

2015 AAHA Canine and Feline Behavior Management Guidelines



IMPLEMENTATION TOOLKIT





Inside This Toolkit

- Why Guidelines Matter..... 3
- Understanding the Guidelines' Key Points 4
- 2015 AAHA Canine and Feline Behavior Management Guidelines 6
- Clarify Staff Roles and Responsibilities..... 18
- Finding Qualified Trainers to Create a Treatment Team 20
- AAHA's Model Behavior Management Protocol 21
- Client Tools: General Behavior Questionnaires for Dogs and Cats 22
- Resources from AAHA..... 23

AAHA Standards of Accreditation

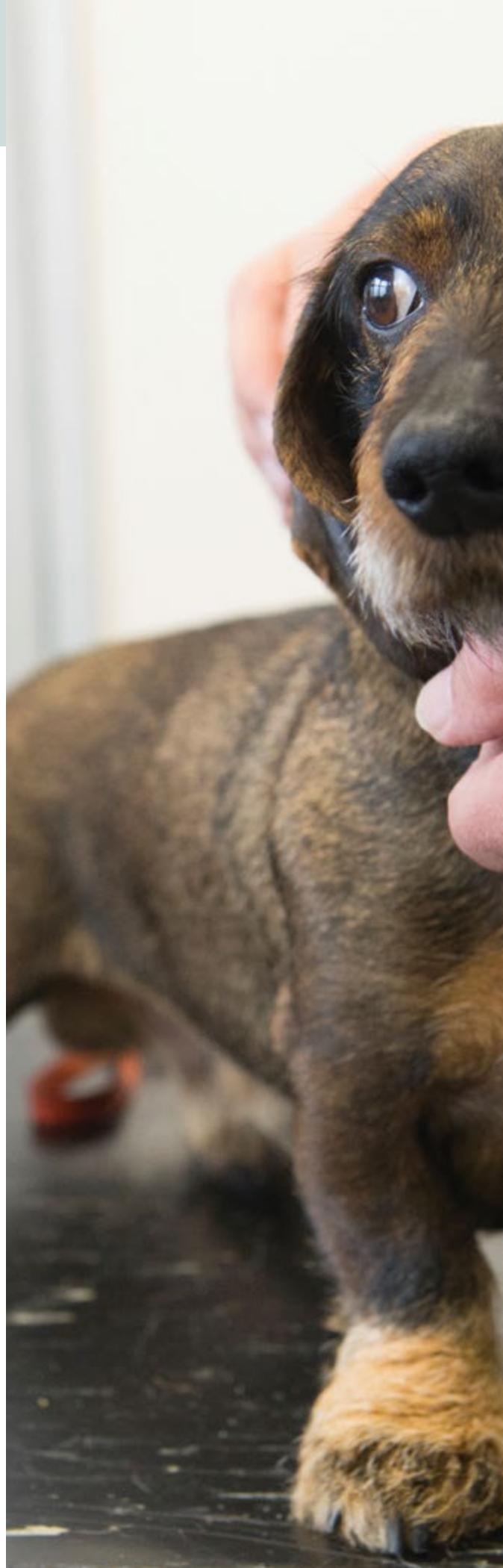
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Why Behavior Management Guidelines Matter

Behavior is one of the major reasons Americans relinquish 3.9 million dogs and 3.4 million cats to shelters each year. Many of these animals are euthanized. Therefore, helping clients cope with behavior issues and teaching them to moderate their pet's behavior can be a lifesaving act, strengthening both the human-animal bond and the client's relationship with your practice.

All veterinary practice guidelines, like this *2015 AAHA Canine and Feline Behavior Management Guidelines*, help ensure that pets get the best possible care. From medical director to veterinary assistant, guidelines keep your hospital staff on the cutting edge of veterinary medicine.

The *2015 AAHA Canine and Feline Behavior Management Guidelines* offers insights, advice, and recommendations for helping you ensure that all pets are well-trained and that they get along with family members, people outside the family, other animals, and the veterinary staff.

These AAHA guidelines review the latest information to help staff address central issues and perform essential tasks to improve the welfare of the pet. In addition, these guidelines define the role of each staff member, so everyone on the team can work together to offer the highest quality of care.

Guidelines are just that—a guide—established by experts in a particular area of veterinary medicine. Guidelines do not outweigh the veterinarian's clinical judgment; instead, they help veterinarians improve every pet's quality of life.

Aligning your practice's protocols with AAHA guidelines' recommendations is a key step in ensuring that your practice continues to deliver the highest quality of care.

To support your dedicated efforts, AAHA is pleased to offer this toolkit. Here you'll find facts, figures, highlights, tips, client questionnaires and handouts, and other tools you can use every day to implement the recommendations of the *2015 AAHA Canine and Feline Behavior Management Guidelines*.

Thank you for helping to advance our shared mission to deliver the best in companion animal medical care. Together, we can make a difference!

Michael T. Cavanaugh, DVM

Michael T. Cavanaugh, DVM, DABVP (C/F)
AAHA Executive Director and CEO

When selecting products, veterinarians have a choice of products formulated for humans and those developed and approved for veterinary use. Manufacturers of veterinary-specific products spend resources to have their products reviewed and approved by the US Food and Drug Administration (FDA) for canine and/or feline use. These products are specifically designed and formulated for dogs and cats; they are not human generic products. AAHA suggests that veterinary professionals make every effort to use veterinary FDA-approved products when available and base their inventory purchasing decisions on what product is most beneficial to the patient.

Understand the Guidelines' Key Points

More dogs and cats are affected by behavioral problems than any other condition, often resulting in euthanasia, relinquishment of the pet, or chronic suffering.

Behavioral management of dogs and cats is now recognized as an essential component of primary companion animal practice.

The most common types of canine and feline behavioral disorders are inappropriate elimination, aggression, separation anxiety, and noise phobia.

A standardized pet behavioral assessment and discussion with the client about the animal's behavior should be conducted at 6 months of age and at least annually thereafter.

Relinquishment or euthanasia of dogs and cats due to behavioral problems occurs most often during the process of social maturity at 1 to 3 years of age.

Monitoring for cognitive and physiological changes in senior pets should be conducted at least annually in middle-aged dogs (starting at 5–8 years of age for larger breeds and 8–10 years for smaller breeds) and cats (starting at 10–12 years).

Allowing dogs and cats to have appropriate encounters with other animals, new places, and people at an early age will minimize later occurrence of behavioral and socialization problems.

Patterns of socialization and other behaviors, both normal and abnormal, are established early in an animal's development; thus, correction of problem behaviors is most effective if accomplished early after onset, particularly if they occur during puppy- or kittenhood.

Because **behavioral conditions tend to be progressive**, intervention at the earliest possible time will preserve quality of life for both the pet and the client and will make the pet an easier patient to treat.

Most dogs and cats do not outgrow behavioral problems without intervention on the part of the pet owner or the veterinary health care team.

Qualified trainers can be valuable partners on a veterinary behavior management team.

Referral to a board-certified veterinary behaviorist may be needed in intractable cases or when pet behavior problems fall outside the capabilities of the general practice.

Treatment of pet social or behavioral problems is multifactorial and should include behavior modification, training of alternative behaviors, and medication when appropriate.

A step-by-step case approach as defined in the guidelines should be used for diagnosis and treatment of canine and feline behavioral disorders.



Minimizing the patient's fear in the veterinary hospital is critical for enabling successful examination and recovery of hospitalized animals.

The least stressful, most humane methods of restraint should be used in the hospital, an approach that allows the patient's response to determine the need for and duration of pharmacologic control.

Use of behavior-modifying medications, especially on an extra-label basis, should always involve a risk-benefit assessment and include appropriate client education.

Patient-friendly handling of canine and feline patients will enhance efficiency and quality of care in the hospital setting and increase the client's perception of compassionate care by the health care team.

Designating a champion is an effective approach to ensuring that behavioral management is one of the practice's core competencies and that the entire health care team is committed to a humane and scientific approach for managing pet behavior problems.

Ultimately, the success of any behavior management intervention depends on a team approach that involves appropriate veterinary team members and the pet owner in developing a treatment plan, regularly reassessing the plan, and modifying the plan based on the patient's response.

2015 AAHA Canine and Feline Behavior Management Guidelines*

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To access the references (appearing as numbered footnotes) and tables in this document, please refer to the 2015 AAHA Canine and Feline Behavior Management Guidelines at <http://tinyurl.com/p5rhddd>.

Abstract

The 2015 AAHA Canine and Feline Behavior Management Guidelines were developed to provide practitioners and staff with concise, evidence-based information to ensure that the basic behavioral needs of feline and canine patients are understood and met in every practice. Some facility in veterinary behavioral and veterinary behavioral medicine is essential in modern veterinary practice. More cats and dogs are affected by behavioral problems than any other condition. Behavioral problems result in patient suffering and relinquishment and adversely affect staff morale. These guidelines use a fully inclusive team approach to integrate basic behavioral management into everyday patient care using standardized behavioral assessments; to create a low-fear and low-stress environment for patients, staff and owners; and to create a cooperative relationship with owners and patients so that the best care can be delivered. The guidelines' practical, systematic approach allows veterinary staff to understand normal behavior and recognize and intervene in common behavioral problems early in development. The guidelines emphasize that behavioral management is a core competency of any modern practice. (*J Am Anim Hosp Assoc* 2015; 51:205–221. DOI 10.5326/JAAHA-MS-6527)

Introduction

The purpose of these guidelines is to provide practitioners and staff with up-to-date evidence-based information to ensure that the basic behavioral needs of canine and feline patients are met. More dogs and cats are affected by behavioral problems than any other condition, often resulting in euthanasia, relinquishment of the patient, or chronic suffering. These guidelines were written to help veterinary professionals accomplish the following objectives:^{1–5}

1. Integrate basic behavioral management into all aspects of clinical practice so that every patient gets the best hands-on care in a low-stress environment.
2. Understand age-specific normal and abnormal behavior for dogs and cats to ensure developing or existing behavioral problems are recognized and addressed.
3. Promote routine assessment of behavioral development and changes in behavior through the use of standardized assessment tools.
4. Provide owners with guidance regarding the most common canine and feline behavioral conditions so clients seek help early (if needed).
5. Create co-operative patients and superb client-veterinarian-patient relationships so the patient and client can benefit from a lifetime of the best possible care.
6. Impress upon the entire veterinary healthcare team the importance of making behavioral management a core competency of the practice.

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AAHA, American Animal Hospital Association; BZD, benzodiazepine; MAOI, monoamine oxidase inhibitor; SARI, dual serotonin 2A antagonist/serotonin reuptake inhibitor; SSRI, selective serotonin reuptake inhibitor; TCA, tricyclic antidepressant

*These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association for the express purpose of producing this article. They were subjected to the same external review process as all JAAHA articles. This document is intended as a guideline only. Evidence-based support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Because each case is different, veterinarians must base their decisions and actions on the best available scientific evidence, in conjunction with their own expertise, knowledge, and experience. These guidelines were supported by a generous educational grant from CEVA Animal Health, Virbac Animal Health, and the AAHA Foundation.

† Deceased 28 September 2014.

These guidelines will help readers develop the expertise and confidence to teach clients about their pets' behavioral needs. If staff and clients are effectively educated regarding pet behavioral needs, veterinarians will create a healthcare team that produces the best patient outcomes. Improved outcomes translate to increased client retention and decreased frequency of euthanasia. Veterinarians play a pivotal role in increasing the quality of life for their patients and for their patients' owners. Knowledge about behavior also reduces the risk of injury for staff and clients and improves staff members' job satisfaction. More efficient physical examinations, better information exchange, and staff trained to conduct behavior modification and instructional appointments lead to improved patient care, better case outcomes, and profitability for veterinary practices. These guidelines will help veterinarians become clients' first source of information so they will not seek services or advice from those not qualified to provide optimal care.

The Importance of Client Opinion and Perception

Client perception is key in all aspects of veterinary medicine. Veterinarians and their staff lose credibility if they are unable to compassionately handle active, fractious, fearful, and distressed animals. Clients are disinclined to return if their pet was fearful, if their pet threatened/injured staff, or if the veterinarian was angry or uncomfortable. Clients judge clinical expertise, at least in part, on how their pet is handled and responds to the veterinarian. Unfortunately, surveys indicate that clients typically rely on non-clinically trained individuals instead of veterinarians for advice on pet behavior problems.⁶⁻⁸ These guidelines provide practitioners with tools to help reverse that trend.

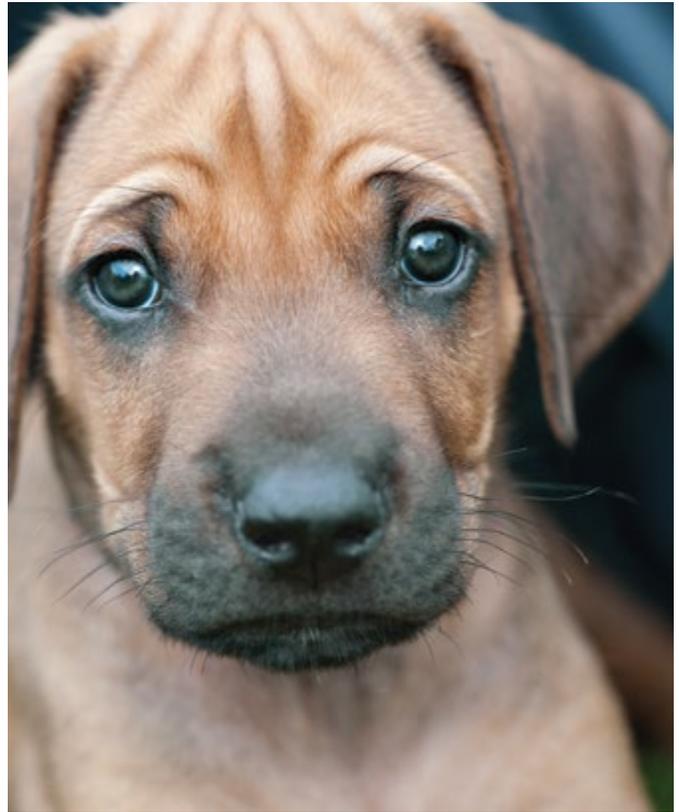
Incorporating Behavioral Assessments into Every Examination

All veterinary visits should include a behavioral assessment. Such assessments encourage the client to talk to the veterinarian regarding any concerns or questions they may have about their pet's behavior and allow the staff to better meet the behavioral needs of their patients during and after the evaluation. Assessments should include the use of a standardized behavioral history form that becomes part of the patient's permanent medical record. Using the same questionnaire at every visit, individual behavioral changes can be tracked and problems can be addressed early in development.

Behavioral evaluations on record are useful after patients have had surgery or emergency treatment. Convalescence is best evaluated with respect to the patient's normal behaviors.

Good behavioral evaluations are especially important in young animals. Studies show that 10% of puppies that were fearful during a physical exam at 8 wk of age were also fearful at 18 mo.^{9,10} Patients do not outgrow pathologic fear.

Veterinary staff should be able to recognize signs of fear and



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distress, understand when behaviors deviate from normal, and identify patients at risk for developing problematic behaviors. The behavioral history will identify whether such behaviors are exceptional and contextual (e.g., the dog is truly only afraid at the veterinary practice) or more generalized (e.g., the cat is never seen upstairs and must be trapped in the basement for a trip to the veterinary practice). Such assessments help clients monitor the patient's behavior while educating them about risk.

Clients easily recognize trembling, shaking, and high-pitched vocalization as signs of distress but may not recognize less overt signs. Veterinary professionals are in an ideal position to educate clients about potential behavior problems and risk factors. Behavioral conditions are progressive. Early intervention is essential to preserve quality of life for both the patient and client and to provide the best chance of treatment success.

Age and Behavior

Age and life-stage patterns of behavior should be considered during behavioral and physical examinations. Normal patterns of behavioral change are predictable as the brain matures, whereas

atypical changes may signal the development of a behavioral problem. [Due to space considerations, this section of the guidelines has been abridged. Please see the guidelines at <http://tinyurl.com/nj5nc5q> for information about age-related patterns associated with stage of life.]

Assembling a Support Team

Working with a Qualified Trainer

Qualified trainers can be valuable partners on a veterinary behavior management team.²⁸ “Training” is an unregulated field, and unskilled, poorly schooled trainers may cause harm. It is worthwhile to establish a collaborative relationship with a qualified, certified, and insured pet trainer. An accomplished trainer can work seamlessly with the veterinary team to help clients implement behavioral interventions, provide feedback, and elevate the practice’s level of behavioral care. Diagnosis and medical intervention remain the purview of the veterinarian.

Trainers should have obtained certification from a reliable organization that has, as its foundation, the sole use of positive methods. Certification for trainers should require annual continuing education, liability insurance, and testable knowledgeable in behavior and learning theory. Unfortunately, credentials don’t guarantee the use of humane methods or honest marketing. It is essential that clients ask trainers about specific tools and techniques used. If the tools or techniques include prong collars, shock collars, leash/collar jerks/yanks or if the trainer explains behavior in terms of “dominance” or throws anything at a dog, advise clients to switch trainers. Ensure that individuals teaching the class do not force fearful, reactive dogs to stay in class. Forcing dogs to remain where they are fearful, even using crates or baby gates, worsens fear. Classes should have a high ratio of instructors to clients and dogs.²⁸

The Role of Technicians

Canine and feline behavior management is a certifiable veterinary technician specialty acquired through training and testing. Veterinary Technician Specialists in Behavior and the Academy of Veterinary Behavior Technicians understand the value of a team approach in implementing scientifically proven and humane behavioral treatments in clinical practice. Many technicians are interested in training and behavior and would benefit from joining the Society of Veterinary Behavior Technicians (www.svbt.org), a group that provides quality continuing education in this specialty.

Specialists in Veterinary Behavioral Medicine

Behavior cases can be complex, often involving public health and safety issues. Board-certified veterinary behaviorists (diplomates of the American College of Veterinary Behaviorists, www.dacvb.org) are specifically trained and qualified to treat clinical behavior problems in companion animals. Referral to a veterinary



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behaviorist may be recommended in cases involving self-injury, aggression, multiple concurrent behavioral diagnoses, profound phobias, or for patients not responding to conventional treatment despite the primary care veterinarian’s best efforts. Dogs either inflicting deep bites or those injuring immunocompromised individuals should be referred to a specialist. Under no circumstances should aggression or any condition involving a clinical diagnosis be referred to a trainer for primary treatment. Referral to a dog trainer is appropriate for normal but undesired behaviors (e.g., jumping on people), unruly behaviors (e.g., pulling on leash), and teaching basic manners.

Changing Behaviors

Behavior Modification

Learning theory, operant conditioning, and classical Pavlovian conditioning are mature sciences and offer a wealth of information to veterinarians. The following concepts and definitions should help the healthcare team incorporate basic learning theory and behavior modification into clinical practice and to recognize and make recommendations against inappropriate, unkind, and dangerous behavior correction practices often recommended by nonprofessionals. Avoidance and safety are the cornerstones of behavioral treatment. Comprehensive behavior treatment plans include medication, behavior modification/training, and environmental change/management. Commonly accepted principles of behavior treatment and modification are as follows:²⁹

- When behaviors are rewarded, they are repeated and increase in frequency.
- New behaviors are learned best if they are rewarded each time they occur.
- After a behavior has been acquired, it is best maintained if it is rewarded randomly and intermittently, which is more often than “seldom.”

- Dogs and cats will repeat a learned behavior if it is rewarded and will exhibit behaviors their owners desire if those behaviors are rewarded.

Behavior modification is often described using the following terminology:

- Positive: something is given to the animal (e.g., a reward is positive reinforcement given for desired behavior).
- Negative: something is taken away from the animal (e.g., attention is withheld from a dog as negative reinforcement for an undesirable behavior, not petting a jumping dog).
- Reinforcement: a consequence that increases the likelihood of the behavior in the future.
- Punishment: a consequence that decreases the likelihood of the behavior in the future.

The term “behavior modification” refers to techniques that either increase or decrease the frequency and expression of behaviors. The basic techniques discussed here are part of an integrated approach to treating problem behaviors:

- Desensitization: the process by which a stimulus associated with an undesirable behavior is presented to the individual at a level below that which elicits the response followed by a gradual increase in the stimulus level. If desensitization is properly done, individuals do not become aroused following exposure to the stimulus.
- Counterconditioning: a process in which an animal that is reactive, fearful, or aggressive to a specific stimulus (e.g., the doorbell, an approaching dog) learns to become happy and accepting of that stimulus. This is accomplished by pairing the stimulus with something that the dog or cat likes and wants. Counterconditioning and desensitization are often combined so that rewards are given when a dog or cat does not react to a stimulus to which they previously reacted, even when the stimulus gradually increases. For example, if a dog is fearful of a vacuum cleaner, gradual exposure to the vacuum cleaner is paired with something the animal likes and on which the dog can focus (e.g., highly desirable food), enabling the dog to associate the vacuum cleaner with something good. This technique is not the same as flooding, which should be avoided.
- Flooding: prolonged exposure to the worrisome stimulus at a level that causes the anxious, aggressive, or fearful response in the hope that simply by presenting the stimulus continuously, the undesirable behavior will stop. Unlike desensitization (where the goal is to expose the dog or cat to a worrisome stimulus at a level below that which will trigger the response), flooding exposes the animal to the stimulus at a level that triggers the response. In the case of distressed patients, flooding actually sensitizes the patient to the stimulus and worsens it by causing shutdown or collapse of a patient. Dogs and cats repeatedly exposed to inescapable unpleasant or painful stimuli may

develop learned helplessness, that is, they cease offering any behaviors because they learn they have no control over outcomes. Flooding is never recommended.

- Training an alternate behavior: a process in which an appropriate behavior that is incompatible with the problem behavior is taught as an alternate response using positive reinforcement. For example, if a cat habitually chases a person’s feet, the cat is taught to go to a high perch for a treat in response to a cue, in this case the appearance of a human being. The cue indicates that a treat will be given if the cat goes to the perch when someone enters the room.
- Distraction and redirection: a process in which food or another reward is used to lure the individual’s attention away from a stimulus to preempt a response, decreasing fear or aggression. For example, a cat that habitually chases a person’s feet is distracted (redirected) when a toy is waved in its face so the cat plays with the toy instead of focusing on the person’s feet.
- Environmental enrichment: the addition of one or more external factors in order to reduce the frequency of abnormal or unwanted behaviors while increasing the frequency of normal, desired behaviors. For example, if a dog that paces when left alone is provided with a food toy, the dog will work with the toy rather than pace. Many dogs with behavioral problems are too distressed for simple



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environmental enrichment alone to have an effect.

- Avoidance: the act of preventing an individual from engaging in unwanted behaviors. This technique protects distressed dogs and cats from exposure to adverse behavioral stimuli that will make them worse. Protection is the first treatment step. For example, a dog barks at people seen outside the window. Closing the blinds or sequestering the dog at the back of the house avoids the stimulus that triggers the barking response.

Aversive Techniques

This Task Force opposes training methods that use aversive techniques. Aversive training has been associated with detrimental effects on the human-animal bond, problem-solving ability, and the physical and behavioral health of the patient.^{29–32} It causes problem behaviors in normal animals and hastens progression of behavioral disorders in distressed animals.³³ Aversive techniques are especially injurious to fearful and aggressive patients and often suppress signals of impending aggression, rendering any aggressive dog more dangerous.^{34–36}

Aversive techniques include prong (pinch) or choke collars, cattle prods, alpha rolls, dominance downs, electronic shock collars, lunge whips, starving or withholding food, entrapment, and beating. None of those tools and methods should be used to either teach or alter behavior. Nonaversive techniques rely on the identification and reward of desirable behaviors and on the appropriate use of head collars, harnesses, toys, remote treat devices, wraps, and other force-free methods of restraint. This Task Force strongly endorses techniques that focus on rewarding correct behaviors and removing rewards for unwanted behaviors.

Pharmacological Intervention

Medications commonly used to treat behavioral conditions in dogs and cats include the following:

- Benzodiazepines (BZDs): alprazolam, diazepam, midazolam, clonazepam, and related medications like gabapentin.
- Tricyclic antidepressants (TCAs): amitriptyline, nortriptyline, clomipramine, imipramine, and doxepin.
- Selective serotonin reuptake inhibitors (SSRIs): fluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, and escitalopram.
- Dual serotonin norepinephrine reuptake inhibitors: venlafaxine and duloxetine.
- Dual serotonin 2A antagonist/serotonin reuptake inhibitors (SARIs): trazadone and nefazodone.
- Monoamine oxidase inhibitors (MAOIs): selegiline.
- Azapirones: buspirone.
- Centrally acting 2A agonists that may act as hypotensives



Problems involving pathological behaviors, including aggression, are never cured but can be treated and managed. Failure to do so may lead to euthanasia of the animal.

(decrease in cardiac output and peripheral vascular resistance): clonidine, guanfacine, medetomidine, and dexmedetomidine.

- Local anesthetics (such as lidocaine gel): used before venipuncture, vaccination, or anal sac expression, especially in patients that have experienced procedure-related fear or pain.

Of those medications, only clomipramine^a and fluoxetine (for canine separation anxiety) and selegiline^b (for canine cognitive dysfunction syndrome) are approved for dogs in the United States.

Controlled studies have demonstrated the efficacy of clomipramine and fluoxetine in combination with behavior modification for treating separation anxiety.^{38–44} Because there are few controlled studies for other medications or indications, most medications are used on an extra-label basis. Extra-label use of pharmaceuticals must be done in the context of diagnosis, a comprehensive treatment plan, a discussion of mechanism of action and expected changes, and full disclosure that use is nonapproved.

Some medications can be used as needed (e.g., BZDs, 2A agonists, some SARIs, gabapentin) for fears, phobias, and panic. Daily medications may also include TCAs, SSRIs, SARIs, BZDs, 2A agonists, and gabapentin for general fears and anxieties. Onset of action may depend on biotransformation and subsequent regional brain molecular receptor changes; therefore, treatment effects for some medications may not appear for 5–8 wk. Dosage recommendations are available elsewhere.¹⁴ Keep in mind that when combining medications, dosages may change, and interactions may occur.

Medications should be used only as part of an integrated treatment program. The goals of that approach are to protect the patient and their owners, provide a suitable environment for improvement, and implement appropriate behavior modification, including use of humane, positive reinforcement tools.

Risk assessment is essential for medication use. For example, BZDs can have occasional side effects that render some animals extraordinarily sedated and at risk for self-trauma. Other animals are extraordinarily aroused and also at risk for self-injury. It is impossible to know if a particular animal will experience undesirable effects in advance; therefore, a team approach to treatment, observation, reporting, and recording outcome is essential. Veterinarian and client monitoring should include observation of heart rate, agitation or sedation, profound changes in appetite, vomiting, diarrhea that is not transient, and any new problematic behaviors or behavior changes.

Nutraceuticals and specialized diets are available that may or may not aid in the treatment of behavior problems. Research on nutraceuticals is ongoing and usage recommendations are not evidence-based at this time.

This Task Force recognizes that there are many alternative therapies used for behavioral problems. As a general rule, such treatments have not been adequately studied to warrant specific recommendations by the Task Force on either their use or benefit at this time. For example, although pheromonal products are commonly used to alter canine and feline behavior, there is no consensus among experts regarding their value, and definitive clinical study evidence of their efficacy is lacking.

Common Behavioral Problems

Aggression

Aggression occurs any time an animal growls, snarls, snaps, or bites. Fear is one of the most common causes of aggression. Punishment should not be used in aggression cases because it increases the risk of bites and aggravates aggressive behavior. Treatment of the underlying cause is key. That approach usually involves avoidance, protection (of the dog and humans), behavior modification, extra-label medication use [TCAs, SSRIs, and sometimes gabapentin or certain BZDs (e.g., alprazolam)], and various restraint tools such as head collars and harnesses. Management of unwanted aggression may be lifelong.

Use of a liability release form containing the following disclaimers is recommended in the treatment of aggression:

- Any animal that is aggressive for any reason has the potential to cause serious damage and harm to itself and other pets and people.
- Special precautions must be taken to ensure that everyone is safe when interacting with aggressive dogs. These precautions may include some form of confinement (e.g., gates, crates) or the use of leads, harnesses, head collars, and muzzles.
- Proof of current rabies vaccination should be provided to anyone involved in the treatment of the aggression.
- Treating a behavioral aggression problem is not a substitute for adherence to local laws.

- Owning an aggressive dog or cat carries with it responsibility and potential liability for any damage done to people or property. This responsibility is not changed or transferred by seeking behavioral help.
- Problems involving pathological behaviors, including aggression, are never cured but can be treated and managed. Failure to do so may lead to euthanasia of the animal.

Elimination Disorders

Elimination disorders in cats are typified by elimination outside of a preferred area. Diagnostic indicators include urine marking (which can also be a normal behavior) and toileting outside of the litter box. Prior to implementing behavioral treatment, treatment of any underlying medical conditions that may be contributing to the problem is essential.

Environmental changes are the first line of treatment and are often effective. Examples include providing extra litter boxes, cleaning litter boxes more often, and changing litter type/litter box style to improve access.⁴⁵ Behavioral treatments can also have positive effects on animals treated for primary medical disorders because medical and behavioral conditions can exist concurrently and exacerbate each other.

Separation Anxiety

Separation anxiety can occur when a pet is either left home alone or separated from its owner. Separation anxiety usually presents as signs of clinical distress such as pacing, panting, vocalizing, urination, destruction of property, and salivation. This condition should be considered to be a behavioral emergency. Medications, including clomipramine and fluoxetine, have both been approved for use in dogs and should be used as a first-line treatment at the earliest sign of clinical distress. A comprehensive treatment plan includes behavior modification, environmental enrichment, and minimizing separation to the extent possible. Signs of separation anxiety may not be apparent to the owner. This Task Force encourages all clients to annually videotape their pet when they are not home as a way to detect behavioral abnormalities, including less obvious forms of separation anxiety. Medications have a higher likelihood of treatment success if they are used early in the development of observed anxiety. Duration of treatment depends on severity of the anxiety and response to treatment.

Noise Phobia

Noise phobia during thunder, fireworks, or storms is a profound fear manifested by hiding, trembling, destruction of property, salivation, or panting. Those behaviors occur in response to a specific sound or circumstances associated with that sound. Anxiolytic medications (e.g., alprazolam and clonazepam for dogs and oxazepam for cats) are used on an as-needed basis as the first line of

treatment and should be given 1–2 hr before an anticipated triggering event.¹⁴ Some patients may also need daily medication, and everyone should have concurrent nonpharmacologic management for long-term treatment.⁴⁶ Other anxiety diagnoses often coexist with noise phobia. Screening for potential comorbidities is important because comorbidity worsens each condition.¹⁵

Cat-to-Cat Aggression

Cat-to-cat aggression is evidenced by behaviors such as staring, hissing, swatting, scratching, growling, or biting other cats in the home environment. Treatment plans include medication (generally start with fluoxetine), environmental enrichment, training, play therapy, and safety tools. Regardless of the underlying cause for inter-cat aggression, a critical step in treatment involves separating the cats until a course of medication and behavior modification has been completed. The cats may then be gradually reintroduced.

Cases of aggression within a cat's social group can take anywhere from 2 to 12 mo to resolve, requiring patience. Permanent separation of cats is always an option.

Using a Case Approach

All veterinary personnel should be able to use standardized behavior assessment tools and provide general guidance on managing canine and feline behavioral problems. A recommended case approach includes the following steps:

1. Identify a behavioral problem during a preventive care appointment after the client either completes a brief screening questionnaire or requests help for a specific behavioral concern.
2. Monitor the patient's stress level as it enters the hospital and is moved to the exam room (see the section, "Minimizing the Patient's Fear in the Veterinary Clinic").
3. Provide client-education materials about common behavioral disorders, their prevention, and treatment.
4. While the patient is in the exam room, review the behavioral history by asking general questions, such as the age of onset and progression of any behavioral problems and situations that trigger the problem behaviors. A risk assessment should be made, including the likelihood of injury to the pet and human handlers and any risk of relinquishment of the pet.
5. Complete a comprehensive physical exam, including diagnostic testing.
6. Make a list of problem behaviors and a presumptive diagnosis based on specific behavioral descriptions (e.g., a dog bites a child only in the presence of food).
7. Develop a management plan designed to reduce stress in any clinical situation.
8. Make a list of differential diagnoses based on the current literature and the existence of possible comorbidities.

9. Advise clients to implement the first treatment step, avoidance and protection, immediately. For example, when a child is near food, restrict the dog's access to the child. Conversely, restrict the child's access to the dog when the dog is eating. That strategy avoids the manifestation of problem behavior and protects both the dog and child.
10. Make a final diagnosis based on the overall analysis, consultations with veterinary behavior specialists, and reference materials.
11. Devise a written treatment plan based on best practices.
12. Follow up with the owner by phone or text.
13. Schedule regular rechecks.

Minimizing the Patient's Fear in the Veterinary Clinic

Adverse Effects of a Stress Response

One study reported that 106 out of 135 canine patients (78.5%) were fearful on the examination table.⁴⁷ Eighteen of the dogs (13.3%) had to be either dragged or carried into the practice, and <50% of the dogs entered the practice calmly. Dogs <2 yr, a patient population that is presented to veterinary hospitals relatively often, were more fearful than older dogs that see veterinarians less frequently, suggesting that recent exposure to the hospital environment on a repeated basis may increase fear. Hernander (2008) noted that dogs that had recently visited the veterinary hospital had higher stress levels than those that had not.⁴⁸ Dogs that had some control over their examination were less stressed, and dogs that had had only positive experiences were less fearful than others, suggesting that dogs learn from interacting with empathetic veterinary personnel.⁴⁷



Cases of aggression within a cat's social group can take anywhere from 2 to 12 mo to resolve, requiring patience.



SAMPLE CASE: Canine Separation Anxiety

Appointment 1: Treatment Plan

Avoidance

Avoid leaving the dog alone or loose in the home. Determine if the dog can safely be crated by questioning the client and/or videotaping the dog entering a crate and remaining inside when the owner is absent. If the dog panics in the crate or resists entering the crate (e.g., freezes, destroys the crate, or injures itself) consider pet sitters, home day care, or boarding in the hospital so the dog can be observed and protected. Encourage clients to be calm during departures and either avoid or minimize cues associated with departure-based distress.

Pharmacology

Start medications that act quickly (e.g., BZDs, SARIs, 2A agonists) immediately after the baseline behavioral assessment. If necessary, dosages can be adjusted once lab results are available. Conduct laboratory evaluation [complete blood cell count, serum biochemical analysis, thyroid testing (thyroxine, free thyroxine), and urinalysis] to rule out any medical complications before starting long-term medications (i.e., TCAs, SSRIs). Arrange for a stable care situation for the dog for a period of at least 5 days while starting long-term medications and monitoring for adverse effects.

Management

Minimize absences from the dog. Have the owner offer the dog food toys when at home. If the dog uses them, offer those types of toys when the dog is alone. If the dog is able to eat the food obtained from the toy it is a sign that dog's anxiety is lessening. Dogs that are extremely distressed cannot eat.

Behavior Modification

Encourage the client to practice passive behavior modification by praising the dog for calm behavior and ignoring behaviors

that are not calm. Clients can videotape their interaction with the dog to identify behaviors they should ignore and those that should be rewarded.

Data Collection, Follow Up, and Further Recommendations

Request that videotapes be taken over a 7 day period when the dog is left alone and submitted for assessment. Schedule an appointment 2 wk later to start active behavior modification.

Appointment 2: Treatment Plan

Avoidance

Assess the client's ability to avoid triggering the distress response in the dog.

Pharmacology

Question the client about subjective changes in behaviors the dog is exhibiting and objective changes (i.e., frequency, duration or intensity of problem behaviors, any change observed) since the last visit. Assess whether any behavioral changes should be treated with additional medications. For example, is panic a component of the problem? If yes, then a panicolytic medication (alprazolam) should be suggested.

Management

Decide whether food toys are helpful and what safe containment tactics are needed.

Behavior Modification

Teach the dog to relax using positive reinforcement steps (e.g., sit and look commands, offering a treat) in preparation for active behavior modification, including desensitization and counterconditioning to aspects of being left alone. Have the client keep a log of the dog's behaviors. As soon as the dog has acquired calm learned behaviors, a qualified person can then coach the clients and dog through desensitization and counterconditioning using a stepwise program. Ask the client to provide short videos every few days so that the healthcare team can determine if the behavioral modification is progressing satisfactorily. Client videos also provide an excellent source of continuing education for veterinary personnel.

Data Collection, Follow Up, and Further Recommendations

Rechecks performed by veterinary medical staff should occur *q* 2–4 wk until the dog's behavior is stable and *q* 3–6 mo thereafter. Electronic follow up using videotapes and behavior logs is helpful.



Veterinarians who understand that the examination experience can be stressful for their patients and who instead emphasize low-stress handling will increase their credibility with clients.

Fear and stress also affect hospitalized patients. Postoperative patients that were not fearful and stressed had fewer physiological indicators of stress, experienced fewer nosocomial infections, had faster rates of recovery, and required fewer postoperative visits.⁴⁹ Patients that underwent anesthesia were anecdotally often reported to later be more fearful or reactive, suggesting that postoperative distress behaviors may warrant medication and behavioral intervention to calm the patient. Those findings have profound implications for how hospitalized patients are cared for. Compliance and frequency of exams decline when clients believe that the inevitable result of a visit to the veterinarian is anxiety in their pets.^{48,50}

Manual restraint and forceful handling of animals in the veterinary hospital may interfere with successful case outcome. A heavy-handed approach can affect the ability to obtain accurate physical and laboratory data and may increase levels of physiological stress. Manual restraint also increases the likelihood of struggle and risk of injury to staff and patients.^{16,51,52} The physiological after-effects of physical restraint can lessen the efficacy of subsequently administered sedatives or other forms of chemical restraint. This Task Force recommends that the least stressful, most humane methods of restraint be used first, an approach that allows the patient's response to treatment and handling determine the degree and duration of pharmacologic intervention. Examples of inappropriate physical restraint include nail trims that require several people to hold the animal; blood draws

that require complete physical immobilization; “scruffing” cats that show no signs of arousal; “stretching” cats that may do better wrapped; and pinning dogs against walls or between gates, in runs, or fences for injections. All of those techniques make calm animals fearful and make fearful animals worse, less reliable in terms of safety, and less able to be calmly examined in the future. For humane, low-stress exams, less is truly more.

Benefits of Low-Stress Handling

Veterinarians who understand that the examination experience can be stressful for their patients and who instead emphasize low-stress handling will increase their credibility with clients. Using behavior-centered patient handling techniques will enhance efficiency, increase client perception of compassion, increase client retention, and vastly improve the quality of patient care. Calmer patients pose fewer risks to

themselves and human handlers. A less stressful workplace environment is best for everyone. Reducing fear in veterinary patients requires that the practice leadership make this behavior-approach a priority. The most progressive staff in the world cannot effect change if the leadership does not support it.

Tips for Reducing Patient Fear in the Veterinary Clinic

1. Reduce stress by having separate waiting areas for dogs and cats with separate air-handling systems, if possible.
2. Ensure that all dogs can have at least 1–1.5 body lengths between themselves and other dogs. Barriers can help keep animals separated.
3. Invest in nonslip floors that are back friendly and provide secure footing for dogs and cats.
4. Create a protocol for reactive patients. That may include either calling or texting clients when they can walk directly to the exam room, having the veterinarian already in the exam room, using a blind or bringing a reactive dog into the hospital through either a side or back door. Reactive dogs may do best as the first or last patient of the day. They generally do worse in a busy practice where appointment delays are common. Giving preanesthetic medication with the client present may facilitate care.
5. Move at the animal's pace. Rushing may cause delays or intractability at a later visit.

6. Teach staff to use standardized questionnaires to evaluate stress at the hospital and invest in ensuring that everyone can accurately read canine and feline normal and stress-related behaviors and body language.

Handling Anxious or Reactive Patients

The following items are suitable for creating a less stressful hospital environment for canine patients:

- Nonskid mats, rubber shelf liners, or yoga mats on horizontal surfaces.
 - Blue is a preferred color because it can be readily seen by dogs.
 - Dogs have greater control and feel safe from falling when they stand on nonslip mats, which also warm the exam table.
- Towels for wraps and bolsters. Clean towel wraps provide safe containment of limbs and heads.⁵³ They are easy to use, not offensive to owners, provide better control and surface area coverage without human contact, and may induce a sense of security and muscle relaxation.
- If the occasional patient finds being wrapped in a towel stressful, simply do not use the wrap.
 - Practice using towels and wraps on calm animals before attempting them on distressed patients.
- Treats.
 - Treats can include fish flavored snacks (e.g., dried/tinned shrimp/anchovies), flavored hair ball preparations, yeast spreads, cream cheese, cheese spreads, and shredded cooked chicken. Treats must be palatable, have an olfactory component at room temperature, and be small enough so that dogs and cats can have several without appreciable caloric intake.
 - Treats can be used for distraction, redirection, counterconditioning, and reward techniques.
 - Caution is urged for patients/handlers with food allergies (e.g., peanut butter) and for dogs that become more aggressive in the presence of any food.
- Toys.
 - Toys can be used for distraction, redirection, counterconditioning, and lowering a patient's fear and stress.
 - Toys should either be kept clean and washed between patients or sent home with the patient.
- Basket muzzles.
 - Well-fitted basket muzzles prevent bites to staff and clients that handle anxious animals. Other forms of muzzles may not prevent bites.
 - Staff members may be less fearful and use less restraint if a difficult patient is muzzled and is accustomed to the muzzle.

- Basket muzzles pose less of a health risk for dogs compared with nonbasket muzzles (e.g., vomiting), can be put on easily, and allow dogs to accept treats and drink.
- To minimize risk, dogs must be taught to voluntarily put their face into the muzzle using reward-based training.
- Muzzles can become weapons that cause injury to humans and other animals if the muzzled dog is distressed. Cautious, calm handling still applies to muzzled dogs.
- For the safety of the staff and the patient, all fractious animals under chemical restraint or sedation should wear a well-fitted basket muzzle throughout the procedure if not medically contraindicated.
- Remote controlled treat dispensers.
 - Treat dispensers can be used with techniques involving distraction, redirection, and counterconditioning and can lower fear and stress.
 - Treat dispensers located some distance from personnel will direct the dog's attention away from handlers.
 - Dogs that are aggressive in the presence of food/treats may either guard dispensing devices or become aggressive in their presence.
 - Some treat dispensers may require a specific type of treat that may not be palatable to all dogs.
- Spreadable treats and squeezable food.
 - Spreadable treats (e.g., cream cheese, spray cheeses, pâtés, yeast spreads, some tinned foods) can be delivered at a distance rather than by hand.
 - A treat can be placed on tables, walkways, long spoons, toys with long handles, or pizza boards, encouraging the



Clean towel wraps provide safe containment of limbs and heads.

- dog to move away from handler to get the treat.
- Treats can be distributed over a large area, creating a wide area of focus and interest for the patient.
- Spreadable treats can be used in distraction, redirection, counterconditioning, and to reduce fear and stress.
- Spreadable treats and squeezable foods should not be used with dogs that become reactive or aggressive around food.
- When food treats are used, veterinary personnel and clients should be screened or cautioned about possible food allergies.
- Head collars and halters.
 - Head collars and halters provide better control than standard collars, allowing the handler to turn the dog's head or close its mouth without force.
 - Head collars and halters should be well fitted.
 - Dogs must become accustomed to these devices.
 - Immediately stop using a head collar or halter if the dog feels trapped or panics.
 - Because of the risk of injury or strangulation, leads, collars, head collars, harnesses, and halters should not be left on unsupervised dogs.

The following equipment is useful for minimizing in-clinic stress for feline patients:

- Cat squeeze boxes and cat bags.⁵³
 - Intramuscular sedation of fractious cats is an ideal use for a cat squeeze box.

- Squeeze boxes may have a calming effect on a cat.
- The squeeze box allows for the application of less restraint and is best used by a skilled handler.
- Some cats may become anxious or freeze when their movement is restricted; therefore, the use of squeeze boxes or cat bags are not suitable for such cats.
- Injury to the handler or cat is still possible with cat bags.
- Box basket or carrier for cats to hide in.
 - Cats hide as a normal coping behavior in response to a stressful situation.
 - Providing feline patients with a box, basket, or carrier as a place to hide has a calming effect for many cats.

Medications for Fearful Dogs and Cats

Anxiolytic medications or sedatives can make veterinary visits less stressful for canine and feline patients. Some medications can also provide chemical restraint when needed. The following medications are suitable for administration by the owner the day before and the day of the exam: BZDs (e.g., alprazolam, midazolam, lorazepam), gabapentin, SARIs (e.g., trazodone), and clonidine. All of those medications can be used with dexmedetomidine^c (a 2A-agonist class sedative) and antipamezole^d (a 2A-antagonist reversal agent). All of those medications can be given *q* 12–24 hr or as needed for veterinary visits.

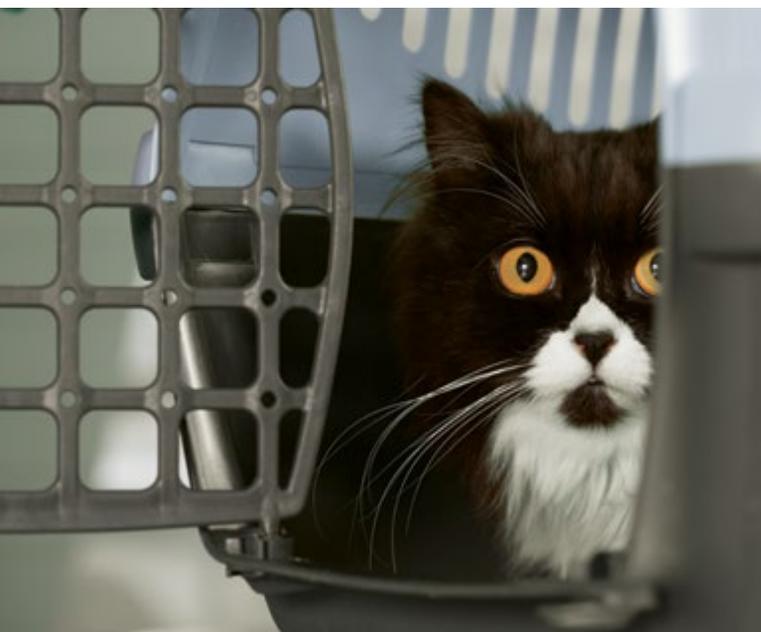
BZD dosing is highly individualized, and trial and error is needed to find the best dose for each patient. BZDs are given 1–2 hr before the exam and repeated 30 min before the exam. Whole or half-dose increments can be given to achieve optimal dosages. Most BZDs are scored and easily cut. For patients that do not take tablets well, BZDs can be made into a paste with a small amount of liquid and immediately smeared on the gums or tongue. As soon as the patient licks or swallows, the medication enters the system.

Maropitant citrate^e is approved for use in dogs and may quell nausea associated with travel to a veterinary exam. Maropitant citrate in a weight-adjusted dose can be given in tablet form 1–2 hr before an appointment. For mild sedation of cats, oral chlorpheniramine given *q* 12–24 hr or phenobarbital given 1 hr prior to travel (and repeated during travel if needed) are appropriate medications. Recommended canine and feline dosages for medications are described in detail elsewhere.¹⁴

The time to prevent difficulties in administering medication is when the patient is a puppy or kitten. All patients should be taught at an early age to take pills or liquid medications in real or placebo form.

Establishing Behavior Management as a Core Competency

Companion animal practices that develop behavior management as a core competency have taken an important step toward ensuring that their patients maintain a safe, happy relationship with their owners and live in a low-stress environment. For that effort to succeed, the



Providing feline patients with a box, basket, or carrier as a place to hide has a calming effect for many cats.



When behavior management is a core competency, the practice will value a culture of kindness toward its patients and empathy with its clients.

entire healthcare team must be committed to a scientific approach to assessing behavior and diagnosing/treating behavior problems. It is helpful to identify a champion in the practice to lead this effort, but there must be a commitment from the practice leadership to support the implementation of humane handling techniques and preventive and interventional behavioral medicine.

That effort requires a commitment to staff education. Every member of the healthcare team, including kennel workers, must be adept in reading basic animal body language and be able to spot at-risk behaviors that signal stress, fear, aggression, or withdrawal. All staff members should be knowledgeable about humane handling techniques and types of restraint and understand that restraint is a procedure in itself, not just the means to a procedure. Using that approach will mean manual restraint will be used less often and only when necessary.

When behavior management is a core competency, the practice will value a culture of kindness toward its patients and empathy with its clients. An evidence-based approach to pet behavior management is an investment in a long-term veterinarian-pet-client relationship that focuses on case outcomes rather than expediency. Humane, gentle-handling techniques help ensure that patients will experience minimal stress during an exam visit and will be manageable during the next visit.

Primary care veterinarians should not hesitate to seek specialized animal behavior expertise outside their practices when necessary. Veterinary behavioral medicine is a specialty requiring training, testing, and certification. Referring clients to a qualified veterinary behavior specialist extends the primary care practice's services to ensure the well-being of their patients.

All team members should be committed to a program of "behavior prophylaxis" whereby puppies and kittens are treated in a nonthreatening manner from their first visit. As part of that approach, team members should educate all clients about normal and abnormal pet behavior and the importance of avoiding situations that create behavioral health problems. Clients that either

rescue or breed animals should be specifically counseled about the importance of exposure and handling in the first 2 mo of life. Clients should be advised that brain and behavioral development occurs the fastest between 5 and 24 wk and that animals are not socially mature until at least 1–1.5 yr. During that 18 mo period, the practice team must act as an educational resource for the behavioral care of puppies and kittens. Because behavioral medicine is a rapidly developing field, numerous educational opportunities are available to all team members in this important practice specialty.

Conclusion

Behavioral abnormalities in dogs and cats include anxiety, stress, depression, aggression, and inappropriate elimination. Behavioral problems affect more dogs and cats than any other medical condition and are one of the most common causes of euthanasia, relinquishment, or abandonment of pets. For that reason, behavioral management of dogs and cats is now recognized as an essential component of primary companion animal practice. Each healthcare exam should include an evaluation of the pet's behavior. A basic tenet of behavioral management is that patterns of social and other behaviors, both normal and abnormal, are established early in development. Correction of problem behaviors is most effective if accomplished soon after onset, particularly if they occur during puppy or kittenhood.

Treatment of social or behavioral problems is multi-factorial. Behavior can be modified by proven techniques that can be implemented by the owner with veterinary guidance. The primary role of pharmacologic intervention in pet behavior management is to reduce anxiety and to enable patient-friendly physical handling in the clinical setting.

Practices that want to establish behavioral management as a core competency should involve each member of the healthcare team in a comprehensive approach to problematic behavior recognition, assessment, correction, and counseling. Extreme or intractable behavior problems in pet dogs and cats may fall outside the capabilities of even an experienced primary care veterinarian; therefore, referral to a veterinary behavior specialist is an important and viable option.

By developing expertise in pet behavioral management across the entire healthcare team, veterinary practices provide an added dimension of value that increases the quality of life for its patients and clients and reinforces the pet-veterinarian-client relationship for the lifetime of the patient. ■

Footnotes

- a. Clomicalm; Novartis Animal Health US, Inc., Greensboro, NC
- b. Anipryl; Zoetis, Inc., Florham Park, NJ
- c. Dexdomitor; Zoetis, Inc., Florham Park, NJ
- d. Antisedan; Zoetis, Inc., Florham Park, NJ
- e. Cerenia; Zoetis, Inc., Florham Park, NJ

Veterinarian

- Assess every patient regardless of appointment type (wellness, acute care, follow-up visits) for normal (that is, age and life-stage appropriate) behavior and behavioral problems
- Develop behavior management standard operating procedures (SOPs), including procedures for
 - Using standardized behavior assessment tools
 - Obtaining patient histories that include assessment of behavior problems
 - Conducting client education on appropriate and problem behavior in pets and intervention strategies for treating problem behaviors
 - Implementing patient-friendly handling techniques in the hospital setting to minimize stress during examinations and hospitalization
 - Using chemical restraint to facilitate examination and treatment
- Implement the practice's model behavior management protocol
- Develop a network of qualified pet trainers and animal behaviorists for case referral
- Provide staff education on
 - Effective client communication and education about pet behavior problems
 - Normal canine and feline behavior for the animal's age and life stage
 - Recognition and assessment of canine and feline behavior problems
 - Pharmacologic intervention for treatment of behavior problems and in-hospital restraint

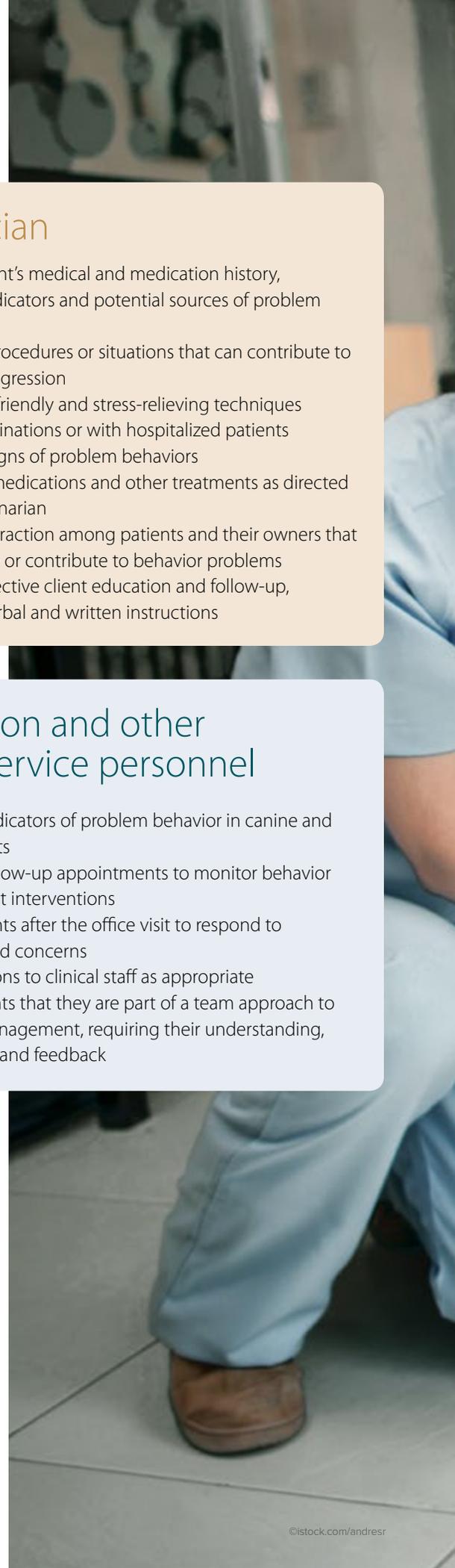


Technician

- Obtain patient's medical and medication history, including indicators and potential sources of problem behavior
- Anticipate procedures or situations that can contribute to anxiety or aggression
- Use patient-friendly and stress-relieving techniques during examinations or with hospitalized patients
- Recognize signs of problem behaviors
- Administer medications and other treatments as directed by the veterinarian
- Observe interaction among patients and their owners that may indicate or contribute to behavior problems
- Maintain effective client education and follow-up, including verbal and written instructions

Reception and other client-service personnel

- Watch for indicators of problem behavior in canine and feline patients
- Schedule follow-up appointments to monitor behavior management interventions
- Contact clients after the office visit to respond to questions and concerns
- Refer questions to clinical staff as appropriate
- Remind clients that they are part of a team approach to behavior management, requiring their understanding, compliance, and feedback





Finding Qualified Trainers to Create a Treatment Team

Qualified trainers can be valuable partners of your veterinary behavior team. That said, “training” is an unregulated field, and unskilled, poorly schooled trainers may cause harm. It is worth the effort to establish an ongoing collaborative relationship with an excellent, educated, certified, insured trainer.

While diagnosis and medical intervention remains the purview of the veterinarian, an excellent trainer can seamlessly help clients implement interventions and work with the veterinary team to provide feedback, key information, and the highest quality of care.

Trainers should have a certification in dog training from a reliable organization that has, as its foundation, the sole use of positive methods. Certification for trainers should require annual continuing education (CE), liability insurance, and testable knowledgeable in behavior and learning theory.

For groups that meet this standard see:

Certification Council for Professional Dog Trainers (CCPDT), www.ccpdt.org

International Association of Animal Behavior Consultants, www.iaabc.org

Karen Pryor Academy (KPA), www.karenpryoracademy.com/dog-trainer-program

Peaceable Paws Academies, www.peaceablepaws.com

Pet Professional Guild (PPG), www.petprofessionalguild.com

You should be able to observe classes and the techniques and style used for your patients. Classes should have a reasonable ratio of instructors to clients/dogs. For some helpful guidelines see:

http://avsabonline.org/uploads/position_statements/How_to_Choose_a_Trainer_%28AVSAB%29.pdf.

Many cases require the help of behavior specialists, and all veterinarians and trainers should become familiar with board-certified veterinary behaviorists (www.dacvb.org) in their area.



Step	Procedure	Responsibility
1	Obtain patient's history <ul style="list-style-type: none"> • Observe arriving patient for level of anxiety and tractability • Have the client complete a standardized behavioral assessment tool • Inquire about problem behaviors (change in normal behavior, development of new behaviors, inappropriate elimination, aggression, separation anxiety, noise or other phobias) • Determine complete medication (include nutritional supplements) and diet history • Update patient's medical history records 	Reception personnel (initial patient observation; provide client with behavioral assessment tool) Technician, assistant, other patient-care personnel
2	Physical examination <ul style="list-style-type: none"> • Evaluate results of standardized behavioral assessment tool • Observe patient without interaction • Observe patient response to handling and palpation • Administer pharmacologic restraint as needed for examination or diagnostic evaluation • Perform complete physical for physiologic indicators of behavioral abnormalities • Perform diagnostic testing as indicated by patient history or physical examination 	Veterinarian
3	Diagnosis of behavioral abnormalities <ul style="list-style-type: none"> • Assess patient's behavior in relation to age and life-stage norms • Evaluate patient's socialization behaviors in relation to its home environment • Identify patient-specific behavioral abnormalities and causation 	Veterinarian
4	Treatment plan for behavioral abnormalities <ul style="list-style-type: none"> • Develop integrated treatment plan that includes behavior modification, training of alternative behaviors, and medication when appropriate • Prescribe appropriate pharmacologic intervention • Recommend client-administered non-pharmacologic interventions • Refer client to qualified animal trainer or behaviorist as needed 	Veterinarian, technician, assistant, other patient-care personnel
5	Client education <ul style="list-style-type: none"> • Confirm that client recognizes the patient's inappropriate behaviors and their causation • Demonstrate handling techniques and administration of medications • Provide oral and written instructions for client-administered intervention strategies 	Veterinarian, technician, assistant, other patient-care personnel
6	Examination follow-up <ul style="list-style-type: none"> • Contact client about patient's response to treatment plan, questions, and concerns • Schedule follow-up appointment as needed 	Reception or other client-service personnel
7	Re-examination evaluation of treatment response <ul style="list-style-type: none"> • Repeat steps 1–3 	Reception personnel (initial patient observation; provide client with behavioral assessment tool) Technician, assistant, other patient-care personnel Veterinarian
8	Treatment plan modification or case resolution <ul style="list-style-type: none"> • Repeat steps 4 and 5 	Veterinarian, technician, assistant, other patient-care personnel

Client Tools: General Behavior Questionnaires for Dogs and Cats

Ask clients to complete these forms at home or in the reception area for every visit. By targeting the main areas of concern, these brief questionnaires help you direct conversations about the dog's or cat's behaviors. Ideally, a technician should review and annotate the form before the exam begins.

This tool is not a substitute for a complete history that elicits detailed contextual information and behavioral patterns. If it is used at all visits, however, patterns of behavior change can be recognized and addressed as they occur.

Download from
<http://tinyurl.com/o9xodzp>



Please tell us about your cat's behavior

Today's date: ____/____/____ Client's name: _____ Is this birth date estimated? known?
 Cat's name: _____ Cat's date of birth: ____/____/____ Cat's sex: M MC F FS Age at adoption: ____ weeks months
 Cat's breed: _____
 Is your cat: indoor only outdoor only indoor/outdoor

	Yes	No
Do you have any worries, complaints, or problems with urination in the house now?		
Do you have any worries, complaints, or problems with defecation in the house now?		

Does your cat destroy any objects or anything else by (for example, furniture, rugs, clothes, or other objects)?

Does your cat mouth, bite, suck, or nip anything or anyone?

Does your cat make any sounds that worry you?

Does your cat hiss, growl, or bite?

Have you ever worried that your cat is aggressive to people?

Have you ever worried that your cat is aggressive to other cats?

Have you ever worried that your cat is aggressive to other animals?

Has your cat ever bitten or clawed anyone, regardless of the circumstances?

Has anyone ever told you that they were afraid of your cat?

Have your cat's sleeping habits changed in any way?

Have your cat's eating habits changed in any way?

Has your cat's ability to move around or jump on the furniture changed?

Is your cat behaving in any way that worries you or about which you would like more information?

You are taking the best care of your best friend Your veterinary practice is accredited by the American Animal Hospital Association. Unlike human hospitals, veterinary practices are not required to be accredited. Your veterinary team volunteered to be evaluated on about 900 standards of veterinary excellence in order to become accredited. AAHA-accredited practices are recognized among the finest in the profession and are consistently at the forefront of advanced veterinary medicine.

Please tell us about your dog's behavior

Today's date: ____/____/____ Client's name: _____ Is this birth date estimated? known?
 Dog's name: _____ Dog's date of birth: ____/____/____ Dog's sex: M MC F FS Age at adoption: ____ weeks months
 Dog's breed: _____
 Is your dog house trained: Yes No

	Yes	No
Do you have any worries, complaints, or problems with urination in the house now?		
Do you have any worries, complaints, or problems with defecation in the house now?		
Does your dog experience periodic bouts of diarrhea?		
Does your dog destroy anything (for example, doors, windows, sofas, shoes, or other objects)?		
Does your dog mouth anything or anyone?		
Does your dog make any sounds that worry you?		
Does your dog growl, bark, snarl, or bite?		
Does your dog pull on the lead or do other things that make it hard for you to walk with a leash?		
Have you ever worried that your dog is aggressive to people?		
Have you ever worried that your dog is aggressive to other dogs?		
Have you ever worried that your dog is aggressive to animals other than dogs?		
Has your dog ever bitten anyone, regardless of the circumstances?		
Have your dog's sleeping habits changed?		
Have your dog's eating habits changed?		
Has your dog's ability to move around or jump on the bed changed?		
Has anyone ever told you that they were afraid of your dog?		
Is your dog behaving in any way that worries you or about which you would like more information?		

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For our accredited practices only.

AAHA's Resources on Behavior

These materials reflect the best judgment of their authors, which may or may not adhere to the AAHA Guidelines in every detail. It is the prerogative and responsibility of each veterinary team to determine whether these brochures best serve their practices' protocols.

Low Stress Handling, Restraint and Behavior Modification of Dogs and Cats

Sophia Yin, DVM

With 1,600 photographs and 3 hours of video clips, this is the gold standard for gentle handling, often credited with starting the movement toward a kinder, safer office visit. Distributed by AAHA Press. <http://bit.ly/1GB0vsw>

First Steps with Puppies and Kittens: A Practice-Team Approach to Behavior

Linda White

How do you do it? Get the protocols, skills, and training that empower your team to improve patients' lives while boosting your bottom line. Accompanying CD includes 45 sample handouts for clients on training principles and puppy and kitten training tips on CD. <http://bit.ly/1B9OojD>

Obesity Is a Behavior Issue!

2014 AAHA Weight Management Guidelines for Dogs and Cats and Implementation Toolkit

Common behavior issues impeding a pet's weight loss, and their solutions, are presented in Table 3 of these guidelines. Free download at <http://bit.ly/1B6sSheh>

Pet Behavior Brochures

Wayne L. Hunthausen, DVM

Gary M. Landsberg, DVM, DACVB, Dip. ECVBM-CA

Don't just tell your clients what's going on with their pets. Send them home with the information they need. AAHA's behavior brochures hit on the 18 most common problems clients face:

Basic Training: Teaching Your Puppy to Mind Its Manners

Busy Dogs Are Good Dogs

Crate Training: Creating a Canine Haven

Destructive Cats: Solving Chewing and Scratching Problems

Destructive Doggies: Solving Chewing and Digging Problems

Fearful Fido: Helping Your Dog Overcome the Fear of People

The Feisty Feline: Taming the Kitten with an Attitude

Litter Box Blues: Solving House-Soiling Problems

Noisy Canines: Solving Barking Problems

Piranha Puppies: Keeping Mouthing and Biting Under Control

Pushy Pups: Dealing with Unruly Young Dogs

Scaredy Cat: Helping Kittens and Cats with Fear

Senior Moments: Understanding Behavior Changes in Aging Pets

The Social Scene: Introducing Your Puppy to the World

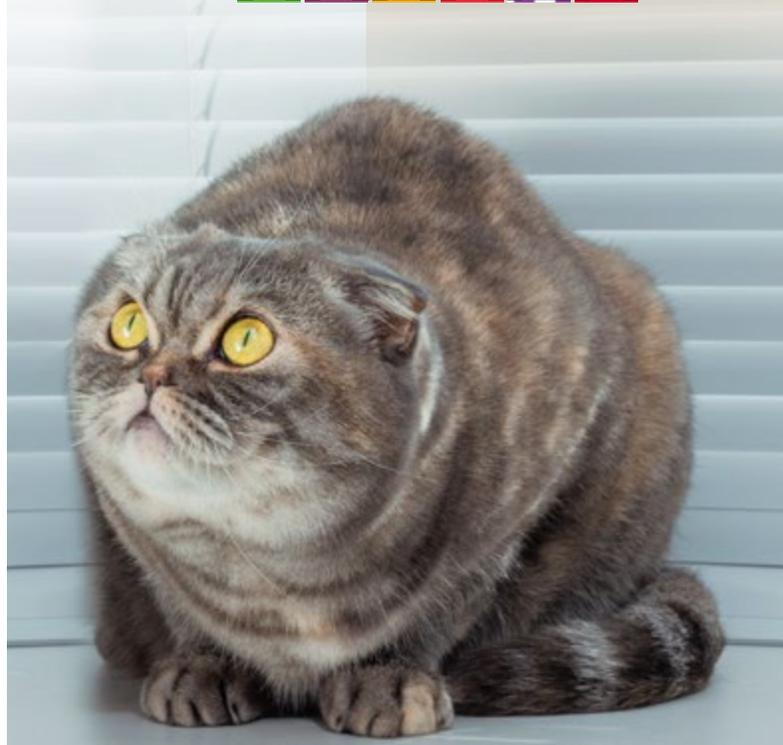
Taking the Hassle Out of Housetraining Your Kitten

Taking the Hassle Out of Housetraining Your Puppy

Fido Was First: Training Your Dog for Baby's Arrival

Home Alone: Solving Separation Anxiety Problems

Take a closer look: Get a free sample pack of all 18 brochures at <http://tinyurl.com/pgshmv6>.



This implementation toolkit was developed by the American Animal Hospital Association (AAHA) to provide information for practitioners regarding each stage of a pet's life. The information contained in this toolkit should not be construed as dictating an exclusive protocol, course of treatment, or procedure, nor is it intended to be an AAHA standard of care. This implementation toolkit is sponsored by a generous educational grant from Ceva Animal Health, Virbac Animal Health, and the AAHA Foundation.



About AAHA—

The American Animal Hospital Association is an international organization of nearly 6,000 veterinary care teams comprising more than 48,000 veterinary professionals committed to excellence in companion animal care. Established in 1933, AAHA is recognized for its leadership in the profession, its high standards for pet health care, and, most important, its accreditation of companion animal practices. For more information about AAHA, visit aaha.org.

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