids are incorporated right into the skin layers. They help improve the barrier of the skin, and help decrease the inflammatory cells in the skin."

Dr. Spector uses a number of fatty acids supplements, but admits she most frequently reaches for the products made by Nordic Naturals.

■ Better known as "allergy shots," **immunotherapy** consists of a course of injections of a saline solution; a tiny dose of the substance to which a patient is allergic is added to the solution. Generally, the shots are given once or twice a week for months, with the dose increased slightly each time until an effective dose is reached. The injections of the tiny dose helps the dog's body become accustomed to the substance. In the best case scenario, after months of the shots, the dog no longer reacts to the substance when he encounters it in the environment.

In order to create immunotherapy customized for the patient, the veterinarian

Food Elimination Trial: A Valuable Tool (When Done Correctly)

A valid food elimination trial for the purpose of confirming food hypersensitivity consists of three phases: elimination, challenge, and provocation.

In the first (elimination) phase, the dog is fed a diet consisting of a single protein source and a single carbohydrate source. Both of these ingredients should be completely "novel" to the dog – foods he's never eaten before. (Thirty years ago, lamb and rice was the go-to food elimination diet, because those ingredients were not yet widely available in commercial pet foods. Because the diet was novel, few dogs had developed allergies to those ingredients, and "lamb and rice" gained an unearned reputation as a "hypoallergenic" diet. Many dog food companies rushed lamb- and rice-based diets to market, and the early results were good, since the formulation was novel. However, the ingredients are common in dog food formulations today; neither is likely to be completely novel to today's hypersensitive dog.)

Today's pet owners are fortunate in having novel proteins such as kangaroo, beaver, pheasant, and rabbit readily available in frozen and canned form. Novel grains such as quinoa, barley, or amaranth can be easily found in health food or gourmet food stores.

During this phase, the dog must be prevented from eating anything else: no leftovers, bones, chews, treats, or even supplements. If his itching has not reduced by at least 50 percent after a period of 8 to 12 weeks with no other foods

crossing his lips, you can tentatively conclude that either A) his allergies are not related to his diet; or B) that you have, by some bad luck, used a food to which he is also allergic. You can try another trial, using another novel protein and another novel grain. If his itching does not reduce at that time, you can very safely conclude that his hypersensitivity is not related to his diet, but to some other factors.

If, however, his itching reduces drastically, go on to the second phase: challenge. Put your dog back on his former diet. If he is truly hypersensitive to ingredients in his former diet, his itching and other allergic signs should return within 4 hours to 7 days. Diagnosis: confirmed.

In the third (provocation) phase, the dog is again fed the novel protein/novel carbohydrate diet until his allergy signs have subsided. Then, a single ingredient is added to the diet for a week while the dog is closely observed. The return of pruritus in the week following the addition of any ingredient implicates that ingredient as a factor in the dog's food hypersensitivity.

This is not a fun project; it takes commitment, extraordinary observation, and total control of your dog's environment for weeks on end. However, identification of the ingredients to which your dog is allergic will enable you to simply prevent him from eating those ingredients, and stave off both the uncomfortable symptoms of allergy *and* the potentially hazardous treatments sometimes required to make him more comfortable.

must conduct a “skin test” to determine all the substances to which the dog might be allergic. She first marks the site with a pen (containing hypoallergenic ink) and then injects a tiny bit of different allergens under the dog’s skin, with one allergen per marking. The vet must assiduously keep track of which allergens were injected in which spot and carefully observe the response of the skin to the injections. Swelling or redness in a square indicates the dog is allergic to the substance injected there. All of the allergens to which he reacted and that are likely to appear in the dog’s day to day environment are added to the immunotherapeutic injections, which are given for months or even years, depending on the patient’s response.

The majority of patients who receive immunotherapy improve; some actually completely recover from the hypersensitivity for life! However, the costs in terms

of time and money are considerable. It’s worth the most to the owners of the dogs who had the most severe allergies and who responded very positively to the therapy. It may be judged as “not worth the cost” to owners who were unable to strictly comply with the required schedule of veterinary visits, whose dogs had mild allergies to begin with, and those whose dogs failed to respond strongly to the therapy.

Holistic recommendations

Most holistic veterinary practitioners recommend switching any itchy dog to a **complete and balanced home-prepared diet containing “real foods.”** This will decrease the dog’s exposure to unnecessary or complex chemicals and give his body the opportunity to utilize the higher-quality nutrients present in fresh foods. Whether the diet is cooked or raw, the increased nutrient quality and availability of fresh

whole foods will improve the health of any dog who currently receives even the best dry or canned foods.

“Feeding fresh, unprocessed, organic foods provides more of the building blocks for a healthy immune system,” says Dr. Pesch. “Dogs who have allergies are more likely to be deficient in trace proteins and sugars (proteoglycans) that are used by the immune system. Deficiencies in these nutrients will increase the allergic response.” For her canine allergic patients, Dr. Pesch also recommends supplements such as colostrum, Ambrotose (a “glyconutritional dietary supplement ingredient consisting of a blend of monosaccharides, or sugar molecules”), and Standard Process supplements that contain glandular extracts.

Today, many veterinarians, holistic and conventional, recommend the use of **probiotics**, especially following any sort of antibiotic therapy. “I recommend

Corticosteroids: Lifesaver or Killer?

There are almost as many opinions among veterinarians concerning the use of corticosteroids as there are veterinarians. Some feel that these drugs – prednisone, prednisolone, methylprednisolone, and dexamethasone foremost among them – are invaluable to every dog who itches; some feel that corticosteroids ought to be used only as a last resort, and only for short periods and in small amounts. Still others regard them as verboten. Why are these drugs so controversial?

Corticosteroids, also known as glucocorticoids, are used mainly for their anti-inflammatory and immunosuppressive effects. They have been modeled on the substances manufactured by the adrenal cortex, and can be administered in an injectable, oral, or topical form. These are powerful drugs that exert amazing effects on pruritic dogs – sometimes overwhelmingly positive, and sometimes negative. They can halt inflammation and itchiness within just a day or two.

However, due to their immunosuppressive action (which is responsible for quieting the hypersensitive response of the immune system), they can also leave a dog vulnerable to infections and can cause a host of other metabolic imbalances. “This is especially problematic in allergic patients, as their immune systems tend to already be weak,” says Dr. Lisa Pesch, a holistic veterinarian and owner of Animal Arts Healing Center in Sebastopol, California. “It’s important not to confuse a hypersensitive immune system with a strong one.”

Corticosteroids also affect water and electrolyte balance (making many dogs excessively thirsty, and thus, excessively in need of “going outside”); they can cause extracellular fluid retention (some dogs will take on a puffy appearance); and they often increase the dog’s appetite (and without owner awareness of the potential for problems, resultant gain of unhealthy pounds).

Most seriously, long-term use of these drugs can lead to

increased incidence of infections due to immune suppression, liver disease, hair loss, skin problems, diabetes mellitus, and adrenal suppression. Every other day usage can help to minimize these effects.

Some veterinarians take a *laissez faire* stance on steroids, and prescribe them freely in cases of severe allergy. Others prescribe the drugs minimally.

Still others base their decision on their appraisal of the owner; faced with owners who fail to understand or embrace an intensive, multi-pronged treatment and management plan for their itchy dog, they will prescribe the drugs in order to stop the dog’s itching and increase his quality of life, at least in the short term. But given a motivated, educated owner who is willing to go to any lengths to help their dog get better, these vets will recommend a minimal reliance on steroids, and work with the owners to find alternatives.

In her web-based consulting practice, veterinary internal medicine specialist Dr. Donna Spector offers second opinions, analysis, and oversight to pet owners and their veterinarians. When she’s consulted on a case of a dog with allergies, she bases her assessment on the ‘three strikes and you’re out’ rule. “If you’ve had your dog in the vet’s office three or four times, and you’ve come home with the same packet of antibiotics and steroids each time, and no other suggestions have been made regarding better environmental management or immunotherapy – to me, there is more we can do.”

It makes sense to regard these drugs as “heavy artillery,” even if your own veterinarian is casual about prescribing them on an initial visit. Ideally, veterinarians would advise using them as a last resort and just for a short time (two weeks or so), to help halt the itch/scratch cycle plaguing a severely pruritic dog. This, in turn, can give his skin time to heal, and other therapies time to begin working.



Dr. Lisa Pesch says she gets great results from using acupuncture to relieve allergy-related itching.

a two-week course of probiotics following antibiotic use,” says Dr. Pesch. “It’s preferable to wait until after antibiotics are finished. If probiotics are given at the same time as antibiotics, they will be killed by the antibiotics and may reduce the efficacy of the antibiotics against the intended bacteria.”

Acupuncture can be used to help strengthen the immune system while reducing its overreactivity. “It’s not understood from a western perspective exactly how this is done, but acupuncture has been shown to increase white blood cell counts and circulation while at the same time stabilizing cell membranes and reducing histamine release,” says Dr. Pesch.

Dr. Pesch also recommends individually selected herbs to help reduce inflammation and irritation of the skin. “Many traditional Chinese herbal formulas can help reduce skin itching and inflammation without suppressing the immune system. They are usually not as strong as prednisone, but are in many cases sufficient. Additional herbs can be used to strengthen the immune system, reducing the intensity and frequency of subsequent allergy flare-ups.”

Homeopathy is another modality that can be extremely effective in allergy treatment. “I recommend classical homeopathy by a trained veterinarian,” says Dr. Pesch. “Classical homeopathy looks at the totality of symptoms for an individual to derive at a specific treatment for each unique case. The remedy mimics the disease in the body, stimulating the body’s defenses against the disease process.”

In my own experience, homeopathy is a hit-or-miss proposition. I’ve seen it work miracles on some dogs, and do absolutely nothing for others. Compared with many other medical interventions, homeopathy is inexpensive, poses little risk of serious side effects, and just may work. It’s worth

a try, especially in cases where nothing else is working well.

Dr. Pesch expresses the holistic philosophy well. “Because of their ability to help improve immune system function without destroying the healthy balance of bacteria and fungi in the body, I regard the use of acupuncture and herbs or classical homeopathy, along with diet change and nutritional supplements, as the preferable treatment

of allergies. This is true for allergies that affect the respiratory and digestive tracts as well as those that cause symptoms in the skin.”

Managing exposure

Dr. Spector is an internal medicine specialist and does not consider herself a “holistic practitioner.” But she shares the view of most holistic vets that it’s helpful to try to minimize the exposure of the allergic dog to chemical additives, toxins, and synthetic ingredients.

“I try to be cautious about overstimulating their immune systems in any way,” she says. “That goes for medication, too. Some antibiotics and sulfa drugs, for example, are more likely to stimulate the immune system. I would also choose to do titer tests before blanket vaccinating, to give only what is needed.”

It will also help to limit the dog’s exposure to common allergens – and not just the ones you know (through testing) he’s allergic to, says Dr. Spector. “People think, ‘My dog has an allergy to X, Y, and Z, and those are the things I have to watch out for.’ Unfortunately, most dogs with allergies will go on to develop new allergies throughout their lives, and anything they are exposed to will be on the list of possible allergens. It’s just the nature of the beast when you have an allergic predisposition.”

To that end, keep in mind that you are living with an allergy-susceptible companion, and keep your household exposure of dust, pollen, mites, and fleas to a minimum.

Greer, a maker of canine, feline, and human allergy tests and immunotherapy products, offers the following suggestions for the owners of allergic dogs. The recommendations are all very good:

- ❖ Dust and vacuum often, but not when the pet is present.

- ❖ Consider installing air conditioning, air filtration systems, and/or a vacuum with air filtration to avoid reintroducing allergens back into the pet’s environment.

- ❖ Use dehumidifiers to help control mold and mites.

- ❖ Limit the pet’s outdoor time during peak allergy seasons.

- ❖ Avoid going outside at dawn and dusk which can be times of high outdoor pollen.

- ❖ Rinse off your pets’ paws right after they’ve been outdoors.

Heska Corporation, another maker of allergy tests and immunotherapy products, adds these suggestions:

- ❖ Keep lawn grass cut short to reduce seed and pollen production.

- ❖ Keep pets off the lawn one to two hours after mowing or when the lawn is wet.

- ❖ Avoid letting pet put head out of car windows when traveling.

- ❖ Dry pet’s bedding in the dryer instead of outside.

- ❖ Frequently bathe pet using hypoallergenic shampoos, leave-in conditioners, and cool water rinses.

Speaking of “management,” it’s also important to manage your own expectation of your dog’s condition. Life with allergy is a marathon, not a sprint, and while new hypersensitivities can flare up at any time, resolution may also be just one more intervention away. 🐾

Nancy Kerns is Editor of WDJ. She’s owned one severely allergic dog, and still cares for an ancient allergic cat.

To contact the veterinarians quoted in this article: Donna Spector, DVM, DACVIM, offers medical and nutrition consultations to pet owners and their veterinarians through her web-based consulting practice. (847) 607-8416; SpectorDVM.com

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Behavior Mod for Itchy Dogs

Five things to do when your dog chews, licks, or scratches excessively.

BY PAT MILLER, CPDT-KA, CDBC

Excessive self-licking and chewing can be caused by a medical issue (see “Itching to Be Well,” previous pages). It can also be a behavioral problem, a classic example of an obsessive/compulsive disorder. Either way, it’s annoying to the dog’s human companion, and dangerous to the health of the dog. Here are tips for dealing with dogs who self-lick and chew excessively.

1 Bring your dog to his veterinarian for a check up. Nothing you do to address the dog’s behavior will be of much use if your dog itches as a result of environmental allergies or some other medical condition. If you treat the medical condition, the licking and chewing may stop. If not, it’s also become a behavioral issue.

2 Identify your dog’s stressors. The behavioral cause of self-licking and chewing is stress. The stress from a medical condition may persist even after treatment, and the learned licking/chewing behavior may persist even after the medical stress is gone.

Many other stressors can also cause licking and chewing, especially in dogs who are genetically predisposed to compulsive oral behaviors. Large breeds such as the Doberman Pinscher, Great Dane, German Shepherd, Labrador Retriever, Golden Retriever, and Irish Setter are most commonly affected.

To begin behavior modification, determine your dog’s stressors and start eliminating them. Make a list of *everything* you can think that is stresses your dog – even just a little bit, even if the stressors don’t seem directly related to the licking. Your list might include thunder, small children, dogs on television, cats, riding in cars, visits to the vet, shock collars, medical issues, and many more. Most owners can identify between 10 and 20 stressors for their dogs.

3 Remove stressors from your dog’s life. There are several strategies you can use to remove stressors from your dog’s list:

- ❖ Get rid of it. Throw away the shock collar – in fact, avoid using aversives as much as possible.

- ❖ Treat medical conditions: alleviate chronic pain with medication, provide dental care, and address anything else that might be physically troubling your dog.

- ❖ Change your dog’s opinion. Using counter-conditioning and desensitization, convince your dog that children make chicken fall from the sky. If he decides they are marvelous chicken-providers instead of scary trolls, they’re no longer stressors.

- ❖ Teach a new behavior. Convince your dog that the rumble of distant thunder is the cue to run to the refrigerator for a bite of cheese. Better yet, make it the cue to run and find his rope toy for arousing game of tug. By changing his behavior (get your toy instead of running to your crate to hide) you also change his opinion (thunder makes tug happen!).

- ❖ Manage it. If he’s stressed by small children and you don’t have many in your life, just keep them away from him. On the rare occasion when mini-human creatures come to visit, put your dog in a safe, locked room with a tasty stuffed Kong until the creatures are gone.

- ❖ Live with it. We all live with some stress. Identify the most minimal stressors and just let them be.

4 Increase your dog’s exercise. Aerobic exercise not only burns energy your dog would use to fret (and lick), but also causes the release of feel-good endorphins that help alleviate stress.

Mental exercise – shaping, interactive toys – can also help.

5 Utilize stress-reduction products. There are many good products on the market that purport to alleviate stress. Here are some I’ve had success with:

- ❖ “Through a Dog’s Ear.” Calming classical music selected and clinically tested to reduce a dog’s heart rate, available on CD or MP3 (see throughadogsear.com or call 800-788-0949).

- ❖ Thundershirt or Anxiety Wrap. Snugly fitting wearing apparel that holds the dog tightly, similar to swaddling. (For the former, see thundershirt.com or call 866-892-2078; for Anxiety Wrap, see anxietywrap.com or call 877-652-1266).

- ❖ Comfort Zone/Dog Appeasing Pheromone (DAP). Synthetic substance that supposedly mimics the pheromones emitted by a mother dog while she’s nursing puppies, with the biological effect of calming the puppies. Comes as a plug-in (like Glade), a spray, and a collar that is impregnated with the substance. Available in most pet supply stores.

- ❖ Medication. If the licking and chewing is due to significant generalized anxiety, or the behavior has become a compulsive disorder, talk with a veterinary behaviorist or a vet with a special interest in behavior about anti-anxiety medication to improve your dog’s quality of life and decrease the compulsive licking and chewing.

If you don’t have access to a practitioner who is knowledgeable about behavior, your vet can do a phone consult with a veterinary behaviorist. Most offer this service at no charge to other veterinarians. Contact the American College of Veterinary Behaviorists for a referral list: dacvb.org. (Sorry, no phone number is available.) 🐾



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Try Treibball!

This fun new sport replaces sheep with exercise balls to make herding accessible to any dog owner, anywhere!

BY PAT MILLER, CPDT-KA, CDBC

Just when you think every possible canine sport has already been invented, someone comes up with a new one. This latest one is a humdinger, and it's spreading like wildfire. If you haven't already heard of treibball (pronounced "Try-ball" and also known as "Drive Ball"), you've been napping.

Treibball is a terrific new way to play with your dog. The game consists of "herding" a number of large inflatable exercise balls into a soccer-like net. Of course the herding breeds come to mind, but it's also great for many of the prey-oriented sporting dogs and terriers, and any other dogs who just like to chase things.

It's a competitive sport for dogs of all ages and sizes. It promotes better teamwork and communication between a dog and his handler. It's great fun for any energetic dogs who work well off-leash and need a job, dogs who like to chase stuff, or dogs who like to herd and don't have sheep!

Treibball was developed by January Nijboer in Germany ("treibball" is variously

translated from German as "blowing ball," "drifting ball," or "propelling ball") as a game that would occupy herding dogs. Examples of treibball dogs in action aired a few months ago on YouTube and before you could say "Go bye!" the game went viral in the American dog training world – for good reason. A "flock" of exercise balls makes an inexpensive substitute for a flock of sheep, and doesn't violate your neighborhood association's rules, either.

How to play treibball

Here are some of the basics of the actual competition:

- The playing field is 100 to 164 feet long, and 50 to 82 feet wide.
- The ball in play must stay within the boundaries of the playing area on the field.
- Eight balls are placed in a triangle (four in the first row, three in the second, one in the third) sort of like racked billiard balls.

What you can do . . .

- Learn more about treibball – join lists, watch videos – and decide if it's a good fit for you and your dog.
- Find a trainer near you who can guide you on your treibball journey.
- If you can't find a trainer in your area, gather some like-minded dog friends together to start a treibball training group, and help each other learn.



- The goal is a regular soccer goal or similar pen – 8 feet high by 24 feet wide.

■ Dog and handler have 15 minutes to drive all the balls into the goal. Timing starts when the handler signals the *outrun* (sending the dog out and around behind the balls) and stops when all the balls are in the goal and the dog is lying down in front of the handler. The dog must do an outrun beyond the balls, stop and pause, and wait for the handler's cue before beginning to drive the balls.

■ The handler must stay within an 18-foot radius from the center of the goal. The handler may not move the ball when it is outside the handler's area.

■ The dog may not bite or break the ball.

■ Handlers may not shout at, punish, intimidate, or otherwise force the dog to perform. (We love this about the sport!)



Treibball (also known as "drive ball") is a very new and very fun sport. Herding dogs are natural candidates, but so are any dogs that like to play with balls and dogs that enjoy shaping games. This is Kula, a two-year-old Weimaraner, learning the game at Sandi Pensinger's training facility in Aptos, California.



Note: This dog is deaf. Her reward marker is a “thumbs up” signal.



The first step in learning how to play treibball is teaching your dog to move in various directions on cue. Start with a “go to your mat” and “down” exercise . . .

Slowly increase the distance, in small increments, that she has to travel to the mat. Advance to teaching her to go to the mat in a clockwise and also counter-clockwise direction.

■ The fastest team with the fewest error points wins.

How to train treibball

As with many canine sports, you can train your dog to play without actually ever competing in treibball. You may not be that competitive or, because it *is* such a new sport, it may be a while before a trial comes to a neighborhood near you. But that shouldn’t stop you from having a great deal of fun teaching your dog to push big colored balls around your yard all on your own, or with the help of a trainer who offers treibball classes. If you are competitive, you’ll be ready to roll when a trial *does* pop up in your area.

The ability to control your dog’s position, movement, and speed is a very important element of any type of herding, whether the goal is herding live sheep or big colored balls. Hence, there are a number of skills your dog needs to perfect before he gets to start chasing balls around the yard. We’ll give you an overview of some of the skills your dog will need to learn, but for a deeper understanding of the game you’ll need a book and/or a trainer.

■ **The outrun:** The goal behavior for the outrun is to have your dog run to a target placed 15 feet away, turn to face you, lie down, and wait for your signal to begin driving the ball. As in herding, the term “Go bye” indicates a clockwise outrun (remember, “as time goes by . . .”) and “Away” means a counter-clockwise outrun.

Start by facing a 2-foot square target mat about 6 inches away from you. (Even-

tually you will reduce the size of the target mat until your dog no longer needs it.) Shape your dog to go to the mat by using a clicker (or other signal, such as a “thumbs up!” or a verbal “Yes!”) and giving your dog a treat each time he makes a movement toward the mat. (For more about shaping, see “The Shape of Things to Come,” WDJ March 2006.)

If you and your dog already know how to shape, teaching him to go to a mat will come very easily. When your dog will reliably offer to move 6 inches to the target, start cuing him to lie down when he gets there. *Note: Although you’re clicking and treating for the beginning of this part of the training, the sooner you introduce and the more you rely on toys and play as reinforcers, the more successful your training is likely to be.*

When he goes to the mat several times in succession and lies down without you having to cue him, back up another 6 inches and continue. Increase the distance that you ask him to target toward in 6-inch increments (or even smaller increments, if your dog has trouble with 6 inches), obtaining consistency at each distance until the mat is 3 feet away. *Note: It’s tempting to move at greater distance increments. Resist the temptation. If you move too far away too quickly, you will confuse your dog and lose ground. Slow and steady is better.*

■ Now you can start working on signaling the “Go bye” outrun. With your dog on your left side, step forward on your left foot and use an underhanded bowling motion to signal your dog to move to the mat. Don’t say anything yet! Stand with your

foot forward and your hand extended until your dog moves to the mat. Click and treat. Repeat until your dog moves immediately and confidently to the mat and lies down when you signal the outrun.

Now add your “Go bye!” cue, just before you signal with your step and hand motion. When he’s consistently confident about moving to the mat at 3 feet on your verbal cue, start increasing distance again, in 6-inch increments. Sometimes cue verbally, sometimes signal; it’s nice to be able to use either or both.

■ Next, you’ll work on your “Away” outrun. To prepare for this, do some foundation work to teach your dog to walk (and work) on your right side. These days more trainers recognize the importance of this side-versatility for a number of canine activities including freestyle and agility; it’s great if you’ve already done this. If not, get started – the same way you taught your dog to walk and work on the left side – by reinforcing him for being there.

Ultimately, you’ll want to teach your dog a cue that will position him to the desired side. I use “Swing” for the left, and “Right” for the right. You can use any cues you want, as long as they are different from all the other cues you use with your dog, and you teach him what they mean.

Add the ball

My students were somewhat surprised – and I suspect a little disappointed – that we weren’t romping around with balls the first night of treibball class. In fact, it was at least the third week before we brought out one hard plastic Jolly Ball per dog,

and we *still* didn't play with it. When you first introduce the ball, your goal is to get your dog to run *past it* to his target mat – *without* attacking the ball. If you're working with a dog who loves balls, this could be a challenge.

We start with Jolly Balls because if your dog *does* hit them, they don't bounce around like inflated exercise balls (thus inciting more inappropriate, aroused behavior). Also, Jolly Balls don't pop if your dog bites them – which could be highly reinforcing for some dogs or highly aversive for others. We don't want either outcome; if your dog is reinforced for biting/popping balls (disqualification, not to mention costly!) he'll do it more. If a popping ball is very aversive to him, he may decline to play treibball with you ever again.

Start with a small Jolly Ball, and reduce your distance to the target mat, setting the ball far off to the side, if necessary, until your dog will refocus on you and go lie down on his mat when you signal him to do so, even in the presence of the beloved ball. You may find it necessary to do some gentle body blocking if he veers toward the ball. If gentle body blocking doesn't prevent him from moving toward the ball, you're not ready to add the ball – your dog needs more control work first. Add a "distance down," "moving down," and a solid "stay" to your dog's repertoire while you continue to practice your outrun cues past distractions that are less enticing to your dog than an actual ball.

When your dog will outrun past a ball, you can gradually increase distance to the target mat and move the ball closer a bit at a time, until he will run directly past the

ball and lie down on his target mat at your signal to do so. Now try a slightly larger ball. If a larger ball distracts him, again decrease distance to the mat and move the ball off to the side. Repeat this process each time you change the ball to a larger size. Then do it with multiple balls.

Drive the ball

In order to successfully drive the ball, your dog needs to stay on the side of the ball directly opposite you, so that any contact with the ball moves it in your direction. Stand on one side of the ball, toes pointed toward the ball, with your dog on the other side. Click, and feed him the treat at the correct spot – directly opposite you. Now toss a treat behind him to get him to move away from the ball, and click as he returns toward you, again feeding the treat in the correct spot.

Repeat until you see him automatically lining himself up across from you, then try taking a small step to the left or right, around the ball, keeping your toes toward the ball. If he counters your move to stay across from you, click and treat in the correct spot and pat yourself on the back! If not, help him with a body language cue, then mark and reward when he moves into position. Repeat a couple of the simple direct approaches he already knows, then try another small step to the side.

Continue this until you see him automatically move into position when you take one step around the ball. Then you're ready for two steps, eventually working up to random movements around the ball. Remember – toes toward the ball!

When your foundation control be-

haviors are in place, you're ready to start interacting with the ball. Ideally, your dog will move the ball with his nose, although driving with paws, chest, and shoulders is also allowed. Encourage him to push the ball with his nose by first teaching him to "target" to dots that you paste or paint on the ball, or yellow sticky notes, if he needs a bigger target. (For more about target training, see "Right On Target," February 2006.)

Hold the ball between your knees (sitting or standing) until he's targeting to it with sufficient energy that he would easily move the ball at least a few feet if it were on the ground. The ideal target spot is just below the midline of the ball. It works best and minimizes biting of the ball (a no-no!) if you teach him to target to some other object first, then apply it to the ball. (See "New Tricks for a Stick," January 2007).

When he's targeting the ball between your knees with some force, place the ball on the ground, take a couple of steps back, and cue him to touch it. Bam! You're treibballing! Actually, you've only just begun, but it's an excellent start. Still on the training agenda are:

- Perfecting the drive:
 - ❖ Increasing distance between you and the ball
 - ❖ Increasing distance between the dog and the ball
 - ❖ Increasing distance the dog moves the ball
 - ❖ Increasing speed of ball movement



Take your time, and train for reliable behavior without any balls being present. As soon as the balls come onto the scene, things may get silly again, so go back to short distances.



To start teaching your dog to "drive" the ball, teach her to face you on the opposite side of the ball. Feed the treats in the spot where you want her to be; don't lead her astray!



Author, trainer, and WDJ Training Editor Pat Miller demonstrates how treibballers can use a pole (like a shepherd's crook) to guide the balls – but never, ever to hit or threaten the dog.

- Working with multiple balls
- Calling the dog off the wrong ball
- Teaching “Go bye” and “Away” from a distance
- Fading prompts
- Training “Go on” (moving beyond target mats)
- Using whistle cues
- Adding the goal (penning)

Just as you couldn't learn all the nuances of training agility or flyball in just one article, we can't tell you everything about treibball in these few pages. Hopefully, however, we've succeeded in sparking your interest and “driving” you to other resources that will encourage you to “go on” and pursue your “goal” of herding big inflated balls with your eager canine partner. So, “away” with you; check out the resources listed below, and give it a “trei.” 🐾

Thanks to Cindy Rich, KPA CTP, of the Canine Connection, in Chico, California, for demonstrating with her little dog Juneau. See page 24 for contact information.

Pat Miller, CPDT-KA, CDBC, is WDJ's Training Editor. Miller lives in Fairplay, Maryland, site of her Peaceable Paws training center. Pat is also author of several books on positive training, including her latest: Do Over Dogs: Give Your Dog a Second Chance for a First Class Life. See page 24 for more information.

Treibball Resources

BOOK

So far the only comprehensive resource written in English for training treibball that I've found, available only as an e-book, is **Treibball, The Ball Herding Handbook**, by Sandi Pensinger. Purchase from the author at livingwithdogs.us; (831) 476-9065

INTERNET

You can find many video clips of treibball on YouTube, by searching either on “treibball” or on “canine drive ball.” Here are a couple: [youtube.com/watch?v=jl_2kAFHkC4](https://www.youtube.com/watch?v=jl_2kAFHkC4) and [youtube.com/user.AmericanTreibball](https://www.youtube.com/user.AmericanTreibball)

There are two Yahoo online discussion lists for treibball. The very active one is **Treibball@yahoogroups.com** (send a message to: subscribe-Treibball@yahoogroups.com); the other is **CanineDriveBall@yahoogroups.com** (send a message to: subscribe-CanineDriveBall@yahoogroups.com).

MISCELLANEOUS

Dog Scouts of America has developed a treibball badge (2 levels) and will offer sessions at its summer camps. dogscouts.org/Badges_Existing_Comp.html; (513) 505-5071

TRAINERS OFFERING TREIBBALL

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(715) 347-3294; pawsitivelyunleashed.com

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Debbi Decker, Cernak's Canine Center and The Academy of Canine Performing Arts, Wapato, WA. (509) 877-4426; cernakkennels.com

Jenni Dix, BS, CPDT-KA, Legacy Canine Behavior & Training, Sequim, WA
(360) 683-1522; legacycanine.com

Karen Gorman, Fit-N-Trim Dog Sport Training, Rowley, MA
(978) 948-2745; fit-n-trimdogagility.com

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Sandi Pensinger, Living with Dogs, Aptos, CA (831) 476-9065; livingwithdogs.us

Laurel Scarioni, CPDT-KA, CNWI, Pawsitive Results Critter Academy, LLC, Sonoma County, CA (707) 292-5862; pawsitiveresults.net

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Astrid Smith, A Dog's Journey, Salt Lake City, UT (801) 682-8124; adogsjourney.com

Audrey A. Tucker, CBCC-KA, CPDT-KA, CMT, Pet Education and Therapy, Newington, CT
(860) 667-2663; PetEducationAndTherapy.com

Nola Ventura, Emerald Dog Obedience Club, Eugene, OR
(541) 484-4661; emeralddogobedience.com

On Second Thought

Considering, feeling okay about, and seeking a second opinion.

BY LISA RODIER

Your dog is limping and you don't know why, so you take him to your veterinarian. The vet pushes, pulls, and palpates and announces that your dog probably has torn ligaments in his knee. She says that he needs surgery, and she can take care of that.

While you love your dog's vet, you're just not sure that you agree, and you're also unsure whether surgery is the route you want to take. You feel uncomfortable thinking the thought, but wonder what another veterinarian might recommend.

I've sought second opinions when I need to know more, or when I think that a specialist's eyes, hands, and training might offer a different perspective on the initial diagnosis. When faced with serious illness in my Bouviers (who were young at the time), I didn't hesitate to seek out a second opinion. In two cases – Axel's immune mediated thrombocytopenia and Jolie's back problem – I didn't doubt the competency of the care being offered by their veterinarians; I simply wanted to be

sure that the diagnosis was accurate and that I'd explored all my treatment options. I shared my decision to solicit another opinion with my veterinarians, and they gave me their full support.

After an exam by a board-certified internist, Axel's primary care veterinarian continued to treat him, and was willing to incorporate alternative modalities into Axel's treatment plan.

In Jolie's case, we solicited input from her primary care veterinarian, a veterinary chiropractor, a surgeon in private practice, and finally from a board-certified neurologist at a veterinary college's small animal teaching hospital. In both cases, we had successful outcomes and a continued good relationship with our primary veterinarians.

In my opinion, a second opinion is a good thing. *We* are the advocates for our dogs' health. If I have any doubts, questions, or even just a niggling feeling that I can't put my finger on, I will opt for a second opinion. I've done it enough times

now to feel comfortable doing so, and there's no reason that *all* dog guardians shouldn't be, too.

Always okay

A strong proponent of second opinions, Nancy Kay, DVM, DACVIM, devoted an entire chapter of her book, *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*, to reassuring pet owners about looking past their primary veterinarians when they want more information about the animal's condition. (The chapter is titled "A Second Opinion Is Always Okay.")

According to Dr. Kay, "Second opinions serve two valuable purposes. The clearest benefit is for your pup . . . The other beneficiary is you – second opinions tend to be reassuring, and allow you to feel you are doing the best job possible for the dog you love so dearly."



PHOTO BY CHRISTY WAEHNER

Christy Waehner's Doberman, Sylvia, benefitted from a second opinion that saved her from major surgery for wobblers syndrome and allowed for a full recovery – and even a return to agility competition.



PHOTO BY CINDY NOLAND

What you can do . . .

- Inform your vet of your decision to seek a second opinion. She should support you!
- Have copies of your dog's records and test results sent to the veterinarian you'll use for a second opinion.
- Remember, a second opinion is not a search for a miracle cure; it's to confirm a diagnosis and discuss whether there might be other treatment plans available.
- Don't expect to be able to get a good second opinion in the middle of a medical emergency.



Dr. Kay's book is a great resource for anyone considering seeking a second opinion. Many of the concerns I had are ones she's heard many time before, including:

■ **What will my dog's veterinarian think?** Despite the fact that you might feel uncomfortable doing so, it's in everyone's best interest that you share with your dog's vet your plan to seek a second opinion. She *should* support your decision.

If my dogs' veterinarians had reacted negatively to my decisions to seek second opinions, I'd be thinking long and hard about what kind of relationship we had, and whether it should continue. A veterinarian who is confident in her skills and relationship with you will not take offense with your seeking a second opinion.

Board-certified veterinary surgeon Alan Cross, DVM, DACVS, is an orthopedist at Georgia Veterinary Specialists in Atlanta. If a client brings a dog to him for an exam, and subsequently informs him that she'll be seeking another opinion for a diagnosis/treatment plan, he's agreeable. "It's important that the owner believes in treatment they decide to pursue. If they have doubts, I don't want to operate on that patient." His only request is that the client takes her dog to another board-certified surgeon (if dealing with a surgical decision).

■ **To whom will I go?** Dr. Cross' request makes sense to me, as my preference when seeking a second opinion is to go to a board-certified specialist, or a veterinarian who specializes in the type of condition the dog has. Dr. Kay points out that it might be possible – and easy – to see another veterinarian within your dog's clinic if you frequent a multi-vet hospital, but cautions that you might encounter a situation where the veterinarians have practiced together for so long that their thinking is similar.

For me, finding a resource outside the clinic is the way to go (unless it is a multi-specialty practice). Look first to your dog's veterinarian for a recommendation; otherwise, search for a board-certified specialist on the certifying organization's website, and at veterinary colleges.

Often, condition-specific discussion lists (i.e., tick borne disease, irritable bowel disease, etc.) on the internet are available, and list members might be able to provide you the name of an expert in your area. Sometimes it is necessary to drive a little further for a good second opinion. For me, the trip is worth the time.

■ **Won't they run all the same tests?**

Not necessarily, and this is another reason to tell your dog's veterinarian that you'll be seeking a second opinion and with whom: she'll be able to forward all copies of test results to the specialist.

In many cases, a second opinion visit will consist of only an exam and a discussion; you won't necessarily need to sign up for a barrage of tests, and it won't drain your wallet. But, if the specialist comes up with a completely different diagnosis, then be prepared to run tests to confirm the diagnosis. And, yes, it is possible that a third opinion might be in order.

■ **Are there alternatives?** Christy Wachner of Atlanta does her best to seek a second opinion if the initial treatment plan doesn't offer alternatives – preferably, an alternative to western medicine. When her Doberman, Sylvia, was diagnosed with wobbler syndrome (compression of the spinal cord in the neck caused by vertebral instability) the vet recommended surgery.

Although she loved her veterinarian, Wachner asked him whether there might be another option, given that Sylvia's temperament would not lend itself well to the type of recovery required post-surgery. On her behalf, he reached out and found another veterinarian willing to implant gold beads (the procedure is an alternative therapy related to acupuncture). After a successful procedure, Sylvia returned to competing in agility.

The one situation in which there isn't time for another opinion is when your dog is in the throes of a medical emergency. Dr. Kay recommends planning for that scenario by doing your homework ahead of time and knowing which emergency clinics in your area offer the kind of care you expect.

Second opinions are typically good things when approached with the support of your veterinarian, the right attitude, and realistic expectations given your dog's condition. Ask questions, including "What is the typical outcome in cases like this? Best case? Worst case?" We rarely get miracles, but we can get some peace of mind knowing that we've gone the extra mile to help our dogs. 🐾

See page 24, for sources of practitioners who can offer second opinions.

Lisa Rodier shares her home with her husband and senior Bouvier, Jolie.

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Big Dog, Bigger Problem

Conquering Igor's fear of cars was no small challenge.

BY SUSAN SARUBIN, CPDT-KA

Behavior issues, from simple good manners infractions to the more concerning problems of phobias and aggression, appear in dogs both large and small. But while training to modify behavior issues might look the same regardless of size, in other respects, the bigger the dog, the bigger the problem. When a Dachshund has a lapse in housetraining, the cleanup process is significantly easier than if an Irish Wolfhound has an accident. If a Havanese frantically jumps up on your elderly Aunt Tilly, the collateral damage is less than if a Great Dane does the same. And if a Yorkie is terrified of riding in the car and refuses to get in for an emergency trip to the vet, he can be picked up and placed inside – not so when a Newfoundland steadfastly refuses.

What do you do with a giant breed dog who, at the slightest hint that a car ride is

imminent, runs to the farthest room in the house, lies down, and won't budge? Such was the case of Igor, a six-year-old, 165-pound Newfoundland.

Igor's fear of the car had gotten progressively worse over his lifetime. Elizabeth, Igor's owner, received advice and a prescription for an anti-anxiety medication from her veterinarian. But an incident that could have been a matter of life or death prompted her to seek a referral from her vet for a behavior professional.

There were three other dogs living at the house when Elizabeth woke to a puppy playing with an empty prescription bottle. Was the puppy the one who ate the pills, or did one of the other dogs empty the bottle and leave it behind for the puppy to play with? It was clear that all four dogs needed to be taken to the veterinary clinic to be examined and the contents of their stomachs emptied. Three dogs were

What you can do . . .

- Don't use force to make a dog deal with something that scares him; this approach usually makes his fearful behavior even worse.
- Give yourself a lot of time to make a counter-conditioning and desensitization program work; progress comes in tiny increments.



quickly loaded into the car, but Igor refused. All of the luring, cajoling, dragging, and shoving in the world would not convince Igor to enter what he perceived as a torture chamber. Fortunately, one of the other dogs was the culprit in this pill-eating incident, but it was enough to convince Elizabeth that something had to be done before she was possibly faced with another life-threatening emergency.

The origins of fear

A dog's fear of the car may be rooted in one or several different unpleasant associations developed when riding in a vehicle. The sound and vibration of the engine alone can be frightening to a puppy. The situation may be exacerbated by confinement in a small space with no way to escape. Many dogs experience car sickness as puppies, and even though they may outgrow it, the unpleasant association with physical illness remains. A dog may associate car travel with going to unpleasant destinations, such as the veterinary clinic or groomer, where he is poked, prodded, stuck with needles, or gets his nails trimmed. A car accident can be a traumatic experience for a dog and may lead to an intense fear. Or



Other than his refusal to ride in cars, Igor is a well-behaved and affectionate dog. In a common misconception, his owner thought he was being stubborn when he began planting his 165-pound body on the floor to resist being pulled to the car.



Tranquilizers and anti-anxiety medications are often used to help dogs deal with fear or phobias. However, they require time to take effect, making them of little use in an emergency. Also, while they may make a frightened dog easier to deal with, they generally don't reduce his fear or help him learn to get past it.

a dog may experience discomfort jumping into or out of the vehicle as a result of a medical condition such as arthritis or hip dysplasia.

Pinpointing the origins of Igor's fear could help in working up a comprehensive training plan. It wasn't likely that unpleasant destinations caused the problem; he actually seemed to enjoy his vet visits once he was at the clinic.

Physical discomfort entering and exiting the car was probably not the issue, either; Igor hoisted his large body onto the couch daily. He had never experienced a car accident. Perhaps the sound and vibration of the engine had frightened him as a puppy, or maybe motion sickness had caused his negative association. Whenever Igor was riding in the car, he hung his head between the back seat headrests and stared out the rear hatchback window. It appeared to be his attempt to visually limit motion.

Igor had shown signs of being uncomfortable in a car since he was a puppy, but his fear escalated after a round trip drive from Maryland to Tennessee when he was two years old, and over time he became more reluctant to enter the car. At first, Elizabeth was able to lure him into the car with a pig ear as a reward. Eventually, Igor figured out this trick, and would bolt across the yard when he realized he was being guided to the car. Elizabeth then started taking him to the car on-leash and forcing him into the car. Soon the leash became

useless; Igor would use his massive weight to pull Elizabeth in the opposite direction. Living in an old farmhouse on several acres and rarely walking on-leash, Igor quickly associated the appearance of the leash to being taken to the car. Elizabeth approaching him with the leash became a cue for him to run to another room and lie down. When a 165-pound dog decides not to budge, there isn't much you can do about it!

Getting help

Elizabeth consulted her veterinarian, who prescribed the tranquilizer Acepromazine ("Ace") to help with Igor's problem. Commonly prescribed by veterinarians for pets who experience anxiety during car travel, Ace produces sedation and suppresses behavior (normal *and* abnormal), and decreases locomotive coordination. The medication also reduces nausea and vomiting in animals who experience motion sickness.

Research has also shown that while Ace functions as a chemical restraint, it does not affect the animal's emotional behavior. While under the effect of the drug, the animal may be unable to physically react to what triggers the fear, even appearing calm and relaxed, but may still be having an intense emotional reaction.

Veterinarian, behaviorist, and psychopharmacology expert Dr. Karen Overall states that Ace "works by disassociative ef-

fects, meaning that you could still perceive the stimulus, but you can't cognitively put it together . . . you're aware of what's happening to you, but it doesn't make any sense to you . . ." (This quote is from *Leashes to Neurons & Psychopharmacology*, a DVD of a lecture given by Dr. Overall in 2007 and a terrific resource for owners and trainers who want to know more about medications that can be used to treat abnormal canine behavior.)

If the animal is still terrified and confused, but is physically unable to react, negative associations and fears may be amplified, potentially making the problem even worse. If the fear level intensifies, the animal may even break through the chemical restraint, overriding the physiological effects of the drug. In addition, according to Dr. Overall, Ace heightens sensitivity to noises – not a desirable effect when working with a dog who already has a negative association with the sound of a car engine.

Elizabeth began to administer Ace to Igor one to two hours prior to car travel as prescribed. In his sedated state, she was now able to lead Igor to the car without much resistance. When they arrived at the car door, Elizabeth would throw treats on the back seat, place Igor's paws in the car, and shove him in from behind. Igor was still fearful, just unable to physically resist with as much strength. After the pill-eating incident, it became evident that using Ace was not a solution. There is no time to wait for one to two hours for Ace to take effect in a medical emergency so she could shove him into the car.

In January 2010, Elizabeth's veterinarian referred her to me to help with Igor's fear of the car.

Meeting the gentle giant

The Igor I met was a sweet, affectionate, gentle soul, and with the exception of his fear of the car, had no other behavior issues of concern. Elizabeth clearly loved him, but had no clue as to what it would take to improve the situation. As many owners mistakenly assume, she believed that Igor was simply stubborn. It never occurred to her that he was actually terrified and miserable. This revelation during the consultation saddened Elizabeth; how could she have forced the dog she adored into a terrifying situation for so many years? She was eager to help Igor overcome his fear.

Igor's fear of the car had a long history. We discussed what it would take to change

his emotional response to riding in the car from one of terror to one of enjoyment, or, at the very least, calm acceptance. It was important to prevent Igor from having to ride in the car during the training, so I recommended veterinary home visits and a mobile groomer.

We reviewed the general training protocol needed to help Igor and talked about the amount of time it could take to see improvement, as well as the long term commitment that would be required of Elizabeth. She later admitted feeling overwhelmed and discouraged after our initial meeting. To her credit, she made the commitment to do the work necessary to help her beloved Igor conquer his fear – no matter what, or how long, it took.

Beginning at the beginning

Counter-conditioning and desensitization (CC&D) is considered the most effective method in working with fears, anxieties, and phobias. Our goal was to change Igor's emotional response to riding in the car from negative to positive. To use counter-conditioning, we needed to pair something Igor perceived as wonderful (in his case, garlic hot dogs and cheese) with the scary things that triggered his fear response. We also needed to work below Igor's fear threshold, at a level of intensity low enough to avoid a fearful response, gradually increasing the intensity in small increments as long as Igor stayed relaxed (desensitization).

Before we actually could work with Igor in or around the car, we had to get him to the car. We began training at the point where he first became anxious about the prospect of having to go for a car ride. The leash draped over the kitchen chair, or even hanging around Elizabeth's neck as she behaved normally in the house, elicited no signs of stress from Igor. If Elizabeth approached him with the leash he retreated. If I held the leash, Igor wasn't particularly interested, so we began with me presenting the leash to him a couple of feet away. When the leash appeared, Igor got to graze on a handful of garlic hot dog bits. When the leash disappeared behind my back, the yummy treats disappeared as well. Soon Igor was looking to me when the leash appeared, as if to say "Yay! Hot dogs, please?" This was the conditioned emotional response (CER) that we look for in counter-conditioning; he was beginning to associate the leash with good things instead of bad.

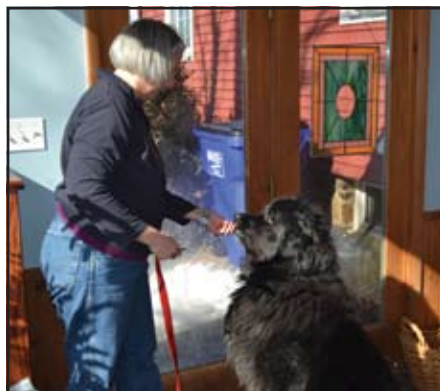
Gradually I moved the leash closer with each trial. The process went very quickly; Igor never showed any signs of stress, even when we switched places and Elizabeth began presenting the leash. By the end of our first session we were both able to clasp the leash onto Igor's collar as he remained calm and relaxed. To further desensitize Igor to the leash, Elizabeth left the leash on him periodically while he slept, ate, and walked around the house. He didn't seem to mind one bit.

In subsequent sessions we continued using both CC&D and rewarding behaviors leading toward our goal of getting Igor to the car. We started by walking Igor inside the house on-leash. We played games, practiced "sit" and "come" with a clicker and treats, and gradually began training near the door that led to the driveway. By the end of one session of leash practice, the leash had become a cue for fun!

Elizabeth continued the training between our sessions, and very soon Igor willingly went outside on-leash. Since the car was parked straight ahead in the driveway, we quickly veered left into the yard and walked, clicking and giving him treats and praise on our way around the entire house, past the car, and back inside. Eventually, instead of passing by the car, we stopped next to it, briefly practiced some sits, gave treats and praise, and continued back to the house. Throughout the process we were careful to observe Igor for any visible signs of stress and moved forward only when Igor was relaxed.

Making contact

Once Igor was comfortable working in close proximity to the car, we tried a couple of different techniques to get him to actually make contact with the vehicle. Igor



Elizabeth pairs the the appearance of the leash (a predictor of a car ride) with treats and praise.

carried a lot of weight on his frame, was considered a senior dog for his breed, and more of a couch potato than a canine athlete. We needed to conserve his movement so that we could maximize his progress in training sessions and prevent any negative association by being overworked, tired, or sore. So we continued to use CC&D to gradually open the door to the back seat with Igor sitting near the door.

At that point, it was time to try to reward Igor for his calm behavior with the door open by placing his hot dog bits on the threshold of the car door. Lo and behold, we had contact! Soon Igor calmly approached the car when lured with treats, and soon after that he approached the car just in anticipation of being given treats.

Once Igor would happily eat treats from the car doorway, Elizabeth began to feed Igor all of his meals in that location. He readily followed her to the car for his food bowl and calmly ate his meals. But when we tried to gradually move the food bowl farther inside the car, he became hesitant. His meals consisted of dry kibble only, so we tried adding a little canned food with warm water mixed in. The results of "Igor's special sauce" were amazing. It wasn't long before Igor was willing to get his entire body into the car to eat his meals, and would even run to the car in anticipation of his gourmet meal and leap in the back seat – well, as close to leaping as a 165-pound dog is able!

Gradually, we were able to close the car door while he ate and open it only when he finished. Elizabeth began to sit in the driver's seat with the door closed while Igor ate. She had faithfully worked with Igor for about three months at this point, and she could finally see a glimpse of light at the end of the tunnel.

Rev your engines!

The next step of turning the ignition key was a big one. Elizabeth started giving Igor melatonin an hour prior to training sessions to help him remain relaxed. A naturally produced hormone, melatonin can reduce stress levels without causing drowsiness if given at the proper dosage.

With Igor finally entering the car willingly for treat rewards, we once again used CC&D to help him accept the sound of the ignition, the vibration, and the hum of the engine for longer and longer periods. Since Elizabeth would be doing most of the training with Igor unassisted, we needed to figure out a way she could logistically and



Modification of such a serious behavior problem requires ongoing maintenance. Elizabeth is now conscious of Igor's fear, and knows how to support his compliance – and how to prevent pushing him too far and reigniting his fearful behavior.

safely feed Igor while starting the engine and moving the car.

Enter the *cheesy spoon*! Elizabeth used a long handled wooden spoon smeared with yummy canned squirt cheese. She offered the spoon to Igor between the front seats with one hand as she turned the key in the ignition with the other. The first time he heard the engine, Igor was startled, but the cheesy spoon quickly had his full attention. Over time, Igor remained calm in the car with the motor on with only occasional treats and lots of proud praise from his mom.

We were finally ready to start moving! Although Igor never threw up in a moving car, we decided to err on the side of caution in case he did experience motion sickness. He was given powdered ginger root in capsules prior to training to help keep his tummy calm, and we never trained him when his stomach was full.

Get the show on the road

The cheesy spoon is not necessarily the method of food presentation I would recommend for a driver doing counter-conditioning on busy roads. But fortunately, Elizabeth and Igor live on a rural country lane with few houses. When Igor was comfortable with the engine running, it was time to move the car. Elizabeth began to back up the car a few feet while presenting

the cheesy spoon. Then she would stop the car, remove the spoon for a few moments, then move the car forward and present the spoon again.

Practicing two to three times a week, Elizabeth used this procedure to progress to the end of the driveway, then drove a very short distance down the lane, and finally drove to the end of the lane (a tenth of a mile). Igor was rewarded with dinner at the end of these brief excursions, as well as lots of hugs, kisses, and praise. Elizabeth said he always looked very proud of himself!

Training stalled in late spring. The combination of a big black dog, rising temperatures, and a black leather car interior made it unsafe to continue, so Igor had a summer vacation from the car. Once fall arrived and the temperatures were more reasonable, Elizabeth began feeding Igor his meals in the car again, and resumed their brief trips down the country lane. In time, these trips went as far as the mailbox (a quarter-mile from the house), and eventually to the stop sign at the end of the road – about a mile and a half each way. The cheesy spoon was gone, and periodic treats were enough to keep Igor calm.

Leap of faith

One rule of CC&D is to never exceed the comfort level or fear threshold of the dog

during training. Moving too far too fast is a common mistake of those new to the process. It can be painstakingly slow at times, and owners often become impatient hoping for quicker results.

Elizabeth was extremely patient and worked hard to help Igor to the point where he was calm in the car riding for short distances. But one day last fall, she decided to throw caution to the wind. She loaded Igor and her other dog Abby into the car, and drove to a McDonalds, a full seven miles away! My heart dropped when she told me about the trip – until I heard the details.

Elizabeth drove slowly, feeding treats to Igor and Abby at every stop sign and red light. She ordered an Egg McMuffin at the drive-thru window, parked the car, and fed half of the sandwich to a happy Igor and Abby. They continued home and were rewarded with the other half of the McMuffin when they arrived. Would I have suggested this significantly longer trip at this stage of the training? No, but it worked out fine. And as long as Igor doesn't become a fast food junkie, an occasional Egg McMuffin excursion is really not a bad idea.

Achieving the goal

It's been over a year since I first met Igor, the Newfie who ran at the sight of a leash for fear of riding in the car. And it's been about six months since his successful 14-mile round trip for an Egg McMuffin. Does Igor now love car rides? No, but he usually tolerates them calmly. He's had occasional relapses when pushed too far or too long, acting more reluctant when asked to get in the car for the next trip. But Elizabeth is now aware when she has pushed his limits, and knows to step back in training. Her commitment to helping Igor is the single biggest reason for his success.

There are only winners in this story. As long as he can walk to the car, Elizabeth never has to worry about not being able to get Igor to a vet in case of emergency. Igor no longer is terrified of anything. And I got to help the world's sweetest Newfie and his wonderfully committed mom make a big problem go away. 🐾

Susan Sarubin, CPDT-KA, lives in Easton, Maryland, with her husband and three Rhodesian Ridgebacks. She owns Pawsitive Fit, LLC, Puppy and Dog Training, and is the Maryland State Coordinator for Rhodesian Ridgeback Rescue, Inc. See page 24 for contact information.

RESOURCES

TRAINING AND INSTRUCTION

Pat Miller, CPDT-KA, CDBC, Peaceable Paws Dog and Puppy Training, Fairplay, MD. Train with modern, dog-friendly positive methods. Group and private training, rally, behavior modification, workshops, intern and apprentice programs. Trainers can become “Pat Miller Certified Trainers” (PMCT) by successfully completing Pat’s Level 1 (Basic Dog Training and Behavior) and both Level 2 Academies (Behavior Modification and Instructors Course). (301) 582-9420; peaceablepaws.com

Cindy Rich, KPA CTP, The Canine Connection, Chico, CA. Training, puppy classes, social sessions, daycare. Force-free, fun, positive training. (530) 345-1912; thecanineconnection.com

Susan Sarubin, CPDT-KA, Pawsitive Fit, LLC, Puppy and Dog Training, Easton, MD. Private, in-home instruction, puppies and dogs, all positive methods. (410) 200-0091; pawsitivefit.com

HOLISTIC VETERINARIANS

American Holistic Veterinary Medical Association (AHVMA), PO Box 630, Abingdon, MD 21009. (410) 569-0795. Send a self-addressed, stamped envelope for a list of holistic veterinarians in your area, or search ahvma.org

BOOKS

WDJ Training Editor Pat Miller is author of *Positive Perspectives: Love Your Dog, Train Your Dog*; *Positive Perspectives 2: Know Your Dog, Train Your Dog*; *Power of Positive Dog Training*; *Play With Your Dog*; and *Do Over Dogs: Give Your Dog a Second Chance at a First Class Life*. All available from Dogwise, (800) 776-2665 or dogwise.com

RESOURCES FOR SECOND OPINIONS

The American Veterinary Medical Association (AVMA) American Board of Veterinary Specialties (ABVS) is the umbrella organization for veterinary specialties within the United States. Their website provides links to AVMA-recognized veterinary specialty organizations: avma.org/education/abvs/specialty_orgs/default.asp

International Veterinary Acupuncture Society, www.ivas.org

American Veterinary Chiropractic Association, animalchiropractic.org

The Chi Institute (Traditional Chinese Veterinary Medicine), tcvm.org

Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life, by Nancy Kay, DVM, DACVIM

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How the breed of your dog can affect your ability to obtain renter's or homeowner's insurance – and how you can fight back if denied coverage.

Planning the Perfect Vacation With the Pooch

“Bringing the dog along” should enhance the dog lover's vacation, not ruin it! Here's how to prepare your pup for the trip of a lifetime.

Silent Training

How to train your deaf dog – or train any dog without any sound at all!

Foods for Seniors, Puppies, Breeds, and By Prescription Only

Are all these foods really necessary? How can you tell? What should you know about these foods before you allow your vet to sell them to you?