



The Whole

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Stuffed

Something for every dog owner in here!

BY NANCY KERNS

This issue is *packed* with useful information!

We've gotten a lot of positive feedback about two newer features in WDJ. The first is "Action Plan" – the column that appears opposite this page, which features five things that an owner can do to solve any given dog behavior problem. The second is "Canine News You Can Use." Our annual dry dog food review, published each February, is such a monster that it ate the space for these two columns in *last* month's issue, but they have reappeared this month. We did give the "Good Sports" column this month off, but author/trainer Terry Long will be back in the next issue with an installment on the sport of competitive herding.

The feature articles in this issue include:

■ Regular contributor Lisa Rodier interviews veterinarian Sophia Yin about her new book (which comes with three hours of video on a DVD), *Low Stress Handling, Restraint, and Behavior Modification of Dogs and Cats*. Anyone whose dog has been handled poorly or roughly at a veterinarian's office will appreciate Dr. Yin's suggestions.

■ Training Editor Pat Miller discusses the issue of where dogs sleep at night. Most owners have a strong preference about this, with some embracing their dogs' presence on their own beds at night, and others preferring that dogs sleep *only* on a dog bed, perhaps in another room or part of the house. As Pat makes clear, there is



no wrong answer; sleeping arrangements are up to you! What's more, she offers support for any problems you may have in convincing your dog to sleep in his or her designated snooze spot.

■ Lisa Rodier does double-duty in this issue, with the second in a series of articles about caring for dogs at the end of their lives. In "Moving From Cure to Care," she describes the challenges of providing hospice care for a dying dog. In the article, she shares advice from (among others) veterinarian Nancy Kay, who hosts a support group for grieving owners at her practice in Rohnert Park, California, and who, coincidentally, has contributed . . .

■ . . . this issue's final feature article, which offers information about finding reliable canine health-related information on the Internet. Dr. Kay also shares strategies for then discussing the information you find with your veterinarian – an often-tricky proposition.

Speaking of the Internet, if you're on Facebook, search for the Whole Dog Journal. "Fans" of WDJ can enjoy previews of upcoming articles, links to (free!) articles from our past, and occasional discounts for trial and gift subscriptions. And, of course, interaction with other WDJ fans!

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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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Guarding Dog?

Five things to do when your dog guards a toy, bone, treat, or bed.

BY PAT MILLER

Resource guarding may be a natural, normal dog behavior, but it's alarming when your own dog growls – or worse, snaps – at you over his resource. Resist your first impulse to snap back at your dog. Instead, do this:

1 Stop. Whatever you did that caused your dog to growl, stop doing it. Immediately. If you were walking toward him, stand still. If you were reaching toward him, stop reaching. If you were trying to take the toy or bone away from him, stop trying.

2 Analyze. Your next action depends on your lightning-fast analysis of the situation. If your dog is about to bite you, retreat. Quickly. If you're confident he won't escalate, stay still. If you aren't

sure, retreat. Err on the side of caution. Complete your analysis by identifying what resource he had that was valuable enough to guard, and what you were doing that caused him to guard.

3 Retreat. If you already retreated because you feared a bite, go on to #4. If you stayed still, wait for some lessening of his tension and *then* retreat. Here's the dilemma: dogs give off guarding signals – a freeze, a hard stare, stiffening of the body, a growl, snarl, snap, or bite – to make you go away and leave them alone with their valuable objects.

Your safety is the number one priority, so if a bite is imminent, it's appropriate to skedaddle. However, by doing so you reinforce the guarding behavior. "Yes!" says Dog. "That freeze worked; it made

my human go away." Reinforced behaviors are likely to repeat or increase, so you can expect more guarding next time.

If, instead, you are safe to stay still and wait for some relaxation of tension and *then* leave, you reinforce *calmer* behavior. "Hmmmmm," says Dog. "Relaxing made my human go away." If you can do this safely, you increase his relaxation when you are near him and decrease his guarding behavior.

4 Manage. Give your dog guardable things *only* when you won't have to take them away. Crates are good places for a resource guarder to enjoy his valuable objects. When he's crated with good stuff, don't mess with him, and don't let anyone else mess with him. When small children are around, put him away – for his sake *and* theirs – since you may not always know what he'll decide to guard, especially when kids bring their *own* toys to play with.

5 Train. Work with a good, positive behavior professional to modify your dog's guarding behavior so he no longer feels stressed when humans are around his good stuff. Teach him to "trade" on verbal cue for a high value treat such as chicken, starting with low value objects and working up to high value, so he'll happily give you his things on cue when you need him to. (See "On Guard," WDJ October 2007.) Out-think your dog. Resource guarding behavior is not a good place for a battle of wills. 🐾

Pat Miller, CPDT, is WDJ's Training Editor. Miller lives in Fairplay, Maryland, site of her Peaceable Paws training center. Pat is also author of The Power of Positive Dog Training; Positive Perspectives: Love Your Dog, Train Your Dog; Positive Perspectives II: Know Your Dog, Train Your Dog; and Play with Your Dog. See page 24 for more information.

PHOTO BY PAT MILLER



A fake hand, mounted on the end of a stick, is used to safely assess whether this dog guards his food – obviously, he does! If a dog habitually or intensely guards food or other resources like this, find an experienced, positive behavior professional to help you. And employ scrupulous management to keep everyone safe!

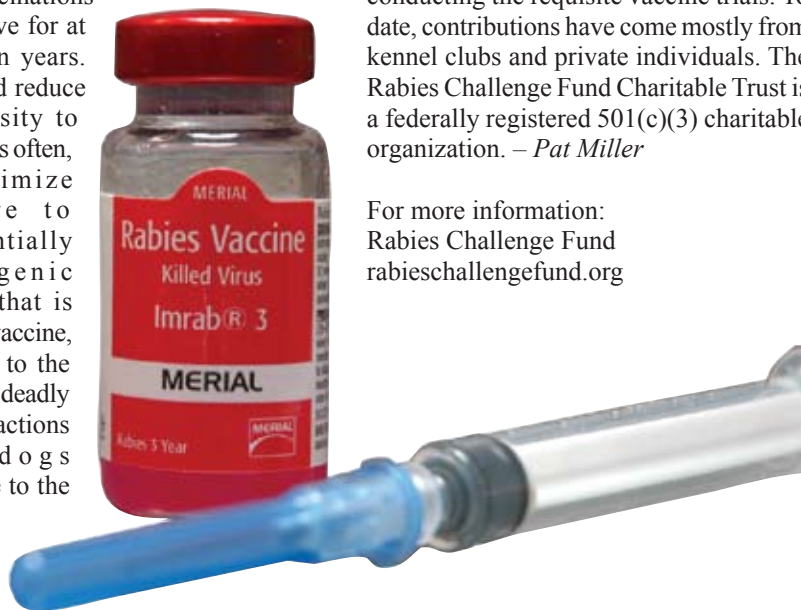
More States Change Rabies Vaccine Requirement

Most now allow for a vaccination only every three years

Arkansas canines and their humans have very good reason to celebrate the start of the new decade. That state's new rule allowing for a three-year rabies vaccine became effective January 1, 2010. This means dogs in Arkansas will need to be vaccinated only every three years (after their initial first-year booster) instead of annually, as was previously required.

The majority of states in the U.S. now allow for the three-year vaccination schedule. Despite a slightly premature announcement from the Rabies Challenge Fund (rabieschallengefund.org) last August that all 50 states had accepted a three-year protocol, a few still do not. Rhode Island's Rabies Control Board approved a change in April of 2009 accepting the three-year vaccination, but as of yet no effective date has been set. Until that happens, Rhode Island dog owners are still required to vaccinate their canine companions every two years. West Virginia also requires vaccination bi-annually. There may be a few others. Still, every state that approves a three-year schedule is one step closer to that 50-state goal.

Meanwhile, the Rabies Challenge Fund is now raising funds for a fourth year of the Rabies Challenge Study at the University of Wisconsin School of Veterinary Medicine. It will cost about \$150,000 per year to cover the remaining four years of the seven-year study that hopes to confirm that rabies vaccinations are effective for at least seven years. This would reduce the necessity to vaccinate as often, and minimize exposure to the potentially carcinogenic adjuvant that is part of the vaccine, as well as to the sometimes deadly adverse reactions some dogs experience to the vaccine.



The second phase of the project will finance a study of the adjuvants used in veterinary vaccines and establish a federal adverse reaction reporting system for rabies and other vaccines.

This project depends primarily upon grassroots gifts for funding the costs of conducting the requisite vaccine trials. To date, contributions have come mostly from kennel clubs and private individuals. The Rabies Challenge Fund Charitable Trust is a federally registered 501(c)(3) charitable organization. — *Pat Miller*

For more information:
Rabies Challenge Fund
rabieschallengefund.org

AAHA to Create New Nutritional Guidelines

Goal is to give veterinarians better tools to help pet owners with canine nutrition

In January, the American Animal Hospital Association (AAHA) announced its plan to create a new set of nutritional guidelines for use by veterinarians and to publish these recommendations in June 2010.

The newly formed committee includes academic leaders, animal hospital directors, and veterinary technicians: **Tony Buffington**, DVM, MS, PhD, Dipl. ACVN, Ohio State University; **Joe Bartges**, DVM, PhD, Dipl. ACVIM, University of Tennessee; **Lisa Freeman**, DVM, PhD, Dipl. ACVN, Tufts University; **Don Ostwald**, DVM, Dipl. ABVP, Wheat Ridge Animal Hospital, Wheat Ridge, Colorado; **Mary Grabow**, DVM, Noah's Westside Animal Medical Center, Indianapolis; and veterinary technicians **Julie Legred**, CVT, and **Kimberly Baldwin**, LVT.

The AAHA's goal is to incorporate the

latest advancements in medical knowledge, but remain practical enough that veterinarians can use the guidelines to make recommendations to their clients. "It's time we put nutrition in the minds of veterinarians," says AAHA President John Tait, DVM. While no details about the scope of the guidelines are available, Tate indicated that poor client compliance (with feeding prescription diets) and the impact of nutrition on pet health are the driving forces behind the decision to create these guidelines.

Another likely factor is the increased interest in homemade diets, especially following the massive pet food recalls in 2007. "Pet owners are inundated with advice from a variety of sources on what constitutes proper quality of care and treatment of their pets. Unfortunately,

many of these sources are not credible," says Dr. Tait.

There are far too many inappropriate or inadequate recipes available to owners, for both healthy dogs and those with health conditions requiring a modified diet. The question is, will the AAHA's new nutritional guidelines focus on what has been learned about nutrition in the past 10 to 15 years, or will they simply rely on the same high-carb, low-protein formulas that the pet food companies have promoted for so long? Hill's Pet Nutrition has provided funding for the task force and has promised to help implement the guidelines when they are published, so we're not overly confident that the new guidelines will be all they could be. We'll analyze them when they are published, and share our analysis at that time. — *Mary Straus*

FDA Issues Recall for Ketamine

Drug used as part of anesthesia protocol may be linked to deaths

On December 21, the FDA's Center for Veterinary Medicine announced the expansion of a nationwide recall of ketamine hydrochloride injectable manufactured by Teva Animal Health following reports linking the drug to the deaths of five cats. Ketamine is commonly used as part of anesthesia induction in both dogs and cats. The first deaths linked to ketamine occurred in October and were reported to Teva in November and to the FDA in December.

Since the initial recall began, more products have been added. As of this writing, all lot numbers that are 7 numeric digits long or that start with "5401" (regardless of their length) have been recalled and should be returned to their distributors. After veterinarians pressured the FDA, it was revealed that Teva also manufactures ketamine for other companies, and the

recall was expanded to include the following products:

- ◆ AmTech Group, Inc. (Ketamine Hydrochloride Injection, USP)
- ◆ Butler (KetaThesia)
- ◆ LLOYD Laboratories (VetaKet)
- ◆ Phoenix (Ketaject)
- ◆ RXV (Keta-Sthetic)
- ◆ VEDCO (KetaVed)
- ◆ Fort Dodge/Pfizer (Ketaset)

Ketamine is not a drug that pet owners would give themselves, but if your pet is scheduled to be anesthetized, you should check with your vet to be sure that they have all the relevant information about the recall. Veterinarians with questions can contact Teva Animal Health.

Troubles at Teva Animal Health began last July, when the FDA shut down the company and filed a lawsuit after inspectors found adulterated animal drugs at its plant in St. Joseph, Missouri. As a result of the FDA probe of its quality control procedures, Teva agreed to cease manufacture of its generic drugs as well as its DVM Pharmaceuticals product line. At that time, however, none of the drugs Teva produced were considered to be harmful, an assumption that now appears to be incorrect. — *Mary Straus*

For more information:
FDA's Center for Veterinary Medicine
www.fda.gov/Safety/Recalls/ucm195118.htm

Teva Animal Health
(800) 759-3664

Organization Facilitates Donations of Pet Oxygen Masks

"Bark 10-4" facilitates donations of pet oxygen masks for fire trucks across the nation

House fires are devastating and life-threatening for everyone in the family — including the pets. It's estimated that half a million pets are affected by fires each year and more than 40,000 die from smoke inhalation. Emergency first responders can provide oxygen to a fading animal, but they usually face the challenge of working with a human oxygen mask, which is difficult to securely fit over a dog or cat's face.

Last fall, Bark Buckle UP®, a national organization dedicated to pet travel safety, teamed up with Smiths Medical, distributor of veterinary medical devices, to launch Bark 10-4™, a national campaign designed to equip every fire truck across the United States with a pet oxygen mask.

While veterinarians have used animal-specific oxygen masks for years, they have only recently begun to find their way into the hands of rescue personnel. Due to budget constraints, those that do exist are usually donated by compassionate

pet owners. "This program will go a long way toward raising awareness about a product that can save a lot of pets' lives," says Lisa Huston of Smiths Medical.

To date, the ongoing program has successfully provided more than 2,500 masks to fire stations across the country. Supporters can purchase a single mask for their local fire house for \$25, or a mask set which includes a small, medium, and

large mask for \$65. Sponsorship can be completed at Bark10-4.com or via a link at surgivet.com. The sponsor designates the specific department to receive the gifted masks, which are delivered with the shipping/handling costs paid by Smiths Medical. If a single fire house receives more masks than are needed, the fire chief has the option of storing additional masks for future use or distributing them among local fire houses.

Consider making a donation to the fire department in your town or neighborhood. "The mask only works if it's on the truck," said Jose M. Torres, Battalion Chief of "A" Platoon in Santa Monica, California. "Together we can save pets' lives." — *Stephanie Colman*

For more information:
Bark Buckle UP
barkbuckleup.com

Bark 10-4
bark10-4.com



Being equipped with a special oxygen mask for pets can help first responders save more lives.

Low Stress Vet Visits

Dr. Sophia Yin's text (and accompanying DVD) that teaches vets, vet techs, shelter staff, and owners safe, calm handling techniques.

BY LISA RODIER

A training friend suggested that I read *Low Stress Handling, Restraint, and Behavior Modification of Dogs and Cats*, by applied animal behaviorist Sophia Yin, DVM, MS. As an owner whose dogs have taken their fair share of visits to vet clinics, I really liked what I read. Dr. Yin's text takes a critical look at how our pets are often handled in veterinary clinics – and it's not pretty, as you may have seen yourself. Fortunately, she also offers common sense advice on approaching veterinary care so as to make it as stress-free as possible for our pets.

What you can do . . .

- Gain credibility with your vet and set an example by demonstrating solid handling skills, using a no-pull harness or head collar if necessary.
- Teach your dog helpful behaviors such as how to lay flat on her side, accept restraint, and have her body handled.
- Take frequent non-medical field trips to the vet hospital; call ahead, but stop in and feed your dog high-value treats outside the office and in the waiting room, and ask staff to offer treats, too.
- Communicate your expectations to your vet clearly, calmly and rationally; if she's not with you, consider switching to another veterinarian or practice.



When examining a fearful dog, the vet should back up to the dog when approaching her personal space. Approaching while facing her head on can cause her to snap defensively. Photos courtesy Dr. Yin, lowstresshandling.com.

Popular myths abound that force is needed to get animals to behave. Instead, Dr. Yin focuses on how to modify behavior quickly in a veterinary setting using a systematic and positive approach. Her methods involve classical conditioning to change the pet's emotional state; setting up the veterinary environment to ensure the pet's comfort; teaching us how to handle animals with appropriate, rather than stronger, restraint; and how to behave around animals so as to avoid creating problems. The book is the result of over a thousand hours of work and features more than 1,600 photos and three hours of video. A copy belongs in every veterinarian's hands; proactive pet owners can benefit as well (the text is pricey, however).

I interviewed Yin in late 2009 to hear

more about her latest book and how we, as pet owners, can help our dogs have less stressful veterinary visits. The vet office does not have to be a nasty place, and Yin, as a veterinarian herself, wants to help us, our veterinarians, and their staff make the clinic experience a better one for all of us, especially our beloved dogs! Although lots of her ideas are common sense, if you're like me, you'd welcome seeing them adopted by your dog's veterinary hospital sooner rather than later.

RODIER: The book is a great resource, but very different from any behavior and training books that are out there. Who is the intended audience?

YIN: The book is for anybody who deals with many different dogs and cats

or who just wants to know how to better handle their pet for everyday husbandry procedures.

Initially, I wrote it for veterinarians, as a complete guide to handling and dealing with animals. But really, it is for *anybody* who works with a lot of dogs and cats. That includes shelter workers, shelter volunteers, groomers, and even kennel workers. The book is not just about handling animals, it's also about how to set up the environment so the animal is more comfortable, as well as how to act around animals so that you don't introduce a problem that previously didn't exist, how to read your pet's body language, and how to gauge whether your techniques are having the intended effect. The book also has a lot of techniques that pet owners can use at home to better prepare their pet for a veterinary visit.

It was a huge undertaking. Why do it?

A number of veterinary behaviorists were recommending new techniques for handling animals – techniques that were very different from what vets have been taught for decades. For instance, they said that we shouldn't be "scruffing" cats anymore. That's one of the first things we learn in veterinary school, how to scruff a cat! It made me wonder: Which techniques should we use and how do we know which ones will work?

I started by observing what technicians and veterinarians were doing. I took a lot of video so that I could analyze why some people and techniques were successful and why others were not. At first, I thought the book might be quite thin; but the more I saw, I realized there was *lots* of room for significant improvements in handling. In fact, I found that most veterinary professionals do not handle animals well; they just get lucky! This finding includes first-rate veterinary technicians who have years of experience. It's surprising, but no matter how long people have worked with animals, maybe 10, 20, or even 30 years, they might have been making the same handling mistakes the entire time!

That's because we handle dogs the way we've been taught, or the way we think works. But people often aren't very mindful of what the animal needs or if the technique they use is the best way.

Does the animal feel comfortable the entire time, or are we doing things that make him feel the need to struggle? Or are we causing him to show signs of fear, or to be a little tense?

What I found is that handling is like a sport requiring skill and finesse. If you don't know exactly where to have your hands and body in relation to the dog, you won't be able to restrain him appropriately. This holds true even when doing something as simple as keeping a dog from pacing, lifting him on a table, or putting him onto his side.

On the DVD (that comes with the book) I included video footage of a technician flopping a dog on his side, something that happens at every veterinary hospital. The dog is standing and all of a sudden he's on his side and hits his head during the transition! Can you imagine if you went to a physical therapist and she yanked your feet out from under you and you hit your head? Techniques like this should not be in use.

One bad veterinary experience can cause a dog to aggress on future visits. Why is this?

Many dogs are already fearful before even getting to the clinic. For example, the dog who usually behaves, but stands still and trembles due to fear. Because she doesn't try to bite or struggle, everyone thinks she's okay. The problem is that with each visit she's likely to get worse, because each visit is frightening for her from start to finish. And if something that she perceives to be *really* bad happens to her, she can easily switch from being frozen or wanting

to hide in fear, to feeling that she needs to defend herself by growling or biting for the first time.

Some dogs are able to take things like having blood drawn or being restrained for X-rays in stride; the fearful dog blows these experiences out of proportion.

So my dog's had a bad experience at the vet. Now what? Can I fix it?

You *can* fix it. Depending what the experience was, we can do things to train the dog to associate the animal hospital with good things. You want to get help when you do this, somebody – a positive trainer or behaviorist who understands principles of behavior modification – to guide you through it, so you can do it efficiently and positively. The goal is to pair the clinic with good things, and handling with good things. The person you work with should be somebody who can list for you all the signs of fear and anxiety in a dog so that you would know how to recognize them. They should be able to use a number of different types of reward-based techniques, versus the "Let's show 'em who's boss" approach.

I don't recommend using a choke chain or a pinch collar; this indicates a desire to give corrections. Choke chains and pinch collars are sort of a vague punishment of something you didn't like; the information they send to the dog is not very good. They work by causing pain or fear of pain. The problem – a fear of veterinary experiences – is fear-based! We definitely don't want to have pain or fear involved.

Head halters can be aversive to a dog, too, because the dog can't move his head where he wants. However, they at least guide him into position, so you can more precisely give the dog information about what you want him to do.

You also want to avoid any trainer who says, "We don't use food!" I gave a lecture on using desensitization and classical conditioning for veterinary procedures and showed video of dogs getting better using all these techniques. A fellow behaviorist heard a person from the sponsoring group say "Oh, her methods don't work." Then, publicly, the sponsoring representative said, "We do just what Dr. Yin does, but with less food." The audience practically sighed out loud. They recognized



A short leash controls the dog's movement, and hands gently on his collar and hind end stabilize him in a standing position. The dog is calm and more likely to offer a sit from this position.

that when training a dog to like having her toenails trimmed or getting injections, praise and petting were probably not going to cut it in most cases.

Food is a strong motivator for dogs. The food is being used to create a positive emotional state. You can use other things, too, but you don't want to take away one of your strongest motivators! The person who helps you needs to understand that your goal is to change the emotional state of the dog from scared to calm, comfortable, relaxed, and happy.

I recommend that people bring their pets to the hospital hungry; withhold the previous meal and bring it along with tastier treats to the visit. Treats should be bite-sized so that the dog can consume a single treat in 1 to 2 seconds. Giving 5 to 15 small treats in rapid succession is better than giving one large treat because the sequence of treats can be used to extend the period of time in which the dog is in a positive emotional state.

In general, soft treats such as tiny pieces of hot dog, diced chicken, or chopped Natural Balance food roll work better than dry treats, although many dogs are fans of freeze dried liver or Liver Biscotti. Even consider using canned spray cheese or peanut butter spread thin on a spoon. Don't worry about overfeeding or imbalancing the diet. A positive veterinary experience is more important than having a balanced diet on one particular day.

Is there a relationship between force-based training methods and the type of handling that has typically been used by animal professionals?

The traditional view is that if we want to get an animal to do something, we force it to do so. Face it, the easiest way for people to do things is without thinking, and force requires less thought. There's also the attitude of "I'm just going to do what I did before, or what somebody showed me, and I'm not going to evaluate whether it's working or consider whether there's a better way."

People don't necessarily consider what works best for the dog. Take, for example, trying to guide a dog to sit. Many times a veterinary professional will guide the dog in a way that's stressful for the dog. To get the dog to sit, he puts pressure on the dog's body, but the dog doesn't know what he wants. The handlers should notice any time the dog struggles to get away, or her ears go back; these things should make

them question whether they're handling the dog correctly.

If the dog struggles multiple times, more than two seconds, then you need to do something else. Coming from a traditional training background, there are times when I thought "I need to show this dog!" and those are the times I've gotten into trouble. I've been bitten only when I was doing that! It is hard to get rid of that mentality, but it doesn't serve a good purpose. The "must win" attitude is about your ego, really.

Another problem with that "put him in his place" attitude is that once you've got the dog aroused, he's more likely to react to a smaller trigger the next time. Once he's excited, his epinephrine and corticosteroid levels have shot up. They'll go down, but maybe not before another potentially high arousal event. It's just like when you have a frightening experience like a near car accident, and then later in the day you see a spider. Although you usually can handle being near a small spider, when you've already had one scary incident earlier in the day, your threshold for other heart-pounding events is much lower and you're more likely to freak out.

With dogs, that's when we get the stories of people telling us that the dog bit or lunged "without warning." Really, the person most likely just didn't see the warnings, or because the dog is already aroused, his trigger was much smaller. Also, many times our dogs do something a little earlier that indicates they are fearful and an event is stressful for them, and when we fail to back off or help them, we push them to respond aggressively.

Will animal professionals really want to use new, gentle techniques even if they require time to learn and to use, margins are tight, and volume is the key to making money?

It's actually way faster when you use "low stress" techniques; they can save time, manpower, and lost work days due to bite-related injuries. If the animal hospital staff can't put their hands on the animal correctly every single time, then they're going to make the animal worse. Once it gets worse, it takes a lot more time to make it better than if you do it right the first time.

Look, it doesn't take long to offer a couple of treats to a dog in the clinic. When you classically condition a dog, you train him to like certain procedures; as a result,

each visit gets better and the clients are happier. It's rarely the case that dogs "just get better," behaviorally, at the hospital, without some work.

But making it less stressful for the dog doesn't just involve giving treats. It involves knowing how to set up the exam room, and even teaching the owners how to prepare their dogs beforehand. Maybe you need to get your dog into the exam room before he gets amped up from being in the waiting room with dogs and cats he's afraid of. And then, in the exam room, the veterinarian needs to approach the right way, instead of scaring the dog by approaching head on, like a big scary ogre.

Every time the vet or technician interacts with the dog, they need to realize that the dog is learning something from them. How they place their hands on the dog, how they hold the dog's collar, where they're standing in relation to the dog; all of this is noticed by the dog. Even little things that people do can ruin the exam.

Can you give an example?

I worked with an excitable dog who belonged to a friend. She said, "How did you control her?! At our veterinary hospital, he was horrible." It's because the veterinarian there was letting the dog pace around. Instead of just quietly asking the dog to sit and then grasping the collar with one hand and perhaps placing the other hand on her hip so that the dog understood that he wanted her to hold still, the veterinarian just got down to her level and she climbed all over him. Good handling may involve something as simple as shortening the leash and keeping it short, but loose.

Here's another example: If you want to guide the dog to sit, one thing is sure: his back legs need to bend in order for him to sit! And his weight needs to be off his front end and toward the rear end. If you're unable to appropriately guide the dog into a posture that makes it easy for him to sit, he might become anxious and defensive, and even aggressive.

How do I convince my dog's veterinarian to use these techniques?

I've heard from several trainers that their veterinarians have implemented the techniques, and the staff is so much better at handling. Let your veterinarian know that good handling is important to you, and let her know there is a credible textbook from which she can learn. Approached in this way, she'll very likely



There is even a proper way to prevent a dog from sitting. Dr. Yin has one arm over the dog's abdomen as far back as possible; this keeps him from sitting and pulling away. Note that the exam table is covered with a towel for the dog's comfort.

take it into consideration. It's about clearly communicating your expectations to the veterinarian.

Might this be offensive?

It's your pet you're talking about! If the veterinarian or her staff handles your dog poorly, and your dog becomes increasingly anxious or defensive, you might not be able to get continued medical care for him. Treatments are less successful if they are delivered under duress to a stressed dog. The worse our dogs' experiences are over time, the worse they will become at the hospital. What if your dog has to stay at the veterinary clinic for a medical procedure? And how is he going to feel during that medical procedure if he knows he's going to be handled poorly?

Consider what's going on, physiologically: The higher the dog's stress level, the more hormonal changes he'll suffer, with a decrease in his immune function. If he's staying in the hospital and he's sick and scared about poor handling, it will be harder for him to recover. You are responsible for your pet. You shouldn't be rude to the doctor or his staff, but you should let them know that your dog does better when he's handled a certain way. The more you know, the more suggestions you can offer. It's important to know your dog. If you don't know how he's going to respond or how to handle him, then leave it up to the veterinarian. But if you've used some

of the techniques, worked through some of your dog's issues, and know what your dog is well-behaved and trained, you need to share that information.

I have a client whose dog was really well behaved and well trained. The veterinarian took the dog away to perform a procedure and the dog was yelping and screaming. Well, all the veterinarian wanted the dog to do was lay on his side. So the owner said, "Bang!" to the dog, and the dog lay flat on his side, as he'd been trained to do on that cue. The more you can show that you have good control of your dog, the more authority you can have with how you want your dog handled. But, if you don't actually have good control over your dog, it's safer for the vet to be in charge of the handling.

How about vets who don't perform procedures such as blood draws in front of us; how do we know how they're handling our dogs?

I would see how the dog is when he comes back. Does he look more anxious or is he relaxed? If he was handled well, he should get better. He shouldn't look worse than when he left you.

If our vets won't follow these protocols, should we vote with our feet?

Some people are not going to be open to change, no matter what, so you might need to go to a different hospital. Or maybe

it's just one technician and you need to talk to the doctor.

If you tell them "I want you to handle my animal better," they may not know what you want. But if you say, "Have you seen this book about proper handling techniques for veterinary practices?" They should be aware there is a credible source of pertinent, useful information. I've gotten feedback from trainers who are happy to have this resource for their vets.

How do you convince dog owners that it's worth taking the time to follow some of the tips you offer?

Many people think that dogs are supposed to be afraid of the veterinarian; some people think that's normal. And really, it's not! Most veterinarians' dogs are fine at the clinic, because their dogs visit often and at times other than for procedures. So I think, number one, the idea of the veterinary clinic being scary needs to change.

At home, we as pet owners can train our dogs to lie down on their sides, and to get in the different positions that the veterinary staff will require of them. We can teach them to enjoy taking pills, receiving shots, or having their nails trimmed. If you can show the veterinarian that you can do these things with your dog, he will be more likely to go along with what you say. Not every dog owner is going to be an ace at handling, but if he thinks that the handling is rough at the veterinary clinic he uses, and he at least knows that there are alternatives, he can inform the staff about those alternatives.

But it does come back to the veterinarians. They need to make their hospitals happier and more comfortable, with treats and toys, washable throw rugs, and a calm, not hectic, environment. Hospitals need to be an environment the animals experience as somewhat fun – especially for puppies! Pups haven't had a chance for anything bad to happen yet, and they shouldn't! 🐾

For more on Sophia Yin, DVM, MS, visit her website at askdryin.com. Low Stress Handling, Restraint, and Behavior Modification of Dogs and Cats can be ordered directly from askdryin.com, in either book form (comes with a DVD) or in a digital format that can be downloaded at a discounted price. For the digital version, see askdryin.com/elearning.

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Don't Let the Bed Dogs Bite

Decide where your dog gets to sleep, and support good bed manners.

BY PAT MILLER

Contrary to the strongly held opinion of some training and behavior professionals, I'm generally pretty comfortable with allowing canine family members on their humans' beds. In our family, two of our five dogs sleep with my husband and me. Scooter, a Pomeranian, routinely sleeps with us; Dubhy, our Scottish Terrier, graces us with the privilege of his presence on our bed only from time to time.

Trainers who adamantly oppose dogs on the bed mostly fall into the old-fashioned training camp, and often, they also buy into all the dominance stuff that's been pretty much discredited by behavioral scientists. Chances are good I would differ with them on many dog training and philosophical issues, not just this one. The dog who wants to sleep on your bed isn't trying to take over the world. He just wants to be close to his humans – and comfortable!

That said, there *are* times when I agree that allowing your dog on your bed may be inappropriate. Three of our dogs sleep elsewhere, for various reasons. Our Cardigan Corgi, Lucy, sleeps shut in her crate in our bedroom to forestall her predilection for midnight cat-chasing forays. Scorgidoodle Bonnie is also crated at night; she can't seem to reliably hold her bladder until morning when given house freedom overnight. Her intense snuggling and licking behaviors can also be annoying in the wee hours of the morning. Missy, our 11-year-old Aussie, sleeps on a magnetic dog bed next to ours; she has weak hindquarters due to a formerly broken pelvis (acquired long before joining our family) and can't jump on and off of the bed.

So how do you decide if bed privileges are the right choice for your canine pal? There are a number of things to take into consideration.



Why wouldn't your dog prefer your bed to any other place to sleep? It's probably warmer, softer, and more companionable than any other place in the house. If you choose to snooze without your dog, make sure he has an equally comfortable bed, as close to a responsible family member as possible.

What you can do . . .

- Decide whether sleeping on the bed is appropriate for your dog and your domestic situation. If not, help your dog learn to love his alternate sleeping arrangements.
- If you want your dog on the bed but he has "issues," take appropriate management and modification steps to help him become a good bed buddy.
- Refrain from "fighting fire with fire." If your dog growls at you, calmly defuse the situation without verbal or physical punishment.



Personal choice

All other issues notwithstanding, if you prefer that your dog not sleep on the bed with you, the case is closed. It's your choice, pure and simple, and not one you should have to defend to anyone. There may be a rare exception, but I can't think of any reason why a dog should *have* to sleep on your bed.

Of course, if he's accustomed to sleeping on his human's bed and you abruptly evict him, he's likely to tell you how he feels about it in no uncertain terms. You may have to do some behavior modification to convince him that other bedtime arrangements are acceptable alternatives, but that's doable. If you want your dogs *off* the bed, the only real issue might be a human bed partner who prefers them *on*. I'm a dog behavior professional; I'll leave this human conflict for you to sort out with your marriage counselor!

Dogs in the room

Some humans restrict their dogs' presence from the bedroom altogether, citing reasons such as allergies, and being disturbed by nighttime scratching, licking, and other typical canine behavior. Some dogs are perfectly comfortable and confident when sleeping in other parts of the house; others benefit greatly from the six to eight hours of social proximity to their humans, even though there's not much actual interaction going on. Sleeping in the same room is a nice, usually easy way for your dog to be with you, especially if you are gone at work eight or more hours a day. A white noise machine can cover up a lot of minor nighttime dog noises.

There are actually some behavior problems that can be *resolved* by bringing your dog into someone's bedroom, whether yours or that of a responsible child. I heard from an owner recently whose eight-year-old dog, who had always slept downstairs, started barking in the middle of the night for no apparent reason. Efforts to determine the reason for the dog's barking were fruitless.

I suggested that the owner have the dog sleep in her bedroom at night. The dog now sleeps quietly all night on a dog bed next to the owner's. Problem solved – and the owner tells me it delights her to be able to look over the edge of her bed and see her beloved dog sleeping peacefully there. She can't for the life of her remember why her canine pal had to sleep downstairs for eight years.

Inappropriate non-aggressive bed behaviors

There are many non-aggressive yet annoying, disruptive, dangerous, or otherwise inappropriate behaviors your uncrated and unsupervised dog can do at night. Lucy's cat-chasing and Bonnie's peeing are just two examples. Others include chewing on electrical cords and other potentially hazardous materials, destroying treasured possessions, romping on and off the bed, and getting into cupboards – behaviors that are disruptive and dangerous enough to demand nighttime confinement. For this reason, I recommend crating dogs who haven't yet learned house manners (and *especially* young pups) at night.

Aggressive bed behaviors

This is the big one. What do you do when your dog offers aggressive behaviors on the bed? Does it mean instant eviction?



If you choose to have your dog sleep on his own bed, make sure it's one your dog enjoys. Don't scrimp! Get the thickest, most comfortable bed you can afford, and in a size that is large enough to accommodate your dog's preferred sleep style.

Not necessarily.

This is where trainers who strongly believe that most unwanted dog behaviors are related to dominance (I've heard them dubbed "alpha-holics") are likely to tell you that your dog is trying to take over the world. They will say that allowing the dog on the bed gives him status and a physical height advantage, reinforcing his sense of being in control. This may contain some *grains* of truth, but by no means can it explain what is *always* going on.

There is a legitimate classification of aggression now often referred to as "status-related aggression," in which a dog behaves in an aggressive manner rather than deferring appropriately to his human. Bed-related aggression is sometimes one manifestation of this.

If a client of mine has a dog with aggressive bed behaviors I *may* suggest revoking his bed privileges, but I may not. If I do, it has nothing to do with forcefully establishing a social hierarchy, and far more to do with managing an unwanted behavior to prevent it from being reinforced while we work, non-aggressively, to modify it.

Which tack I take depends on the dog, the level of aggression, and what's motivating it. If it's a classic case of owner-guarding – wife is in the bed, dog growls at husband when he tries to get in bed – then yes, bed privileges need to be revoked. The dog's, not the husband's! If the spouse being guarded is reluctant to remove the

potential threat to the spouse trying to enter the bed, it's time for another trip to that marriage counselor! I take the same approach if the dog is guarding his or her territory; the dog needs to be evicted unless and until the behavior can be modified.

Keep in mind that removing the dog from the bed doesn't modify the bed-guarding behavior; it only prevents the dog from having an opportunity to practice the behavior. Some owners are fine with management alone, while others are committed to modifying the behavior in the hopes of reinstating the dog's bed privileges.

Modifying your dog's aggressive behavior is not a bad idea; there's a good chance that the dog who guards the bed may also guard the sofa and other prime pieces of household real estate. Help him become more comfortable with humans, and work to reduce or eliminate his perceived need to behave in an aggressive manner. This will help keep you and any other humans he comes in contact with safe, and increases the odds that he'll stay in your home – and that your relationship with your significant other will last! (See "Modifying Bed/Owner Guarding," below.)

Years ago, a client in Santa Cruz, California, asked me to come to her home to address a bed-guarding problem with her Yorkshire Terrier. Once there, I realized that bed-guarding was the tip of the problem-behavior iceberg. The Yorkie and the husband had a seriously adver-

sarial relationship; simply banning the dog from the bed wasn't going to resolve it. The little dog growled at the husband if the man approached him on the sofa, and even if he was sitting on the man's lap. To make matters worse, the husband refused to understand or accept that *he* needed to change *his* behavior in order to help the dog change his. The man seemed to enjoy taunting the dog.

The icing on the cake, however, was that the wife obviously took satisfaction in the fact that the Yorkie wouldn't let the husband in the bed. This was clearly one for the marriage counselor. The little dog was eventually rehomed to a more suitable environment.

If the bed-aggressive behavior is not about guarding or protecting humans or territory, the prognosis is not so bleak. What's driving the behavior? Can the cause – the *antecedent* of the behavior – be managed without booting the dog off the bed?

When we adopted our Pomeranian bed-buddy, Scooter, he brought along a *lot* of behavioral baggage. He had failed his shelter assessment when he fiercely guarded a pig ear, so we knew about that one. We would quickly discover several more challenging behaviors.

We tried crating him the first night and he screamed his furry little head off, despite the fact that he had happily entered and stayed in his crate earlier for part of the day. House freedom was out of the question; we didn't know him well enough yet, we didn't trust our bigger dogs with him without supervision, and although at age seven he was a mature adult dog, he had already demonstrated his inability to hold his bladder more than a couple of hours. (The quarter-sized bladder stone our vet removed a month later explained this phenomenon.) So we put Scooter on the bed.

One of Scooter's early behavior challenges was stress-licking. Our new pint-sized pooch woke me up in the middle of the night, constantly licking his front paws. Sleepily, I reached down to gently push his face away from his feet and BAM! In an instant he snarled ferociously and bit my hand three times in rapid succession.

There was no blood. In fact, I never even felt the pressure of his teeth on my skin. Despite his ferocious threat display, the little guy had admirable bite inhibition. He didn't want to *hurt* me, he just wanted me not to push on him. So I obliged; I'm

a fast learner! And yes, he stayed on the bed. Over the months since we adopted him almost a year ago we've worked to get him more comfortable with being touched, nudged, and picked up, using counter-conditioning to give him a positive association with those interactions. And we use management. If we need to move him from one spot to another or interrupt his licking (which has greatly decreased as his stress has diminished), rather than push, we simply lift the covers to slide him to a new spot.

If you are experiencing bed-related aggression, take the time to analyze what's going on. If it's a non-guarding behavior that can be managed, you can manage and live with it, or manage and modify. If it's guarding, or some other aggression trigger that's not easily managed, then "off the bed" is a wise step, at least until the behavior can be modified.

Revoking bed privileges

Of course, moving your dog from your bed to his crate can present its own challenges, especially if he isn't already crate-trained or if he already has a negative association with crating (see "Crate Difficulties," WDJ May 2005). If your dog doesn't already love his crate, you'll need to transition your dog to nighttime crating gradually. Alternatively, you could put him in an exercise pen or use a baby gate to keep him in a safe area as an interim solution – or even a long-term sleeping arrangement if you prefer not to crate.

Get him accustomed to his soon-to-be new sleeping location as a daytime game, by using treats, stuffed Kongs, and other delectables to convince him that wonderful things happen in the designated area. Meanwhile, add a blanket to your own bed for him to sleep on while awaiting the transition to his new quarters. When you're ready to make the move, transfer his blanket to his new sleeping spot as well, so he has the familiar sleeping association in his bedroom.

When he's happy to hop into his new quarters and stay in for an hour or more without a fuss during the day, start sending him there at bedtime. The first time you do, be sure he's had a very full day with lots of exercise, so he's ready for a good night's sleep.

Our dogs seem content with their sleeping arrangements. Oh sure, the three dogs who sleep elsewhere would probably *rather* be on the bed with us!

But even without their nighttime behavior challenges, three is company, four is a small crowd. If you count the two or three cats who occasionally join us on the bed, several more dogs on the bed are simply out of the question.

Modifying bed- or owner-guarding

So you have a dog who guards the bed, or guards you on the bed. What next? You don't necessarily have to prohibit him from *ever* getting on the bed (or other furniture), but you do need a way to peacefully remove him from furniture when you *need* him to get off. And ultimately you'd *like* him to peacefully accept people approaching the bed.

Note: Canine aggression is not something to play with. If the level of your dog's growling or other bed-related aggression is intense; if you are trying to work with it and not making progress; or if someone is getting bitten, please seek the assistance of a qualified positive behavior professional. If you're afraid of your dog's behavior, don't attempt any of the following without professional assistance.

■ **Teach "off"** – To start, you can teach an operant cue to ask the dog to happily hop *off* the bed when asked. This is pretty simple. Say "Up!" to invite him on the bed. Lure him up if necessary. When he's up, click and treat. Then say "Off!" and toss a tasty treat on the floor. When he jumps off to get it, click; he'll get the treat off the floor himself, thank you very much. After several repetitions of this, start fading the lure, by giving the "Up" or "Off" cue and then waiting a few seconds to see if he does the requested behavior.

If he doesn't, motion suggestively but don't toss the treat on the floor or lure him on the bed. When he responds, click and treat. Gradually reduce the suggestive movement until he's doing the "Up" and "Off" behavior on verbal cue only. Then you can start alternating other forms of reinforcement. If you click you must feed the treat, but occasionally you can skip the click and treat, just praising instead, or giving him a scratch behind the ear, or inviting him outside for a game of fetch.

■ **Institute a "say please" program** – "Say please" simply means teaching your dog to "ask" for all good things by sitting first. "Sit" is a deference behavior, and when your dog learns to sit for good stuff,

he learns to be more deferent.

“Want a cookie?” Sit first. “Want to go outside?” Sit first. “Want your dinner bowl?” Sit first. “Want me to throw the ball?” Sit first. You get the idea.

If status is part of what’s motivating your dog’s aggression when he’s on your bed, convincing him to be voluntarily more deferent to you by sitting for good stuff can help modify his bed behavior. Of course, that alone won’t likely fix it; you’ll still need to do some modification work.

■ **Apply a counter-conditioning protocol** – Your dog growls at someone approaching the bed because something about that approach is stressful for him. If you can change his association with and his emotional response to the person approaching, he will change his behavior.

If he’s growling at you when he’s on the bed, arm yourself with a pouch full of very tasty treats. Canned chicken, rinsed and drained, is my preferred treat for counter-conditioning. With your dog on the bed, walk casually past and toss a few bits of chicken to him *on* the bed. You’re not asking him to get off in this exercise.

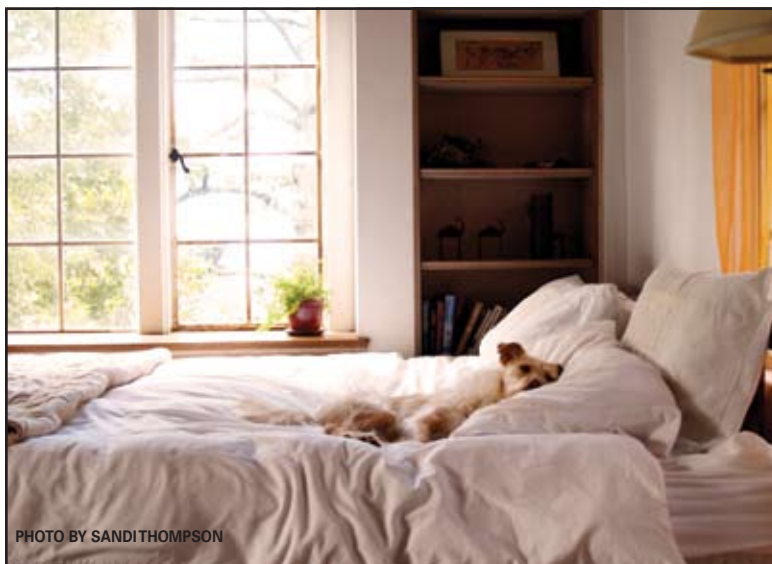
If he growls at you anyway, walk past at a greater distance, and toss chicken. Do not make eye contact with him. Continue to walk back and forth past the bed, tossing chicken each time you pass, until your dog is happily anticipating your pass-bys because he knows chicken is coming. Then gradually decrease the distance between you and the bed.

Assuming he’s still making happy faces as you pass, start making your approaches more direct, until you can walk right up to him and get a happy “Where’s my chicken?” response. You have eliminated his negative stress association to your approach, and replaced his aggression with eager anticipation, as he has come to realize that your approach makes chicken appear.

If he’s growling at someone *else* approaching you in the bed, again, arm yourself with chicken. Ask your partner to stand at a distance where the dog sees him

but isn’t growling. That may mean totally out of the bedroom! Have your partner take one step toward you, and immediately start feeding chicken to your dog; *don’t* wait for a growl.

After tossing several bits of chicken, have your partner step back, and simultaneously stop feeding the chicken to your dog. Repeat this process until your dog looks happy – and looks to you for chicken – every time your partner takes one step forward. Then, with your partner at the same starting spot, have him take two steps forward. Repeat until your partner can approach the bed without any sign of tension from your dog. Then have your partner do the walk-by chicken-tossing procedure described above.



The situation may call for improved management, rather than training. For example, if it’s okay with you for your dog to sleep with you at night, but you don’t want her on the bed during the day, simply close your bedroom door so she can’t get in!

■ **Consider using operant conditioning** – Another option is to use operant conditioning to teach your dog a new behavior when someone approaches the bed; the goal of changing his emotional response will follow his behavior change. This procedure has been dubbed “Constructional Aggression Treatment,” or CAT (see “Building Better Behavior,” May 2008, and “Revisiting CAT,” December 2009).

If you decide you want to try this approach, I urge you to work with someone who is skilled at reading dog body language and understands the CAT procedure; its success depends on the observer’s ability to identify *very* small changes in your dog’s body language.

In this process, you move toward your

dog on the bed. As soon as you see any small sign of tension in your dog, stop and just stand still. Wait there until you see any small sign of relaxation, then move away. As you repeat the procedure, your dog learns that being *relaxed* makes you go away, so he becomes more and more relaxed. As his behavior changes and he becomes deliberately relaxed, the change in his emotional response follows.

It can work, but it can be a little tricky to see the changes in your dog’s body language. You definitely need an accomplished helper for this one.

Meanwhile, what *do* you do when your dog, ensconced on your bed, growls at you or your bed partner? Calmly stop, stand still, wait until he relaxes a little, and then

stop doing whatever it was that elicited the growl. If you were touching him, stop touching him, and make a mental note to start counter-conditioning him to love being touched. If you were approaching the bed, invite him off with his “Off!” cue to defuse the current situation, and then start putting together a management and behavior modification plan.

There’s absolutely nothing to be gained by aggressing back at your dog with verbal or physical punishment when he growls at you. That’s so important I’ll say it again: Do not punish your dog for growling. Punishment is likely to make his behavior

worse, because your aggression will add to his stress. It’s your job, as the one with the bigger brain, to figure out how to remove the stress from the situation for him. (See “The Gift of Growling,” WDJ October 2005.)

Night, night. Sleep tight. Don’t let the bed dogs bite. 🐾

Pat Miller, CPDT, is WDJ’s Training Editor. Miller lives in Fairplay, Maryland, site of her Peaceable Paws training center. Pat is also author of The Power of Positive Dog Training; Positive Perspectives: Love Your Dog, Train Your Dog; Positive Perspectives II: Know Your Dog, Train Your Dog; and Play with Your Dog. See page 24 for more information.

Moving From Cure to Care

Veterinary hospice care considerations for your canine companion.

BY LISA RODIER

When we first adopt that pudgy puppy, or spring that delinquent adolescent canine out of a shelter, our new dog's senior years and final days are far from our thoughts. But if we're lucky enough to enjoy a long life together, eventually, we'll spend a number of months or years caring for him as a senior dog – and sometimes, a challenging and emotionally difficult time seeing him through to a peaceful death.

Fortunately, there are many resources available to help us support our beloved canine companions – even those who have been diagnosed with chronic or terminal illness – in maintaining the best possible quality of life before they die.

What you can do . . .

- Educate yourself about your dog's condition to facilitate more productive conversations with her veterinarian.
- Ask your veterinarian if he is comfortable helping guide you through hospice care or if he can refer you to other options and resources in your area.
- Focus on your dog's quality of life; continue to engage him in daily life while keeping him comfortable and pain-free.
- Take care of yourself! Talk with dog friends, read books, utilize Internet resources, and seek out a pet support counselor or group to help you cope with transitions.



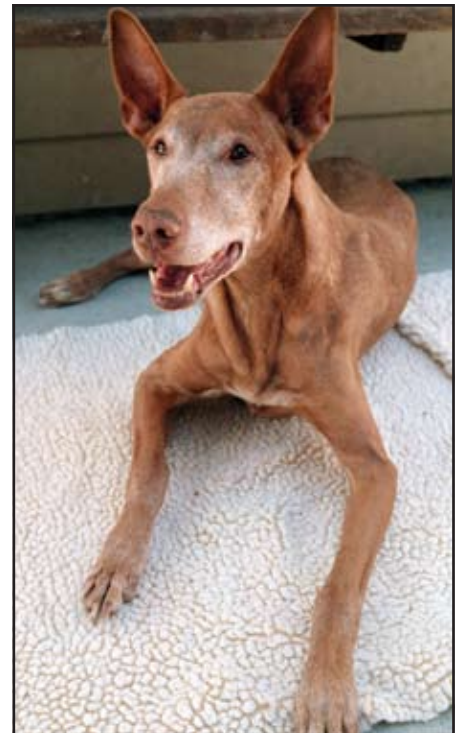
Hospice care, or “pawspice,” the term coined by Alice Villalobos, DVM, former President of the American Association of Human Animal Bond Veterinarians (AAHABV) and founding member of the Veterinary Cancer Society, is supportive assistance in evaluating and managing our pets' quality of life as they near the end of their days, a time period that can span from days to months.

“In-home ‘pawspice’ care is a wonderful next step,” says Dr. Villalobos, who has a practice in Hermosa Beach, California. “It should be introduced as an interval between the thought and the final act of euthanasia, if the owner really feels that their pet still has a quality of life.”

Another veterinarian, Nancy Kay, DVM, DACVIM, of Rohnert Park, California, and author of *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*, commonly recommends hospice when clients simply want a bit more time for closure with their terminally or chronically ill pet. “They recognize the disease is not treatable (or they have chosen not to treat), but their dog or cat continues to have enough of a ‘sparkle in their eyes’ suggesting that it is not quite time to proceed with euthanasia.”

Occasionally Dr. Kay has a client who, for moral, philosophical, or religious reasons, is opposed to euthanasia. She offers hospice as an option, but qualifies this decision.

“If I am concerned that a patient is suffering and we don't have the means to either make the animal well or euthanize, I make sure that a medical professional is keeping close tabs on the patient and appropriate medications and supportive care are being administered to keep the patient as comfortable as possible. Once someone opts for hospice care at home, I try to connect them with a house call practitioner – someone who can then keep



Pay attention if your bright, interested, though frail senior dog suddenly loses his sparkle. Dogs typically hide outward indications of pain, but social withdrawal or uncharacteristic grumpiness are signs that he hurts.

tabs on how the patient is within their home environment and administer appropriate medications.”

Pet hospice programs range from those in which clients are given guidance by veterinarians for managing their pets at home, to more formal programs such as that offered by Colorado State University's Argus Institute, which goes so far as to offer in-home hospice care by trained veterinary staff and volunteers. For purposes of this article, we use the term “hospice” to describe veterinary end of life care for our pets who are chronically or terminally ill, and whose passing comes either unassisted or via euthanasia. The terms “natural” and

“unassisted” death are used in the context of an animal dying on its own time, while under care.

Walking the hospice road

As Cathy and Jim Maher of Dahlonega, Georgia, were dealing with the challenges of kidney and heart disease in their 14 ½-year-old Lhasa Apso-mix, Dakota, he began to develop additional medical issues. He was diagnosed with hypothyroidism. Three months after that, Dakota suffered a scary bout of acute pancreatitis, and three months after that, he developed pulmonary hypertension, requiring additional medications to help his heart work more efficiently and open vessels and airways in his lungs. In addition to a number of conventional medications and regular appointments with his veterinarian, Susan Wynn, DVM, CVA, CVCH, RH, of Georgia Veterinary Specialists in Atlanta, Dakota received an assortment of complementary treatments, including frequent acupuncture, monthly chiropractic adjustments, and massage and acupressure at home.

A year and a half after Dakota’s initial diagnosis, Cathy recognized that the little dog had entered a new phase of failing health. With a heavy heart, she and Jim made the mental adjustment from trying to “cure” Dakota to providing hospice care. Their team of veterinarians continued to work on providing the right combination of treatments to ensure Dakota’s quality of life.

Most important to the Mahers was that Dakota, a retired long-time therapy dog, was comfortable. They also focused, more than ever before, on cherishing and documenting the memories, particularly the good ones, that they had with him. Under the guidance of their veterinary team, they administered medications, supplements, and fluids at home, sometimes prioritizing them when it became difficult to administer all of the recommended medications.

“We took walks every evening, just not as far as we used to,” says Cathy. “When he was tired, we carried him. When he had to urinate more frequently because he was receiving fluids subcutaneously twice daily (which we administered at home), we outfitted him with diapers so that he could be more confident and comfortable. But the most important part was taking time to just sit in the sun together, take naps – I spent a lot of time sleeping on the floor with him! – and just enjoying each moment. I took time off when I needed to be at home. It

also meant preserving memories and having family photos made with him.”

If you’ve just been handed a big dose of reality and learned that your senior dog has a chronic or terminal illness and perhaps six months or less to live, you might ask now what? According to Dr. Wynn, founder of the newly formed hospice program at Georgia Veterinary Specialists, the journey begins with first having the best possible understanding of your pet’s condition. Do as much research as you can about your dog’s condition, gathering information from the best sources you can. Some of Dr. Wynn’s favorite resources include VeterinaryPartner.com, particularly for their great drug monographs; American Animal Hospital Association’s (AAHA) pet care articles, FAQs, and practice guidelines; and Morris Animal Foundation’s Resources for Pet Owners with Cancer Patients.

“Once you comprehend your pet’s illness and the goals of his treatment plan, you will be able to have a better conversation with your veterinarian,” says Dr. Wynn. “In hospice, patients generally have chronic or terminal conditions, but the goal is to manage the disease as well as possible to increase quality of life. The primary objective of palliative care is relief from pain or discomfort and emotional support for the owner.”

Utilizing the team approach common to human hospice care, emotional support is more typically available from outside sources – ideally recommended by the veterinarian, rather than being provided

directly by the veterinarian. Inspired by a presentation given by Dr. Villalobos, Dr. Wynn shares with her own clients information gleaned from Villalobos’ work and provides us the following as critical issues that need to be addressed when our senior dogs reach the hospice stage of their lives:

■ **Pain and its recognition.** We, as pet owners and even veterinarians, are terrible at recognizing pain in our dogs, yet pain management is critical to quality of life. “Pain can be very detrimental to a pet,” says James Gaynor, DVM, MS, and author of *Handbook of Veterinary Pain Management*. “Physiologically, pain can be so detrimental that it can decrease healing and can actually cause problems with other organ systems.” But, he points out, it’s natural for dogs to hide pain. He cites research performed by investigators at the North Carolina State University College of Veterinary Medicine in which dogs were videoed for 24 hours continuously after routine spay surgery. Throughout the monitoring period, researchers would enter the kennel and interact with the dogs. During the time of interaction, the dogs would hide their pain, greeting the researchers at the cage door and wagging their tails. When the researchers left the dogs alone, they were restless and showed signs of discomfort.

Although a physical exam and radiographs can help a veterinarian detect pain (or potentially painful conditions), owners



PHOTO BY JIM MAHER

Cathy and Jim Maher spent as much time as they could with Dakota in his final days, taking days off work to do so. They made some final family portraits that included him and fed him special foods.

would be wise to look for subtle changes in their dogs – often the most significant indicator of a problem, and one that needs to be communicated to the dog’s veterinarian. If your dog is lethargic, reluctant to rise or walk, grumpy, or displays other behavioral changes, you should suspect that he’s in pain.

Dr. Kay adds, “I am the first to admit that reading pain can be extremely difficult in dogs and cats. Scientifically speaking, blood pressure measurements seem to be the most reliable indicator of pain status (blood pressure increases when pain is present). Needless to say, continuous blood pressure monitoring isn’t feasible outside of the hospital environment. Animals are so variable in terms of how they outwardly manifest pain. Many people expect to hear whimpering or whining. My sense is that only the minority of dogs and cats vocalize when in pain. Inappetence and reclusive behavior are likely more reliable outward indicators.”

At home, the most objective measure we can use is the dog’s pulse and respiration, and before a crisis strikes is a good time to get a baseline, says Dr. Wynn. An increase in either pulse or respiration can be an indicator of pain.

What’s normal? For small dogs and medium dogs, 70 to 100 beats per minute (bpm), and 60 to 90 bpm for large/giant dogs. Your dog’s pulse should be easily palpated, strong, and regular, and a relaxed dog might have a slower pulse. Normal respiration for dogs is 10 to 30 breaths per minute. Ask your veterinarian to show you how to read both on your dog.

■ **Management of pain.** Dr. Wynn reports that, “In practice, veterinarians now tend to give the animal the benefit of the doubt, and administer analgesics if there is any possibility of pain. An improvement in behavior or activity proves the principle.”

Pain can be managed with both conventional and complementary methods. Anti-inflammatory drugs (Rimadyl, Deramaxx, Metacam, Previcox, Etogesic) and analgesic drugs (tramadol, buprenorphine, and others) most likely will be necessary to keep the hospice patient comfortable. Anti-inflammatory and analgesic herbs can be used in concert with prescription pain medications, as can acupuncture, which has been shown to release serotonin.

Dr. Wynn also recommends massage, saying, “We should all be thinking about

using massage a lot more; it is known to help relieve pain and depression. In humans, it is one of the most proven effective alternative therapies in cancer patients to relieve pain, nausea, and especially fatigue.” Find a massage therapist who is trained and certified (Certified Massage Therapist or CMT) in massage for dogs.

■ **Hydration.** In human medicine, dehydration is suspected to increase sensitivity to pain. Dehydration can cause discomfort in the canine hospice patient, too; he might feel sluggish, lose his appetite, and experience constipation. Humans can suffer from headaches when dehydrated, and some vets speculate that this is possible in dogs, as well. When an individual is close to death, however, one must observe the dog closely to determine whether fluid administration seems to brighten the dog’s demeanor or make him feel worse; for example, fluid administration in dogs with certain conditions can cause edema, which can induce breathing difficulties.

A well-hydrated dog’s skin should snap back immediately; if it takes two or three seconds, typically you’re seeing dehydration. Note that older dogs typically have some loss of skin elasticity, so this test can be variable depending on the dog. You might also find that your dog has dryer,

tackier mucous membranes, to the point that when you open your dog’s mouth, the saliva will be sticky; normally, the mouth and gums should be wet.

You can hydrate your dog orally and subcutaneously, but trying to use a syringe to do so is typically a tough job: An average dog requires approximately 60 milliliters (2 ounces) of water per kilogram of body weight per day just to maintain normal function. In a dog experiencing increased water loss due to frequent urination, vomiting, or diarrhea, you’ve got an even bigger job. It’s important for you to learn, from your dog’s veterinarian, the maintenance amount that you need to administer to keep your dog hydrated. Subcutaneous fluid administration is easy to do; your veterinarian can teach you how to give fluids at home.

■ **Happiness/responsiveness to his environment.** What gives your pet joy? Happiness and responsiveness to his environment are both big parts of quality of life. Dogs can get “down,” especially in periods of change. If our dogs can’t do many of the things they used to enjoy, why wouldn’t they become depressed?

At a minimum, Dr. Wynn says, we know that dogs experience boredom. “Dogs are intelligent animals. It’s important to think of ways to get them engaged in



PHOTO BY LISA RODIER

Adapting your home environment to accommodate your senior dog’s new limitations can increase his independence and security, and make your life easier, too. Provide ramps and non-slip surfaces wherever needed and possible.

their environment. For example, obedience dogs and other dogs who have had ‘jobs,’ are used to thinking through problems and being rewarded; it’s important to get creative and think of other problems for them to solve. Like putting kibble under a cup, and letting them find the right cup.” For the dog who has been accustomed to grooming, bring out the brushes. If your dog has always enjoyed going for rides in the car, that’s a great way to get her out, and to help her to engage with her environment.

“We know for sure that anxiety occurs in dogs,” Dr. Wynn adds. “If your dog is confined to an area like a crate or a bed, move the bed closer to where the family spends time. Dogs are smart, and they certainly know if their environment has changed, or worse, if the attitude of their caregivers has changed. Your dog has been losing senses of sight, hearing, smell, and now you’re away from them? You need to be proactive about preventing that.”

■ **Mobility.** Keeping your hospice patient mobile increases her circulation. It’s also critical to minimizing anxiety and problems with hygiene by helping the dog to maintain her normal elimination habits. Getting your dog up also keeps her engaged in her environment and reduces the incidence of pressure sores.

It’s our job to keep our pets moving, particularly if they can’t do so on their own. Early on, in the stages when the dog can still walk, ramps are useful for maintaining a level of independence, and body harnesses allow for a little extra assistance when needed. In later stages when the dog has more trouble getting around, consider rear end slings, whole body slings, and properly fitted carts.

■ **Hygiene.** Maintaining your dog’s grooming routine and keeping her clean is critical to her well being. If the dog is incontinent, she can easily get urine and feces on her skin, making her more prone to infection, so use diapers and special beds to manage that issue. Keep the dog comfortable by keeping her hair groomed, clipped, and free of mats.

Don’t neglect her eyes, nose, and mouth; wipe with a damp cloth, squirt water in her mouth, and even brush her teeth. Dr. Villalobos favors the comforting “mother tongue technique,” in which the dog is wiped with a warm damp cloth, using long strokes to mimic the grooming of a mother dog.



Maintaining your pet’s hygiene is an important part of hospice; keeping his mouth clean and moist helps keep him comfortable.

■ **Nutrition.** For many pet owners, this is a very emotional topic; we tend to get upset when our dogs won’t eat! Dr. Wynn explains, “Our main goal is to identify treatable reasons that the pet is not eating, such as pain or nausea. While nutrition is a concern for hospice patients, we must realize sick animals may no longer feel hunger, and since the body is unable to store nutrients for future use anyway, force feeding would lead to deterioration in quality of life.”

This explains why a feeding tube is often not recommended; the primary purpose to use one is to more easily administer medication. “We don’t want them to starve,” she says, “but we don’t want to force food on them. What we can do is tempt them. Warm their food so they can smell it better – aging pets have diminished senses of smell and taste – and present small amounts of novel and smelly foods, such as baby food, cheddar cheese soup, pizza, Alfredo pasta, fast food hamburgers, bacon, braunschweiger, or add a drop of smoked flavoring to other foods.”

Appetite stimulants such as mirtazapine and prednisone can be used, although Dr. Wynn particularly likes to utilize acupuncture because it is an anti-depressant, good for pain, releases serotonin, and can quell nausea. It’s also recommended that you identify the daily caloric goal for your dog (about 100-130 kcal/pound of bodyweight

per day), and compare it to the amount the dog consumes to better regulate food intake and know whether your dog is taking in enough calories.

■ **Quality of life.** Ask anyone, “What is quality of life?” and you’re certain to engage in a lively philosophical discussion. While researching this article, I came upon a definition that made lots of sense to me, particularly because it was discussed in the context of hospice care for pets. (The book is *Geriatrics and Gerontology of the Dog and Cat*, a veterinary textbook; the quote was from “Owner Services and Hospice Care,” a chapter written by veterinarians Guy Hancock, Franklin D. McMillan, and Tina R. Ellenbogen.) Quality of life, the authors contend, is driven by feelings. “Feelings appear to play such a central role in quality of life that feeling states can be regarded as the single common denominator for all factors that influence quality of life . . . Any factor that does not have an influence on feelings is not a factor in quality of life.”

Feelings contribute pleasantness or unpleasantness on a continual basis and can be of emotional or physical origin. Physically unpleasant feelings include weakness, nausea, pain, pruritus, hypoxia, thirst, hunger, constipation, and temperature extremes, while physically pleasant feelings come from physical contact and

“Anticipatory Grief”

A term that I encountered while researching this altogether was “anticipatory grief.” For an explanation of the term, particularly in relationship to pets, I queried Sandra B. Barker, Ph.D., NCC, LPC, who is a professor of psychiatry and director for the Center for Human-Animal Interaction at the VCU - Medical Campus, and also founded the pet support hotline at the Virginia-Maryland Regional College of Veterinary Medicine. She describes anticipatory grief as a normal process for individuals facing the death of a person or pet.

“Anticipatory grief occurs when pet owners begin grieving for a pet who is still living, but often terminally ill or declining in health such as occurs with older pets. Owners may experience sadness, loneliness, and other symptoms of grief as they think about life without their pet.

“In my experience working with pet owners, anticipatory grief has been helpful for pet owners, in that it begins to prepare them for the death of their pets and often helps them accept the loss with less difficulty after the actual death. Some owners will consider what they want to do for their pet now, knowing that they won’t be around for much longer. It might be a last trip to the beach, special treats, or a celebration of the pet with those who loved the pet. Owners may also begin to consider how they want to treat their pet’s remains after death, how they want to commemorate their pets, or whether to obtain another pet. These types of anticipatory expressions are generally helpful for the owner.”

Drs. Barker and Kay both recommend that joining a pet support group prior to your pet’s death can be helpful. Dr. Kay facilitates a group at her clinic that is open to the community and is comprised equally with individuals who have lost a pet and those with pets who are terminally ill.

gustatory (taste) pleasures. Emotionally unpleasant feelings include fear, anxiety, boredom, frustration, loneliness, separation distress, depression, hopelessness, and helplessness; emotionally pleasant feelings are evoked by social companionship, play, and mental stimulation.

The authors use removal of a lipoma, a toe amputation, or loss of hearing in one ear as examples of factors that are unlikely to affect the dog’s feelings and therefore his quality of life. In contrast, factors that would induce negative feelings include osteoarthritis, glaucoma, and social deprivation.

“A pet does not need to be in pain in order to be suffering,” comments Dr. Kay. “I suggest that an owner thinks about how she feels when she has a bad case of the flu; she may not be in pain, but she may certainly suffer!”

Quality of life is a balance between pleasant and unpleasant feelings, and one way to think of quality of life is via a scale with pleasant feelings on one side and unpleasant on the other; the goal for our pets is to achieve a balance. But if even a single unpleasant feeling is strong enough, it can tip the scale and alone make quality of life very low.

Various quality of life scales are be-

coming increasingly utilized in veterinary hospice care. As you begin the journey with your pet, ask your vet whether she has a quality of life scale that the two of you can utilize to more objectively assess changes in your dog’s condition.

Dr. Villalobos utilizes a scale called “HHHHMM” (Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility, More Good Days than Bad Days). Patients are scored in each category on a scale of 0-10, with 10 being best. In general, a total score of 35 or higher is indicative of a continuing “good” hospice experience but use your dog’s veterinarian as a sounding board. It’s important to have an ongoing dialog with your her about what you’re seeing, so don’t try to go it alone.

Knowing when it’s time

In some cases, owners use hospice care for their pets in the same way that it’s used in human medicine: to maintain the patient until her natural death. Others use hospice until they feel that allowing the animal to continue to die at his own pace is cruel, and they have the patient humanely euthanized.

According to Dr. Wynn, “End of life changes signal that it’s time to consider whether we will choose euthanasia or for

our pet to die at home. Changes can include starvation due to prolonged anorexia, changes in behavior, decreased urine production, changes in breathing, temperature changes, loss of bowel or bladder control, lung congestion, restlessness, confusion, and decreased responsiveness.” When the signs indicate that our pet is in a transition stage, she recommends that we shift our focus from quality of life, to quality of death. We need to ask ourselves the following difficult, but necessary, questions:

- What would a quality death be like?
- How would I prefer to say goodbye: during an episode of suffering or a calm doze?
- When I look back, what would be important to me about how my pet’s death was handled?
- What is the worst thing that could happen regarding my pet’s death?

Most of us yearn for a peaceful death for our pets, typically one that involves them passing away in their sleep. Unfortunately, this is not very common.

Dr. Kay says, “Certainly most of my colleagues would guess that more than 90 percent of pet caregivers will need to make the decision to euthanize their pets. When someone tells me their pet passed away on its own, I let them know how incredibly lucky they are. Hospice care, in my experience, does not always translate into death by natural causes. Most of the time it is implemented to maintain comfort until it is clear to the decision makers that euthanasia is indicated. In my mind, end-of-life care is all inclusive. Hospice until death occurs naturally is just one version of end-of-life care, as is hospice until the family opts for euthanasia.”

Dr. Wynn gently reminds us that dying is part of the experience of owning a senior pet. She suggests we consider the following: Will euthanasia be easier later than now? Is the proportion of good days to bad days “right”? Will there ever be another day or hour of good quality life that is better than right now? What regrets would you have if euthanasia occurs too soon or too late? What is the bottom line for you: invasiveness or cost?

Holistic veterinarian Ella Bittel, DVM, of Los Alamos, California, supports pet owners who wish to allow their pets to

die on their own time (while under care), reserving euthanasia for when the animal's pain or comfort level cannot be managed by the "best care that we can provide." Pet caregivers who strive for this type of death for their animals, she says, optimally would follow the hospice model of care (palliative and comfort care sufficient to keep the dying and their family comfortable) and ideally have 24/7 access to a veterinary professional should a crisis arise.

Dr. Bittel qualifies this by saying that we need to be aware that there can be situations when euthanasia is warranted, despite our wishes, given the animal's condition. She believes that many veterinarians lack education about hospice, and as a result, sometimes advise their clients to choose euthanasia too quickly.

"Because hospice care is not yet a part of the curriculum in veterinary schools, many veterinarians lack information about what true hospice care entails, are uncomfortable supporting owners seeking hospice for their animal, and often think that the dying process as it unfolds without euthanasia equals unbearable suffering," she says. Dr. Bittel also takes issue with the use of the term "hospice" when describing end-of-life care services for our pets that culminate in death via euthanasia close to 100 percent of the time, maintaining that the term hospice comes from the human hospice model that supports individuals in dying peacefully in their own time.

Who decides?

While it would be so much easier to allow someone else to make the heart-wrenching

decision to euthanize our pets, it's almost always in our best interest to decide ourselves. While Dr. Kay will guide a client through the decision-making process, she says it must be the client who makes the final call. "If I believe a situation is hopeless, I will tell her. I make sure she is staying 'real' rather than floating on the river in Egypt (denial). But I *always* want the decision to be the client's, not mine. The very best way to ensure the client's long-term peace of mind is when she has made the end-of-life decision for her pet."

Dr. Kay hosts a support group for grieving owners at her practice, and observes, "Those who end up stuck in various stages of guilt (some have been in the support group I facilitate for more than a year) tend to be people who feel that the decision-making was taken out of their hands – a relative made the decision or an intimidating veterinarian said, 'You should...'. I coach people who are reluctant to euthanize by acknowledging their desire to avoid making the decision too soon. I then let them know how some people experience long-term suffering when they recognize they've waited too long."

I asked Cathy Maher, who was extremely bonded to Dakota, how she knew that it was time to say good-bye to him. With tears in her eyes she recalls, "Dakota refused all food beginning on a Thursday in June 2009. His last meal was homemade pizza (approved by Dr. Wynn) the night before. I came home during lunch on that Thursday, and he was walking around, but still refused food. That evening, he continued to refuse food and spent a majority of

time lying in his bed or in my arms. He had difficulty drinking from his water bowl, so I gave him water through a syringe. We made an appointment to see his internist, Todd Green, DVM, the next morning so that he could assess Dakota.

"When we saw Dr. Green, we asked that he administer pain management medication, and we took Dakota home. It was our intention to allow Dakota to pass peacefully at home in his bed, and we planned for euthanasia as a back-up if Dakota was in pain and distress.

"However, within an hour, Dakota began to whimper and cry. I knew in my heart that he was actively dying and in distress, and continuing to support a natural death was no longer an option to us. We lived within 10 minutes of the veterinary hospital, so we called to let them know we were returning. On the way, Dakota's eyes became glassy and distant and his cries and screams intensified. Dr. Green met us on the back porch of the clinic and Dakota was euthanized under a tree in the nature preserve."

Although it's still difficult today (think waterworks!) for Cathy and me to discuss this, she is confident that Dakota's hospice journey, despite it being overwhelming at times, was a good one, and the right decision for their family. She is also quick to point out that the role of your dog's veterinarian in the success of your plan cannot be underestimated. Dakota's veterinarians, particularly Dr. Wynn, were an integral part of helping them to help Dakota enjoy the rest of his life.

"Dr. Wynn's will to help him be comfortable and his will to live were amazing," says Cathy. Dakota Maher passed away on June 12, 2009. Because of the Mahers' journey with Dakota, Cathy was inspired to create "Pawprints," a pet caregiver support network, whose mission will be to honor the human-animal bond by providing compassionate support, resources, information, and educational opportunities to individuals and families caring for their aging, chronically or terminally ill companion animals. 🐾

In the next issue: Planning ahead, caregiver support, and considerations for after your loss.

Lisa Rodier lives in Alpharetta, Georgia, with her husband and two Bouviers, and volunteers with the American Bouvier Rescue League.

Further Information Resources

VeterinaryPartner.com (on-line resource only): veterinarypartner.com

American Animal Hospital Association (including Pain Management Guidelines)
Lakewood, Colorado. (303) 986-2800; aahanet.org

Morris Animal Foundation, Denver, CO
(303) 790-2345; morrisanimalfoundation.org

Land of Pure Gold Foundation, Inc., Owings Mills, MD
cancer.landofpuregold.com/hospice.htm

"**Guidelines for Veterinary Hospice Care**" available from the American Veterinary Medical Association, Schaumburg, IL. (800) 248-2862; avma.org/issues/policy/hospice_care.asp

Speaking for Spot: Resources for Dog Lovers (section on Hospice/Palliative Care/Pet Loss). speakingforspot.com

Ella Bittel, DVM, Spirits in Transition, Los Alamos, CA
(805) 598-6496; spiritsintransition.com

Gone Surfin'

How can you know what online information is credible?

BY NANCY KAY, DVM

When you or a loved one develops a medical issue, chances are you'll be inclined to do some Internet research. While I say, "More power to you!" other medical professionals might roll their eyes at the thought of "wasting" valuable time discussing potentially whackadoodle notions gleaned from cyberspace.

Whether veterinarians like it or not, the Internet is here to stay. What can you do to make your online research more productive and your discussions about it with your vet more palatable?

Here's how to find instructive, accurate, credible Internet information while avoiding "online junk food" – and how to comfortably discuss what you've learned online with your veterinarian in a way that promotes collaborative discussion.

By the way, although I'm a veterinarian teaching people how to better care for their dogs, this information is also applicable to your own healthcare!

So, let's begin. How can you determine whether or not a website is dishing out information that is worthy of your time? Here are some general guidelines:

- Ask your vet for her website recommendations. She might wish to refer you to a specific site that will supplement or reinforce the information she has provided.
- Veterinary college websites invariably provide reliable information. Search for them by entering "veterinary college" or "veterinary school" after the name of the disease or symptom you are researching.
- Web addresses ending in ".org," ".edu," and ".gov," represent nonprofit organizations, educational institutions, and governmental agencies, respectively. They are likely to be sources of objective and accurate information.
- If your dog has a breed-specific disease,

What you can do . . .

- Ask your veterinarian for her favorite online sources of information.
- Take a grain of salt with the information you read on business-sponsored sites; these have a vested interest in "selling" you on their solutions.
- Give your veterinarian some advance warning that you'd like to discuss some information you've learned online. She may want to schedule a longer visit.
- Choose your words carefully when initiating conversation with your veterinarian about your Internet research. Communicate in a respectful fashion that invites conversation as opposed to "telling" your vet what you want to do.



Your dog depends on you to employ credible health-related (and training-related!) information. To do this, you also have to learn to recognize and reject information from sources that lack objectivity or accuracy, or are outdated.

pay a visit to the site hosted by that specific breed's national organization.

- Avoid business-sponsored websites that stand to make money when you believe and act on what they profess (especially if it involves purchasing something).
- Be ever so wary of anecdotal information. It's perfectly okay to indulge yourself with remarkable tales (such as how Max's skin disease was miraculously cured by a single session of aromatherapy), but view what you are reading as fiction rather than fact.

As fascinating as these *National Enquirer*-type stories may seem, please don't let them significantly influence the choices you make for your dog.

■ I really love disease-specific online forums. Check out those sponsored by Yahoo (groups.yahoo.com). They not only provide a wealth of educational information, but also provide you with a large community of people who are dealing with the same challenge as you. These members can be a wonderful source of emotional support – always a good thing for those of us who share our homes and hearts with an animal.

Look for a group that focuses on a specific disease (kidney failure, diabetes, etc.), has lots of members, and has been around for several years. For example, an excellent Yahoo group K9 KidneyDiet (addresses issues pertaining to dogs with kidney failure) has 3,391 members and has been up and running for eight years. A large group such as this typically has multiple moderators who provide more than one point of view (always a good thing) and greater round-the-clock availability for advice and support.

Look for presentation of cited references (clinical research that supports what is being recommended). Such groups should have a homepage that explains the focus of the group and provides the number of members and posts per month (the more the better). They may have public archives of previous posts that can provide a wealth of information.

Listed below are three websites that discuss Addison's disease (an illness that can affect dogs and people; John F. Kennedy was diagnosed with Addison's disease). Now that you are an expert on evaluating websites, here is a little test of your skills. Which one of these three sites is worthy of your time and attention?

- ♦ addisonsdiseasebreakthroughs.com
- ♦ addisondogs.com
- ♦ natural-dog-health-remedies.com/addisons-disease-in-dogs.html

I hope you picked website number two, a forum with lots of members that is dedicated to one disease, uses cited references, and has a host of round-the-clock moderators. Website number one relies heavily on anecdotal information. While

site number three presents some useful information, the ultimate goal is to convince you to purchase its product. If you picked website number two, give your dog a hug and yourself a pat on the back!

Sharing with your vet

Now that you are adept at surfing the 'net, how can you comfortably discuss what you've learned with your veterinarian? I happen to enjoy hearing about what my clients are learning online. I sometimes come away with valuable new information, and I'm invariably amused by some of the extraordinary things they tell me; really, who *knew* that hip dysplasia is caused by global warming?

Surf to your heart's content, but be forewarned, not all veterinarians feel as I do. Some vets have a hard time not rolling their eyes or quickly interrupting their clients the moment the conversation turns to Internet research. Who can blame them? They've grown weary of spending valuable office visit or telephone time talking their clients out of crazy cyberspace notions and reining them in from online wild goose chases.

How unfortunate this is! Nowadays, people rapidly and reflexively reach for their keyboards to learn more about their dog's symptoms or disease diagnosis online. It's only natural (and in their dog's best interest) that they will want to discuss what they've read with their veterinarian.

Is there an effective way to communicate with your vet about your online research that is neither irritating to her nor intimidating for you? I truly believe it's possible, but it involves some work and planning on your part! Here are some secrets for success – things you can do to converse about your Internet research in a manner that is comfortable for you and your vet and, most importantly, beneficial for your dog's health.

Finding the right vet

I may be preaching to the choir, but I cannot overemphasize the importance of working with a vet who is happy and willing to participate in two-way, collaborative dialogue with you. Your opinions, feelings, and questions are held in high regard and enough time is allowed during the office visit to hear them. A veterinarian who practices this "relationship-centered" style of communication is far more likely to be willing to hear about your online research than the veterinarian who practices

"paternalistic care" (far more interested in telling you what to do than hearing about your thoughts, questions, or concerns). Remember, when it comes to veterinarian/client communication styles, you have a choice. It's up to you to make the right choice!

■ Let your vet know that you appreciate her willingness and patience in helping you understand how best to utilize what you've learned online.

■ Ask your veterinarian for her website recommendations – those that have already been "vetted." This is a collaborative approach that lets her know you intend to spend some time learning more, plus a respectful recognition of the fact that she is the one who has spent her career learning about your dog's health issues.

■ Wait for the appropriate time during the office visit to discuss what you've learned online. Allow your veterinarian to ask questions of you and examine your precious pup rather than "tackling" her with questions and discussion about your Internet research questions the moment she sets foot in the exam room.

■ Be brief and to the point with your questions. Remember, most office visits are scheduled for 15 to 20 minutes, max.

■ Let your veterinarian know that you've learned how to be a discriminating surfer! You know how to differentiate valuable online resources from cyber-fluff. You ignore anecdotal vignettes and websites trying to sell their products in favor of credible information provided by veterinary college websites and forums that are hosted by well-educated moderators who provide cited research references that support their recommendations.

■ When you initiate conversation about your Internet research, I encourage you to choose your wording wisely. Communicate in a respectful fashion that invites conversation as opposed to "telling" your vet what you want to do. Most veterinarians don't like being told what to do by their clients, and who can blame them? After all, we expect veterinarians to provide a collaborative approach; it's only fair that they expect the same from their clients. Consider the following conversation starters about Internet research:

♦ **Approach one:** “I’m wondering what you think about mixing some canned pumpkin in with Sophie’s food. I’ve been doing some Internet research about diarrhea and this suggestion seemed to come up frequently.”

♦ **Approach two:** “I’ve been doing some online research and learned about the benefits of canned pumpkin. I want to begin mixing this in with Sophie’s food.”

♦ **Approach three:** “I’d like to give Sophie some canned pumpkin for her diarrhea. A moderator from an online forum suggested I do this.”

♦ **Approach four:** “I’ve been following an online forum about canine diarrhea. One of the moderators suggested I consider adding canned pumpkin to Sophie’s diet.

How do you feel about this?”

Which of these approaches sound like invitations for discussion? Which are more likely to be a “turnoff” for your veterinarian? If I’ve done my job properly you’ve selected approaches one or four as more successful ways for broaching the topic of Internet research with your vet. If these are the two approaches you chose, well done! Give your dog a hug and yourself a pat on the back!

In the Internet we have an extraordinary tool at our fingertips. I encourage you to be critical when choosing which websites you intend to take seriously and which ones you wish to visit for a good chuckle. Approach conversations with your vet about your Internet research thoughtfully and tactfully. These strategies are bound

to create a win/win/win situation for you, your veterinarian, and your beloved best buddy! 🐾

Nancy Kay, DVM, is a Diplomate of the American College of Veterinary Internal Medicine (ACVIM) and recipient of the American Animal Hospital Association 2009 Animal Welfare and Humane Ethics Award. She is also author of Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life, and a staff internist at VCA Animal Care Center in Rohnert Park, California, a 24-hour emergency care and speciality care clinic. See “Resources,” page 24 for contact information.



LETTERS FROM READERS

Photographed, but missing from list We meant to include Nutro’s Ultra Holistic dry food on list of “approved foods”

Several of our eagle-eyed readers caught an error in dry dog food review in our February issue:

“In the February 2010 issue, the picture of the approved dog foods includes Nutro Ultra but it is not listed in the article. Why the discrepancy?”

“I see that Nutro Ultra is included in the photo on page 3; its caption says ‘these are just a few examples of premium quality foods.’ However, it’s not included on the ‘approved foods’ list. Can you clarify?”

“I noticed that the Nutro Ultra Holistic food is in your picture, but I couldn’t find

it in the actual list of approved foods. Is it one of the approved foods?”

Nutro Ultra Holistic Select should have been on our list of “approved dry foods” and was omitted by accident. In the process of every review, we seem to lose track of someone! We apologize for the error.

NUTRO PRODUCTS, INC. (A SUBSIDIARY OF MARS PETCARE U.S.) — Franklin, TN; (800) 833-5330; ultraholistic.com	
LINES/TYPES AVAILABLE Nutro Ultra Holistic is available in seven varieties: Puppy, Large Breed Puppy, Adult, Small Breed Adult, Large Breed Adult, Senior, Weight Management.	MADE BY Nutro’s own plants in Victorville, CA, and Lebanon, TN
REPRESENTATIVE VARIETY – Adult formula contains: Chicken meal, brown rice, rice, rice bran, chicken, lamb meal, salmon meal, chicken fat . . . 26% protein; 12% fat; 4% fiber; 10% moisture.	
MISC INFO – We’re not fans of Nutro’s other, lower-cost foods, Ultra Max and Nutro Natural Choice.	

I noticed that Artemis is one of the “approved” dry foods on your list, but it’s manufactured at Diamond facilities. Diamond has had more recalls than any other pet food company. I’m surprised this food is on your list. Perhaps there’s a good explanation?

– Susan, via email

I’m not sure there is a manufacturer that has never made a recalled product, and I don’t think that one or two incidents

should “blacklist” a manufacturer forever. In some instances, following an incident, the facility management rededicates themselves to quality in such a way that their quality control programs become as good as they can get.

And, to be fair, in some instances of recalled products, the co-packer has made a product using ingredients sourced by their client. If those ingredients cause a problem that leads to a recall, one really cannot blame the co-packer. Conversely,

a manufacturer may produce high-quality products for some of its clients and lower-quality, lower-cost products under its own name. In other words, I don’t think that the manufacturing location alone should qualify or disqualify any product from our consideration.

That said, there are so many good foods on the market today, that if it seems that recalls involving a particular facility or company are frequent, there are plenty of alternatives available. – Editor 🐾

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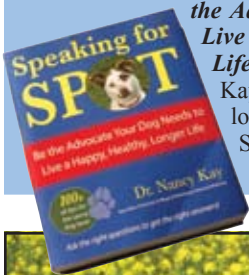
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RESOURCES

HOLISTIC VETERINARIANS

American Holistic Veterinary Medical Association (AHVMA), 2214 Old Emmorton Road, Bel Air, MD 21015. (410) 569-0795. Send a self-addressed, stamped envelope for a list of holistic vets in your area, or search ahvma.org

Nancy Kay, DVM, Dipl.ACVM, Rohnert Park, CA. Dr. Kay is author of *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*, which is available from Dr. Kay's website as well as your local bookseller. See SpeakingForSpot.com



BOOKS

WDJ Training Editor Pat Miller is author of *The Power of Positive Dog Training*; *Positive Perspectives: Love Your Dog, Train Your Dog*; *Positive Perspectives II: Know Your Dog, Train Your Dog*; and *Play with Your Dog*. All of these books are available from DogWise, (800) 776-2665 or dogwise.com

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WHAT'S AHEAD

Family Fights

How to deal with intra-pack aggression.

After Your Loss

Planning ahead, caregiver support, and burial/memorial options.

Is Smaller Better?

It may seem that training small dogs is easier, because their bad behavior is pint-sized. But training tiny dogs poses some special challenges.

Scraping Bottom

We hope your dog doesn't have anal sac problems. If he does, though, read this.

Alphabet Soup

What are all those letters after some trainers' names? Do they make someone a better dog trainer? What should you look for in a trainer?

Predatory Behavior

It may be as minor as a squirrel obsession or as serious as a cat murder. Either way, predatory behavior can be managed, if you're committed.