Low Stress Handling in the Veterinary Setting

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Current American Animal Hospital Association (AAHA), American Veterinary Medical Association (AVMA) and American Association of Feline Practitioners (AAFP) health guidelines ALL have behavioral components to them. All of the above associations advocate low stress handling and annual behavior evaluations as part of the overall annual health evaluation of the pet.

Canine Body Language:
Confident, relaxed
Threatening, defensive
Threatening, offensive

Look at ears, eyes, mouth, tail, overall posture and the presence or absence of pilo-erection.
It is important to note that almost without exception, these dogs are aggressive due to underlying FEAR.

Resources for better understanding:
Sophia Yin's Low Stress Handling, Restraint and Behavior Modification of Dogs and Cats (Book & DVD)
Brenda Aloff's Canine Body Language -A Photographic Guide (Book)
Turid Rugass- Calming Signals: What Your Dog Tells You (DVD)
Sarah Kalnajs' Am I Safe & The Language of Dogs (DVDs)

How people approach dogs:
We are primates-we move quickly, lean forward and touch
Eye contact
Direct approach
Frontal approach

How dogs approach dogs:
No direct eye contact
Indirect approach
Lateral approach

Tips:
Approach sideways-turn your body away-do NOT place fearful dogs in upper cages
Bend at knees, do not lean over; crouch down instead
Avoid eye contact
Do not reach or grab
Wait for dog to approach
Hand under muzzle, not over head
Soft voice
Toss treats
**Feline Body Language:**
Mood scoring based on head and body posture
1. relaxed-bunting, purring, at ease
2. alert
3. tense
4. anxious
5. fearful
6. terrified-“Halloween Cat”

Look at ears, eyes, mouth, tail, overall posture and the presence or absence of pilo-erection.
Vocalization (growling, yowling, and plaintive meowing) will begin as the cat becomes tense and progress to spitting and shrieking as the cat becomes terrified. Eyes are an important feature in cats; dilation of the pupils begins to occur as cats become tense. Ears are also an important clue with flattening occurring as the cat becomes anxious.
It is important to note that almost without exception, these cats are aggressive due to underlying FEAR.
You may also see defensive or pain related aggression. Confident aggression is not seen in a veterinary environment.

Resources for better understanding:
Sophia Yin's Low Stress Handling, Restraint and Behavior Modification of Dogs and Cats (Book & DVD)
CATalyst Council online
American Association of Feline Practitioners Behavior Guidelines
Not nearly as many resources available for cats!

How people approach cats:
We are primates—we move quickly, lean forward and grab. Because cats are small, everyone wants to pick them up and hold them. Many cats despise this.
Eye contact
Direct approach
Frontal approach

How cats approach cats:
No direct eye contact
Indirect approach
Lateral approach
Parallel activities
Like to have a safety zone (stay in carrier hide under towel)

Tips:
Approach sideways-turn your body away
Bend at knees, do not lean over; crouch down instead
Avoid eye contact
Do not reach or grab
Wait for cat to approach
Fist offered to side of face
Soft voice
Offer especially tempting treats (Nutrical, turkey baby food, small bits of ham, turkey, beef)
Handling and Restraint—How to make it LOW STRESS?

Look at the following:
1. Environment
2. Restraint
3. Safe tools
4. Desensitization and counter-conditioning (DS/CC)

Environment
Have the receptionist run interference
Before the appointment, have receptionist remind clients not to feed pet prior to visit and to bring pet’s favorite treats
Schedule and encourage "happy visits"
Feliway and DAP diffusers in exam rooms
Advise owners about appropriate carriers and help with carrier training

Examples—separate day/time for cats, problem dogs scheduled for end of day, all cats in carriers, provide handout/training on how to get cats to go in carrier, info on best carrier to use, high shelves for carriers, keep dogs and cats separated, all dogs appropriately leashed, basket muzzles for problem dogs, bring reactive dogs directly into exam room, have client call ahead, have client wait in car for an escort, bring through back entrance or side door, keep clinic mascot animals away!, etc.

Manage the environment—clean environment, soft lighting, and minimal noise, hide boxes, soft music, low volume or minimal conversation, minimal handling, adequate padding, non-slip surfaces, limit direct visual contact between animals, separate predators and prey (dogs and cats), etc.

Restraint
Wait until pet is relaxed and taking treats before proceeding
If more restraint is needed, provide support and don’t flail
Keep control of the head
No slamming or excessive force (slow, steady, calm and quiet)
If restraint is not working (3-5 seconds) and 2-3 attempts, use handling tools before pet becomes excessively agitated
Keep your face and hands out of the way (no reaching, petting or kissing)
If the situation is escalating (pet more aroused) STOP
If it is not a critical procedure, send home with instructions and a behavior management plan
If it is a critical procedure, use chemical restraint

Chemical restraint
Grossly under used—no single protocol works best; determined by age, species and health status.
Options include trazodone, gabapentin, benzodiazepines, OTM alpha agonists

Tools
Muzzles
Towels
Calming cap
Squeeze chute or cage
Desensitization and Counter-conditioning (DS/CC)

Desensitization (DS)
Desensitize by scheduling "happy visits" or "weigh ins"
Pet drops by and nothing bad happens. Can pair this with CC.
Must work "below threshold" for this to be effective (no signs of anxiety-pet should be readily eating and accepting treats).

Counter-conditioning (CC)
Many pets have been conditioned to be afraid of the veterinary hospital. Bad things always happen there. This is classical conditioning, a "gut" response. Animals have no control over this fear.
CC changes a negative association to a positive one. In this case pairing good things (yummy treats) to the veterinary setting. "Whenever the technician comes, I get great stuff!"
Counter-conditioning is achieved through food as food elicits a positive response (think chocolate or ice cream for most people).
Aren't I rewarding bad behavior? NO, remember, this is an involuntary response ("gut reaction") not a voluntary one ("sit!"). You are changing the emotional response so that a specific situation (vet clinic) is now associated with good things (great food).
You are using food to reduce fear thereby reducing aggression.
Food should be used for all patients whenever possible (some patients will be NPO). We want a vet visit to be a favorable association for every pet who comes through our doors. Who among is us not at least slightly stressed when we visit a health care provider (white coat syndrome in people)?
If feasible, we want each and every experience to be positive.

Fear Free Initiative and Certification: https://fearfreepets.com/