## Healthcare Recommendations for Protection, Detection, Assistance, and Therapy Dogs

<table>
<thead>
<tr>
<th>Healthcare Category</th>
<th>Protection Dogs</th>
<th>Detection Dogs</th>
<th>Assistance/Therapy Dogs</th>
</tr>
</thead>
</table>
| **Preventive care** | • Dental care  
  • Core vaccines to include leptospirosis, Bordetella, CIV (in at-risk populations)  
  • Annual heartworm testing; vector-borne disease in at-risk populations  
  • Fitness and conditioning; adequate warm-up before work  
  • Annual wellness screening tests (e.g., biochemistries, fecal analysis)  
  • Flea and tick preventives  
  • Prophylactic gastropexy  
  • Leave functional dewclaws and tails intact  
  • Awareness of susceptibility (exertional and nonexertional) to heat stroke  | • Consideration that dogs may travel outside the area  
  • Additional vaccines beyond core may include respiratory complex, leptospirosis, Lyme disease, etc.  
  • Intranasal vaccines or medications may affect olfaction  
  • May need frequently updated health certificates for travel  
  • Health screenings may need to be expanded based upon unique risks (infectious disease or other exposures)  
  • Annual wellness screening tests (e.g., biochemistries, fecal analysis)  | • Standard canine preventive care based on lifestyle: vaccines, parasite (including HW), etc.  
  • Annual wellness screening tests (e.g., biochemistries, fecal analysis)  
  • May travel extensively with owner; therefore, preventive care may require a more global approach  
  • May need frequently updated health certificates for travel |
| **Behavior**        | • Be aware of and prepared to address  
  • Noise sensitivity  
  • Anxiety  
  • Environmental aversions  
  • Acclimation to husbandry practices and clinic/staff  
  • Recognition and early treatment of post-traumatic stress  
  • Implications of training methods on welfare  | • Be aware of and prepared to address  
  • High arousal  
  • Predisposition to compulsive behaviors  
  • Benefits of behavioral and environmental enrichment  | • Be aware of and prepared to address  
  • Highly trained  
  • When not in harness or vest, dog is not “working” |
| **Nutrition**       | • Body Condition Scores (ideal is 3.5–4.5 out of 9)  
  • Use of supplements as appropriate to the individual (joint, probiotics, skin)  
  • Caloric requirements and dietary assessments  
  • Need for special diets (prescription, performance)  | • Dietary flexibility should be encouraged by regularly interchanging 2–3 complete and balanced diets to support lean body condition and GI microbial diversity  
  • Use of supplements as appropriate to the individual (joint, probiotics, skin)  
  • Encourage compliance with AAHA position on raw diets  
  • Detection dogs may have different workloads that may require adjustment to protein and fat intake in order to maintain muscle condition and avoid weight gain  | • Adjust based on activity level of their job/MER  
  • Encourage compliance with AAHA position on raw diets owing to exposure of some of these dogs to immunocompromised patients |
| **Reproduction**    | • Delay desexing in both males and females until past closure of growth plates to decrease the risk of orthopedic issues later  
  • Consider leaving males intact through working life  
  • Neutering does not measurably change motivation to work  
  • Consider minimally invasive ovariectomy or OHE and combining with gastropexy  | • Delay desexing in both males and females until past closure of growth plates to decrease the risk of orthopedic issues later  
  • Brucellosis if breeding  
  • See heritable diseases  | • Puppy stages (before being in service)  
  • Discuss age of desexing based on orthopedic risks and breeding potential |

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### Healthcare Recommendations for Protection, Detection, Assistance, and Therapy Dogs

#### Common injuries
- Feet, pads, nails
- Musculoskeletal (muscle strains, DLSS, overuse/repetitive injuries)
- Ballistic wounds (gunshot, handgun); penetrating injuries (knife, impalement); blunt trauma from falls
- Dental trauma (fracture of teeth, particularly canines)
- Tail tip trauma (“happy tail”)
- Airway obstructions (e.g., inhaling ball)
- Heat injury
- Heat-related
- Bites/stings
- Toxicities
- Punctures/lacerations/trauma
- Orthopedic and musculoskeletal injuries
- Feet, pads, nails
- Blunt trauma: HBC, falls
- Burns and cuts (advise booties in inclement weather)
- Risks vary based on environment (hot, cold surfaces)
- Local dermatitis such as harness rub
- Bite wounds

#### Common diseases
- Infectious diseases (vector-borne, region-specific disease; leptospirosis)
- Gastrointestinal: diarrhea, GDV
- Ear/skin disease (atopy, environmental, food allergy)
- Upper respiratory (in at-risk kenneled populations)
- Urinary: UTIs; prostatitis
- Ocular: corneal disease (pannus), foreign bodies
- Gastrointestinal: GDV/discuss prophylactic gastropexy
- Environmental risk factors
- Orthopedic: hip/elbow dysplasia, osteoarthritis, lumbosacral disease
- Based on age, breed, lifestyle
- Early intervention and accommodation for all disease processes are encouraged
- Osteoarthritis from increased load or strain (i.e., mobility/balance)

#### Handling
- Low-stress techniques
- Premedication as appropriate
- Keep handlers with dogs
- Have handler apply cage-style muzzles
- Staying below threshold; avoid triggers
- Practice calm behaviors from veterinary team and dog-handler team
- Consider performing exams outside (do not trap dog in small area)
- Understand and identify special commands
- Keep handler and canine together as a team
- Avoid arousal
- Do not over-restrain
- Consider keeping them separate from other animals
- Should not be handled or examined while in harness or vest (working)
- Understand/identify special commands
- Presence of handler advised

#### Screening for heritable diseases
- Hip dysplasia
- LS disease
- Elbow dysplasia
- Degenerative myelopathy
- Progressive retinal atrophy (PRA)
- EIC
- CNM
- Elbow and hip dysplasia
- Ophthalmic diseases: CERF exams (PRA, etc.)
- End-of-life or end-of-career decisions may be especially difficult and require additional considerations/accommodations
- Financial limitations and responsibilities
- Dog may be a proxy for handler stress (emotions roll down the leash)
- Note training facility may have already run these
- Orthopedic, cardiac
- Breed dependent: DM, PRA, MDR1, EIC
- End-of-life or end-of-career decisions may be especially difficult and require additional considerations/accommodations
- Fatigue and burnout
- Breaks appropriate for intensity of work?
- High level of attachment to handler
- Separation anxiety

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### Healthcare Recommendations for Protection, Detection, Assistance, and Therapy Dogs

**Healthcare Category** | **Protection Dogs** | **Detection Dogs** | **Assistance/Therapy Dogs**
---|---|---|---
**First aid** | • Trauma/hemorrhage  
• Airway obstruction  
• Toxicity, field decontamination (both oral and dermal decontamination)  
• Hydration  
• Heat injury  
• Transport  
• Triage GDV  
• Assessment of vital signs and knowledge of normal values | • Hemorrhage control  
• Airway obstruction  
• Toxicity, field decontamination (both oral and dermal decontamination)  
• Heat injury  
• Hydration  
• Opioid reversal  
• Allergic reactions | • Toxicity (e.g., human medications)  
• Minor wounds  
• Bite wounds

**Triggers for retirement** | • Loss of mobility, pain  
• Loss of interest in job  
• Terminal disease  
• Inability to certify/recertify  
• Contraindications for high-stress performance: Addison’s disease, epilepsy, laryngeal paralysis, cardiac disease | • Agencies and organizations may have specific requirements and/or recommendations  
• Medical  
• Performance/behavioral | • Hearing or vision loss  
• Addison’s disease (depending on service)  
• Any severe disease that impairs the dog’s function  
• If handler cannot handle long-term treatment needed for dog  
• Loss of interest in job

**Needs of handlers** | • Communication  
• Respect for bond  
• Access to medical education and medical information regarding their dog (resources 24/7) | • Include handlers in treatment decisions  
• Full treatment plans with detailed return to work strategies/requirements  
• Evaluate need for and implement return to work fitness program | • Disability may impair ability to treat dog (e.g., eye drops)  
• Accessibility of hospital  
• Discharge letters/medications labeled such that client can get the information  
• Dog-proof the house to prevent FB

**Needs of owners** | • Financial planning  
• Communication; timely written reports  
• Utilizing “HMO” contract or insurance  
• Investment in dog, assurances; value of treatment | • Agencies or organizations may need to be involved in treatment decisions | • Usually as above (or as below)  
• Who is paying the bill?  
• Practitioners may consider offering discounts

**Needs of organizations** | • Education  
• Needs dogs that can provide the services expected of them  
• PR: media loves a good working dog story | • Agencies or organizations may need to be involved in treatment decisions | • Varies depending on organization  
• Some maintain ownership  
• Update to help in breeding for the future

**Possible exposure risk** | • Illicit drugs | • Illicit drugs  
• Human pharmaceuticals | 

*The 2021 AAHA Working, Assistance, and Therapy Dog Guidelines are available at aaha.org/workingdog.*

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting.