

Simple Handling Techniques for Dogs

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About This Column

Behavior problems are a significant cause of death (euthanasia) in companion animals. While most veterinary practices are necessarily geared toward the medical aspect of care, there are many opportunities to bring behavior awareness into the clinic for the benefit of the pet, the owner, and ourselves. This column acknowledges the importance of behavior as part of veterinary medicine and speaks practically about using it effectively in daily practice.

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A 10-month-old American bulldog lunges, growls, barks, and gazes at me as I casually talk to one of its owners. The other owner, a 6-ft-plus weightlifting enthusiast, keeps the dog at bay with a leash.

“Sierra’s always been afraid of visitors, but she used to cower and try to avoid them,” says the owner. “After about 10 minutes in the same room with them, she would relax.”

I look at the barking, muscular dog. The telltale signs of fear are visible despite the dog’s effort to mask them. Between barks and lunges, Sierra backs away, stands with a paw on the owner’s foot, and flicks her ears up and to the side.

The owner continues, “She’s never liked going to the veterinary hospital: her tail was usually down, but she would hold still. She didn’t become aggressive toward people until a month ago after a bad episode at the hospital, at which she tried to avoid the veterinarian and started growling. She had to be muzzled and restrained by several technicians. Now she barks and growls at all visitors and people on the street. When our friends visit, they have to stay outside. They call her ‘psycho dog.’”

We see unmanageable and aggressive pets every day and provide the best medical care that we can despite behavioral difficulties. Sometimes, however, we fail to address the behavioral issue, and often, if a patient is not overtly aggressive, we fail to recognize a potentially serious problem. As a result, we could be sending patients home with worse behavior than when they arrived. If we fail to address behavioral issues, owners might not know that progression of unwanted behaviors can often be halted. Ignoring such behaviors may prevent treatment of future medical problems and could even result in euthanasia. In addition, pets may become increasingly difficult to manage or dangerous at subsequent veterinary visits. Although we might think that behavioral problems are beyond the scope of general practice, a few simple modifications in how we regularly handle our patients, plus the use of one basic counterconditioning technique in the hospital and at home, can dramatically improve a pet’s behavior and experience during veterinary visits.

MAKING A GOOD FIRST IMPRESSION

A good first impression of the hospital sets the tone for the entire visit, and a pet’s first impression starts before arrival. If a pet dislikes being crated or riding in a car, it will already be anxious before it enters the hospital. If a pet isn’t comfortable in new environments or around unfamiliar people or animals, its anxiety will increase in the hospital waiting area. By instructing owners to countercondition their pets to crates and car rides before a veterinary visit, we can improve a pet’s chance of having a successful visit. Good crate behavior can be trained almost effortlessly by placing all of a pet’s meals and treats in its crate for approximately 1 week. Similarly, the goal of car-ride training is to teach the pet to associate the car with good experiences, such as meals. For a detailed description of how to countercondition or train pets to make positive associations with crates and car rides, see “Classical Conditioning: Learning by Association” (*Compendium* June 2006, p. 472).

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Key Points

- When veterinarians fail to recognize fear in their patients or use appropriate behavior modification, patients may go home with worse behavior than when they arrived. Fearful animals are often unaggressive initially but can develop aggressive behaviors after repeated veterinary visits or a particularly traumatic incident.
- Many fearful animals show subtle signs of fear and anxiety. By recognizing these subtle signs, veterinarians can take action to prevent the fear from progressing.
- Hospital staff should learn how to routinely greet and handle animals in a manner that avoids eliciting a fear response.
- Veterinary hospitals can set up 10- to 20-minute preventive behavioral health sessions in which technicians teach owners how to practice simple behavior modification procedures at home.

Once owners have taken these steps, the veterinary hospital's job is to provide a calm, inviting environment where pets that are uncomfortable around other pets can remain at a safe distance. Timid animals should be placed in the examination room quickly, and waiting areas should be arranged so that animals can avoid being face to face. Owners should be asked to feed their pet less on the day of the visit and to bring treats to feed their pet in the waiting area.

RECOGNIZING FEAR IN DOGS

Many owners find that their pet is calmer at the veterinary hospital than at home and interpret this as a sign that all is well. However, decreased activity in animals can be a sign of fear. When animals are in danger, they may fight, flee, or freeze. Decreased activity may be a version of the freeze response to danger. This and other signs often go unrecognized when owners and the hospital staff have not been trained in what to watch for; however, both owners and staff can easily learn to recognize the signs of fear in pets. The most recognizable signs of fear probably pertain to a dog's body posture. Fearful dogs are tense, distribute their weight backwards, crouch or cower when approached, and keep their head low with their eyes averted, ears to the side or back, and tail low or between their hind legs. They also tend to frequently glance in different directions. Fearful dogs may also show subtle signs of anxiety, such as yawning, licking their lips, sitting or standing with one front paw raised, panting, and sweat-

ing (which can be detected by wet paw marks on the floor). In addition, affected dogs often act tired, move slowly, respond slowly to commands, and keep their eyes partially shut. This depressed or tired demeanor may start during the car ride to the hospital or may occur suddenly when the pet enters the waiting area. The behavior can even change from room to room. Consequently, some animals are energetic one moment and depressed minutes later. An additional indicator of fear is refusal of food by a dog that is hungry. Fearful dogs may initially "grab" treats faster than normal. When the fear level increases, they may refuse treats, at least temporarily. Thus their acceptance or refusal of treats is a good way to measure fear.

WHY FEARFUL DOGS LUNGE OR BITE

Once you know how to recognize fear, it's important to know how to act around fearful or potentially fearful dogs to avoid provoking a stronger fear response. A common but inappropriate recommendation for greeting unfamiliar dogs is to squat or stand still and hold out the back of your hand for the dog to sniff. If the animal is fearful, this greeting will be perceived as a threat because you are invading the dog's personal space. A good way to explain this to clients and staff is to use a spider analogy. If you were afraid of spiders and someone held a tarantula to your face, you might react by screaming and batting the tarantula away regardless of how friendly or harmless the spider might be. If you wanted to become comfortable around spiders, you would be most successful if you were to approach them at your own pace rather than let the spider approach you. Similarly, if you were walking down a street in a dangerous area at night and a potential thug was heading your way, you would feel less comfortable if the person came too close or walked directly toward you while staring at you. Keep these analogies in mind when greeting unfamiliar dogs and dogs in a hospital setting.

HOW TO APPROACH DOGS

When approaching a dog, avert your gaze by looking at the owners and keep the front of your body slightly offset to, instead of directly facing, the dog. If the dog backs away, stop and avoid entering its personal space; rather, let it approach you at its own rate. Better yet, before the dog has a chance to associate you with something negative, toss it a few treats as you approach it, and talk in a "happy" voice to see whether this produces a tail wag. If talking does not elicit a playful or relaxed posture from the dog, do not talk

to it at all. If the dog accepts treats that you drop on the ground, offer a treat directly from your hand but avoid reaching out. In addition, avoid leaning over or squatting near the dog because it may be threatened by the sudden closeness of your face. Instead, remain standing up straight and hold your hand and the treat by your side as if you were inconspicuously sneaking a treat to the dog. If necessary, bend your knees so that the treat is level with the dog's nose. Then let the dog approach and take the treat at its own pace. Be especially careful to avoid sudden position changes, which the dog may find threatening. Remember the spider analogy? You might be comfortable being near a spider if you had undergone desensitization and counterconditioning, in which you gradually approached the spider while eating treats or thinking pleasant thoughts. However, if the spider were to suddenly stick out its legs, you might become frightened if you didn't know what this posture change meant. All staff, from receptionists to veterinarians, should follow these guidelines for approaching dogs.

These guidelines also apply to handling fearful dogs in other situations. For instance, when removing a fearful dog from a run, avoid approaching it head on. Rather, approach the dog with your side or back toward it until it is within reach. However, be cautious about walking away from a fearful dog while it is unleashed and your back is toward it. This is when these dogs tend to bite or nip people. To slip the leash over the dog's head, stand straight up and move smoothly without hesitation. Avoid quick movements, which may cause the dog to bite. Then walk out of the run while talking in a "happy" voice to try to get the dog into play mode. Continue with this tone of voice if it elicits a relaxed or "happy" response.

Resources

To see videos of the described counterconditioning procedures, visit Dr. Yin's Animal Behavior Web sites:

- www.Behavior4Veterinarians.com (for veterinarians only)
- www.AskDrYin.com (for the general public)

ROUTINE USE OF FOOD DURING EXAMINATIONS

During physical examinations, routinely give canine patients treats so that they immediately learn to associate the visit with something good, especially dogs that aren't actively soliciting attention from you. Use small treats that can be consumed within 1 to 2 seconds. Small treats will allow you to provide more rewards than will large treats. Give treats in a manner that allows you to control the dog's body and behavior. For example, you may want to deliver treats to the dog's mouth to keep the dog stationary; holding out treats may cause the dog to jump on you.

Establishing a positive relationship with the dog before the examination begins is important because if you wait until the dog becomes more fearful, it may no longer accept treats. If the dog eats treats, you can pair them with any procedure. For instance, treats can be given right before and while a thermometer is inserted in the dog's anus. Treats can also be given immediately before, during, and after an ear or oral examination.

PREVENTIVE BEHAVIORAL HEALTH SESSIONS

If you have problems performing a procedure because the dog is struggling or growling, set up 10- to 20-minute preventive behavioral health sessions in which technicians teach owners how to practice procedures at home. First, the owner must learn to control the dog's body position and movement. The owner will need to deliver treats in a manner that keeps the dog stationary to prevent it from lunging for treats or struggling to change position. The owner should deliver treats directly to the dog's mouth so that the dog must keep its head still or even shift its weight back a little. The owner must also properly position or hold the dog for the procedure so that the dog feels secure and does not move away. For instance, to pick up a small puppy, the owner should use one hand to support the dog's chest behind the elbows so that the puppy does not struggle to free its front paws. The same arm should support the puppy's entire body, which should be held close to the owner's body. The owner can then provide treats with

the free hand. While the puppy is being held, a second person can perform a procedure on the puppy.

Second, the owner must learn to stop the handling procedure as the dog finishes the treat so that the dog can quickly associate receiving treats with being handled. To extend a handling session, the owner should hold the treat while the dog eats it so that the dog must eat more slowly. Then several treats should be given in rapid succession so that the dog's nose is always at the hand with the treat.

Third, the owner should be taught that the intensity of the procedure or stimulus should always be low enough to keep the dog focused on the treats. The intensity of a procedure should not be increased until the dog completely and consistently ignores the handling at the present intensity. For instance, when teaching a dog to accept nail trimming, the owner may at first be able to touch only the dog's leg because touching its paw may cause the dog to look at the owner and stop focusing on the treats. Handling the leg should be paired with treats five to 10 times before the owner handles the paw. If the dog looks at the owner when its paw is handled, the intensity has been increased too quickly, and the owner should repeat the previous step. If the dog ignores the owner and focuses on the treats, this step should be repeated five to 10 times. Each time should last 5 to 30 seconds or as long as the treats can be successively delivered with no delays that might allow the dog to experience the procedure without the treat. The owner should wait 5 to 10 seconds before repeating the step. The intensity should be gradually increased until the owner can tap the dog's feet with the clippers and then clip a nail while the dog is receiving a treat. If the owner proceeds in a stepwise fashion, always staying below the dog's threshold of tolerance, the dog can be trained to accept nail trimming in as little as 5 to 10 minutes. At first, many treats must be used, but once the dog accepts regular nail trimming, the interval between treats can be increased, and, eventually, a treat can be given only at the end of the procedure.

These desensitization and counterconditioning techniques can be used to train dogs to accept muzzling, vaccinations, pilling, or any other procedure to which they may be averse. These techniques can even be used within the hospital if the dog will accept food in this setting. Spending 5 to 10 minutes using these techniques with a potentially fractious dog often takes less time than struggling with the dog. Your relationship with the owner can also benefit. Taking the time to teach owners these handling techniques can assure them that you care about their pet's overall health and not just its physical condition.