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## Safer Handling and Management of Dogs in the Veterinary Practice

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*This version was published in the CVMA Voice 2009, Issue 2 (p.24), Colorado Veterinary Medical Association.*

- Do you dread seeing certain patients on your appointment schedule?
- Have you or your staff been bitten severely enough to lose time at work, or be unable to perform certain tasks for a period of time?
- Have your workman's compensation fees increased due to claims from animal bites?
- Are more dogs coming in more fearful, defensive, or agitated?
- Are you more distrustful of your patients, and seem not as able to predict when they are going to snap or bite?

Upset, stressed, defensive, threatening and aggressive dogs present a danger to your staff and to themselves as well. A bad experience with handling and restraint can generalize to contexts outside the veterinary hospital. This can result in dogs that snap or bite when owners and others reach to pet them, touch their collars or feet, or restrain them for brushing and other minor procedures.

We've given presentations on using behavior knowledge to lower patient stress for many years, and in this article we've chosen just two of the many techniques in those talks to share with you.

The first technique involves record keeping. Most veterinary practices flag the records of dogs likely to bite or snap in some way. This may be a red sticker or some other notation in digital files. But a sticker does not provide any information about what triggers a dog's dangerous behavior or what the practice's policies are about how the staff person should respond.

A sticker alone could refer to a dog that charges a staff person when they enter an exam room, or one that just growls when someone tries to touch his feet. Knowingly *exactly* what triggers a dog's threats or aggression will help staff know what to avoid doing so as not to elicit the behavior and to be proactive rather than reactive. Learn to make notes in

patients' records that *describe* behavior. "Dog doesn't like his feet touched" is helpful, but "dog growls when you reach for any of his feet" is better.

When staff know what elicits the behavior, they can be proactive, such as muzzling the dog before even bringing the nail clippers into the room, rather than realizing too late "Oh, that's what the red sticker meant!".

The veterinary practice can also create policies and procedures so staff know how to respond when they see certain descriptions. In the example above perhaps, standard practice might be to use a Calming Cap™, head collar, and/or muzzle, and to limit restraint to using no more than two people. If the nail trim can't be accomplished with these methods, an alternative, such as tranquilization or sedation becomes the norm, rather than using five people to wrestle a terrified animal to the floor.

The second technique involves the examination room. In our experience, a staff member typically escorts clients and their dogs to the exam room where they wait for the veterinarian. This entrance order sets the stage for anxious or offensive dogs to take exception to the veterinarian entering what they may feel is now their space. Or at the very least the veterinarian is unavoidably (depending on the size and layout of the exam room) forced to make a frontal approach to the dog.

A simple change to this sequence can make a big difference. The veterinarian can enter the exam room first and position herself such that she is not facing the door through which the dog will enter. She can be sitting down with the side of her body facing the door, avoiding eye contact with the dog as he enters, and not reaching toward him. Ideally, it would be nice for the dog to find a little "Hansel and Gretel" trail of treats from the door to the veterinarian, who is then prepared to offer a treat from her open hand, keeping her arm close to her body.

Keeping patients calm and using non-confrontational techniques and passive restraint whenever possible are good choices not just for your staff, but for your patients as well. And doing so can make a huge difference in how your clients perceive you.