HUMANE HANDLING OF DOGS TO MINIMIZE FEAR AND MAXIMIZE SAFETY

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Goals of humane and safe handling
The goal of every veterinary appointment should be to create the most safe and least stressful visit for patients, staff, and clients alike, while still meeting the animal’s imminent medical needs. The use of humane handling techniques improves animal welfare and results in happier clients. According to one JAVMA study, clients ranked the medical and emotional care their pets received as more important than the treatment they themselves received. In the same survey, the majority also expects that the veterinarian will not use ‘excessive force’ in handling their pets. Humane handling techniques, in conjunction with appropriate safety management tools, promote the occupational health of veterinary staff. As such, humane and safe handling is in the best interest of veterinary staff safety and patient welfare, and is the expectation of most clients.

Puppy visits: first impressions make lasting impressions
Many canine patients’ first trips to the veterinarian occur during the sensitive period for socialization in puppies (3-12 weeks of age). As such, these visits can make lasting impressions and have great impact on the future behavior of these patients in the veterinary clinic setting. According to a 2009 study by Doring et al, dogs having had only positive previous experiences in veterinary hospitals were significantly less fearful than dogs that had prior negative experiences. A recent report by Godbout et al indicates that roughly 10% of puppies under 16 weeks of age may exhibit significant signs of anxiety in the veterinary setting. Additional follow-up with these puppies identified as having exhibited more ‘extreme behaviors’ (more avoidance, panting, vocalization, and locomotion) during initial veterinary visits exhibited similar behaviors upon evaluation in the veterinary clinic approximately one year later. Thus the onus is upon veterinary professionals to make new puppy visits and in turn future visits as pleasant and as low stress as possible.

Fear in the adult canine patient population
Gentle and humane handling need not be limited to puppies. Canine patients obtained after critical periods of socialization or new to the practice as adolescents or adults may bring with them unknown or questionable life and/or veterinary experiences. Doring’s study found that age (> 2 years of age) and prior negative experience in the veterinary setting were significantly associated with fearful behavior. Each negative experience conditions the animal for the future, so that subsequent visits may become more and more difficult. Again, placing responsibility on the veterinary staff to maximize each pet’s experience in the veterinary clinic setting.
It is also imperative to consider that the majority of clinically healthy adult canine patients exhibit fearful, reticent, and/or submissive behaviors when in the veterinary clinic environment. According to Doring’s study, 78.5% of canine patients were categorized as ‘fearful’ in the veterinary clinic setting, meeting at least three of the selected criteria for fear. Per Stanford’s 1981 study, approximately 70% of canine patients were ‘apprehensive’ when entering the veterinary hospital. As such, each canine patient should be approached with a high likelihood of situational fear or anxiety in mind.

**Recognizing stress, fear, and anxiety**

Common and readily identifiable behaviors associated with fear and anxiety include a raised front paw, pacing, avoidance, retreat, immobility or slow motion, trembling, yawning, hyper-salivation, lip licking, sweaty paws, averted gaze, fixed or scanning gaze, eyes closed or wide, ears to the side or back, tail low or tucked, head and neck held low, crouched or cowering body position with weight, and grabbing or refusal of food. Consider a check list for staff to help identify and measure affected patients, so that patient handling can be customized and assessment of successful anxiety reduction can be made.

**In the exam room**

Once the canine patient has negotiated the waiting room environment and is settled in the examination room, it is finally time for a veterinary visit. When entering an exam room, veterinary staff should allow each pet time to habituate to his or her presence while greeting the owner and initiating history taking. During this time, observation of the pet’s body language should take place allowing the veterinarian to assess how anxious the individual is, knowing that most patients will indeed be exhibiting some expression of fear. As such, approach calmly, quietly, slowly, and in a parallel rather than face-on fashion being certain to avoid direct eye contact or looming gestures.

According to Doring’s study, fearful body language and symptoms of stress (specifically crouched posture, tucked tail, and trembling) were more frequently observed in dogs on the treatment table than on the floor. As such, one might consider whether each and every pet should be placed on a table for every procedure. It is the author’s preference to perform physical examinations and other minor procedures, such as venipuncture and vaccination injection, with the canine patient on the floor. This gives each patient a ‘physical out’. That is the choice to leave the situation. Should a patient elect to relocate, it is merely an indication of the pet’s discomfort offering the author information to select a more comfortable approach, position, or configuration for said patient.

Combine gentle, customized handling techniques with treat rewards to counter-condition examination and other procedures. Keep each room stocked with a variety of treats, including soft palatable treats, tasty hypo-allergenic products (both dry and canned options), and treats that may be licked from a tongue depressor or spatula (like peanut butter or squeeze cheese). Despite the high frequency of fear in the canine patient population, many dogs are highly anxious but non-aggressive in the veterinary clinic. For these individuals, a basic plan of humane handling and food rewards may not be effective, as they may be too anxious to eat. Even though these
patients may not be imminently dangerous, it is worthwhile to identify these patients and develop a behavioral and/or medication plan for future visits.

**Humane handling for the fractious patient**

Appropriate restraint or lack thereof is required for a safe and successful veterinary visit. For some patients, less is more. For others, everyone’s safety and wellbeing are incumbent upon proper restraint and safety products. According to Stanford, 18% of the dogs in his 1981 study exhibited aggression and vocalization when restrained. These patients need an individualized safety management plan. At the first sign of excessive anxiety or tension that may precede aggression, it is time to stop and develop said plan. Take a few moments to get prepared with appropriate safety and restraint products, as well as additional staff as needed. Consider calm, non-confrontational ways to apply safety products (muzzles, towels, etc.) and proceed with appropriate restraint calmly. Note pet preferences or successful techniques in the medical record.

**Summary**

- The majority of adult canines and one in ten puppies exhibit fearful behaviors in the veterinary hospital setting.
- Previous negative experiences are associated with future fearful behavior in the veterinary hospital.
- Approach each canine patient as if it is experiencing situational fear in the clinic.
- Observe canine patients to identify specific signs of fear. Identify outliers – highly anxious or fractious puppies and adults.
- Customize handling, behavior modification, and/or medication plans, noting successful techniques in the medical record.

**References**