INTEGRATING BEHAVIOR PRODUCTS AND SERVICES IN PRACTICE
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Offering behavior services and products to today’s pet owners helps to promote the human-animal bond and can help bond clients to your practice. Keeping these patients alive and stressing prevention of behavior problems not only promotes responsible pet ownership, but provides for more cooperative patients, more knowledgeable owners, extra practice income and potentially a higher profile for your community. Behavior services can be provided by veterinarians, technicians and/or trainer on staff, be available through resources listed at the hospital, be available at local sites that pet owners are directed to from the hospital, or a combination of these. All practices can incorporate some behavior products and services at some level and technicians and receptionists in particular, should have an understanding of normal and abnormal pet behavior. Five levels of behavior services will be outlined today to include basic, interactive, advanced, interventional and consulting/counseling. We will broaden and define these as they relate to how your practice can assist owners and their pets.

PREVENTING RELINQUISHMENT OF PETS
- 4 million dogs relinquished to shelters annually
- 2 million dogs euthanized at shelters in the USA annually
- 4 to 6 million cats euthanized at shelters in the USA annually
- 15% dogs change home annually
- Behavioral problems a common reason for relinquishment

FACTORS IN RELINQUISHMENT OF PETS
- Usually young (less than 6 months)
- Intact
- Kept in crates, basement, garage or outdoors
- Behavioral problems
- First time owners and impulse buys of pets were more likely to keep their pet

VETERINARIAN CARE AN IMPORTANT FACTOR IN KEEPING PET
- Pets that go to a veterinarian at least yearly were less likely to be surrendered

REASONS BEHAVIOR IMPORTANT IN VET PRACTICE
- Prevent relinquishment to shelters
- Estimates of $17,000 lost income annually in vet practice due to relinquishment
- Puppy/kitten problem prevention
- Increase owner-pet bond and owner bond to your practice

BEHAVIOR IN VETERINARY PRACTICE
- Veterinarians usually not comfortable in ability to treat behavior problems
- More likely to refer behaviors to trainers or obedience classes
- Behavioral services account for less than 1% of visits to the vet
- Few veterinarians routinely discuss behavior routinely to clients
- Concern about time it takes to address behavior problems
**Basic Behavior Services**

A variety of normal kitten and puppy behaviors may clash with human lifestyles and possessions. The new pet owner is not always aware of this fact. The puppy that urinates in the corner of the dining room, digs up the garden, chews on furniture, barks and wakes up the infant each time the mailman arrives can all strain a family’s tolerance. The kitten that climbs the drapes and suckles on earlobes at 1 am in the morning may become progressively less cute to particular family members.

Resources should be available to clients during their initial visits to help create an awareness of their new family member and what they can expect from their household companion. This can be as simple as providing a list of books known to be in the local library or stocked at area bookstores. A book store sponsor of a Puppy PreSchool provided discounts on our suggested book titles and would take both phone and walk in orders. Some hospitals set up their own lending library, within their practice, for their clients and breeders. A variety of handouts and brochures are available for clients that are brief and designed to be distributed by veterinary hospitals. Many are free from pet food companies like Hills Pet Products, Alpo Publications and Quaker Professional Services. Other specific brochures can be purchased for a nominal fee from animal focused organizations. Some excellent handouts on behavior are available through AAHA. Others have been developed by the Humane Society of the United States, The Cat Fancier’s Association, the American Humane Association, Pets are Wonderful Support and Cornell’s Feline Health Center. Technology now permits some of these to “come alive” in your hospital through your hospital and Hills partnership with touch screens is available to those interested in this client education opportunity. While handouts can be specifically designed by a practice to address a topic or issue, reprints from veterinary, trade journals or pet magazines that share your practice philosophy can help you avoid reinventing the wheel.

Commercial handouts are available on hard copy or disc through both LifeLearn and American Veterinary Publishing’s *Information for Veterinary Clients* series. Karen Overall’s book through Mosby is entitled *Clinical Behavioral Medicine for Small Animals* and has very thorough appendices that can take an owner through new pet introductions or what a behavior protocol might look like day by day. Audio, video and other types of electronic media are available through Perfect Paws in San Francisco as well as a growing number of individual vendors. Nestle Purina foods has several behavior videos for dogs owners. These videos can be integrated into the waiting room or set up in a video lending library with your hospital text resources so clients may check out a wide variety of materials.

Each practice tends to develop its own policy on retail sales. Products will be discussed in another presentation later today, but it is still worth it to have practice receptionists and staff comfortable with products that are useful for training pets, especially those pets who will be an indoor family member. Since collars, harnesses and leashes are not standard in every pet owning household, it is important to add the microchip/permanent ID dimension to our wellness discussions with new pets. Even in communities where this is not yet legally required, the recent natural disasters have proven how important animal ID is, not only to reunite them with their pet owner, but also to ensure that animals can be tracked and traced if necessary. It is important to scan pets for at least 30 seconds when examining new adoptees to avoid missing a chip with a quick wand wave. Most of the items we’ve discussed are critical to ensuring a well-behaved pet that will integrate into the family. It is quite easy at this point to make the transition in your clinic to the next level – interactive.
Interactive Behavior Services

Behavior problems and incompatibilities remain the leading cause of loss of pets from families today. It is important we take on the role of pet counselor rather than just a pet clerk, during both wellness and problem visits. Each new client is a project the practice takes on, not just another animal filling a scheduled slot. By being a spokesperson for the best interest of the pet, you will provide high quality pet care, show concern and compassion for your patients, and benefit economically.

Consider taking the time to not only establish a checklist for each visit, but make a one page handout for you new pet owners that breaks down services and products into three categories. Each practice can determine which products it will provide and where you will direct
them for other items. A “REQUIRED” list has those items and services that all kittens need and might include Rabies vaccine, deworming medications, a pet carrier, food and water bowls and a litter box. The “RECOMMENDED” list might include those items you feel strongly about and which help promote a healthy pet and strong bond. For a puppy, these could include flea prevention, odor elimination products, nail trimmers and puppy training classes. An “OPTIONAL” list has those other services and products some clients like to know you provide or can direct them to. This list may include boarding or grooming services, bark collars, and problem behavior services. It is important that staff members are knowledgeable about the items on these lists and can respond to a client’s inquiries and questions.

**STAFF EDUCATION – LEARNING PRINCIPLES**
- Classical conditioning
- Operant conditioning
- Desensitization and Counter-conditioning
- Response substitution

**PUPPY DEVELOPMENT**

**Fear period (8 to 10 weeks)**
- Traumatic experience at this time can cause fear retention for the rest of their life
- Not recommended to ship a puppy from breeder to new owner at this time
- First vet visit

**Juvenile period (4 month to 6 months)**
- Rapid physical development and becomes more excitable and independent
- Difficult time to train young dog especially if basics have not been established

**Second fear period? (Between 4 months to 12 months. Lasts about 3 weeks)**
- Not well defined
- Dog becomes more skittish and varies with breed and individual

**KITTEN DEVELOPMENT**

**Late socialization (9 to 16 weeks)**
- Social play peaks and social conflict over status could start
- Explores environment and climbs more vigorously

**Adolescence (17 weeks to a year)**
- Sexual maturity, spraying may occur
- Social play lessens, dispersion aggression may occur

**STAFF EDUCATION – BODY LANGUAGE**
- Confident pet
  - Ears up
  - Tail up
  - Forward body posture
  - Relaxed body posture
- Fear/Deferential/ Conflict behaviors
  - Ears down, tail down
  - Lowered body posture
  - Stiff body posture
  - Averted gaze, vigilance and scanning
  - Licking lips, yawning, coat shake
- Panting, pacing, whining
- Mounting
- Urinating, defecating and expressing anal sacs
- Snarl/growl with only incisors and canine showing (offensive)
- Snarl/growl with horizontal draw back of lips and all teeth exposed (defensive)

**RESISTANT TO HANDLING/AGGRESSIVE ANIMAL IN CLINIC**
- Usually fear based – body language
- Counter-conditioning (lots of variety of treats in clinic)
- Desensitization (go slow) – Take a few minutes
- Response substitution
- Minimal vs strong restraint. If you are wrestling with the animal then you need to stop both for pet and staff’s sake
- Floor vs exam table
- With owner vs away from owner
- Have owner bring in fecal samples
- Armpit temperature vs rectal
- Time of day for appointment
- Feliway, DAP
- Towel slipped between cat carrier top and bottom
- Muzzle training
- Chemical Restraint

**Advanced Behavior Services**

Very few veterinarians after graduation were able to perform hip replacement, back surgery or advanced chemotherapy protocols. The two year old dog that has just bitten an 8-year old child on the face may not be the behavior case to start with. “Do no harm” applies as with any medical or surgical case and practices should not hesitate to refer difficult cases and situations. It is important as well to not advance misconceptions or therapies that worked “once before”. Readings in the psychology fields, various journal and newer behavior texts, CE seminars and membership in behavior associations will help out tremendously. Develop or utilize a behavior history form that can be completed prior to a consultation so the practice is prepared in advance. The AAHA text, *A Practitioner’s Guide to Pet Behavior Problems* by Drs. Gary Landsberg and Wayne Hunthausen is an excellent resource and has a very helpful Supplement.

Establishing blocks within your schedule for behavior exam/consults is our recommended step to integrate problem behavior management into your practice. Avoid the tendency to handle problem behavior cases during routine exam visits unless you have the time to do it properly. A little bit of information like “Lock him up in the bathroom with an extra litter box including clumping litter. Give us a call next week if there are still problems…” may cause more harm than good. This will lessen the recommendations you make after you get a full history later on (if they ever do call back!). If the free information that works most times didn’t work, why come back and pay for more information that may turn out just as “helpful”.

Separate time slots provide a location for receptionists to place these phone calls as well as schedule rechecks appointments when behavior concerns come up during a routine exam. Many practices schedule these appointments at the end of a scheduling block or the end of the day. True behavior emergencies are rare so scheduling is not usually too bad. It is important to get
the appointment scheduled while the owner is concerned and proactive since they may not be as focused or devoted if the appointment is put off too long. Practices just getting into behavior counseling can probably start with a time slot once a week and see what happens from there. Utilizing a technician and an advance history form are the most common ways to implement this successfully from both a time and efficiency standpoint. Dedicated owners often will be happy to complete a large history form but it may be advantageous in many cases to have a technician work through the form, answering the questions either via phone or in person. This is less disconnected and allows for more immediate clarification of owner concerns and actual events. Use the owner’s words in short answer formats when ever possible. It is also important to be aware how the informant is interacting with the pet. A breeder, service dog owner, new teenage driver, DINK or roommates all provide different levels of information on the pet. It is usually helpful to have the primary individual with the behavior concern relate their concerns but other elements of the history may require the pet’s primary care provider. Diagnostically, it is most helpful for me to break down the history into three parts.

The first part includes the client’s chief complaint and current history of the problems. Duration, frequency and progression are important, whether it is a medical or behavior problem. Duration will include onset of the problem and a time frame as to its development. It is important to know if the pet has always demonstrated these behaviors or at what developmental age they first arose. Frequency should be specified per unit time rather than as “often” or “occasionally”. Situational occurrence is very important and correlations should be explored. Time of day and presence of owner are some of the most important situations to be examined. Progression is a pretty straightforward multiple-choice option but some behaviors may have a waxing and waning or seasonal progression. As discussed above, the level of involvement of the owner will qualify your data. It is not unusual for tolerance among family members to vary significantly and you may get several points of view. Since it is usually the family unit we are working with, family issues are often raised and may be key factors in treatment protocols available as well as prognosis. Even if this data is obtained early in the history, I prefer to place it in the environmental history section to keep organized.

Obtain the past medical history next. These are more factual accounts of veterinary exams and procedures, including neutering. Current and previous medications need to be ascertained as well as past medical concerns. Therapy considerations are dependent upon ruling out any medical concerns as well as being aware of any concomitant disorders. It is especially important to determine drug dosages and therapeutic trial lengths as well as determine the efficacy of any previous or current therapeutic trials.

The third objective is to obtain an environmental history. This begins with when the pet was acquired as well as information on its parents and background prior to the current owner. It is helpful to know how its early training went and to know if it ever learned any basic commands. Consider having an owner demonstrate commands the pet knows at this point. Whether the dog is progressing or regressing in following owner commands is helpful to know and guides therapy options. It is helpful to document feeding, elimination, and exercise routines at this point. Other environmental history related to past behaviors, training programs or behaviors directed to individuals could be included in the pet’s environmental history section.

Many history forms are available through various resources to act as a guide to help direct either the owner or technician through the information gathering process. Supplemental
forms are helpful to direct specific questions related to specific problems like aggression, elimination and repetitive disorders. While baseline medical and environmental history data will be necessary for each case, unique information is usually desirable based on the primary complaint. Unlike most medical cases where the physical exam has a tremendous impact on narrowing down the differential list, many behavioral cases require a directed questionnaire to rule in or out specific behavioral diagnoses. Without understanding the possible diagnoses, it becomes difficult to comfortably rule out each behavioral rule out. The more a technician begins to understand the objectives of the questionnaire, the more benefit there will be to the client and practitioner.

Some brief comments related to compliance and ways to improve the communications challenges particularly when technicians or new graduates are involved. Recognize that few people will be assertive enough to truly ask questions when they are overwhelmed or feel it may make them sound stupid. Especially avoid attempts at sincerity that result in even more patronizing of the clients (“I know we’ve talked about a lot today so please don’t hesitate to ask questions if you have any…equals… “I know you are really stupid and I’m not). Other common patronizing terms that will shut down communications, esp. with persons older and used to being in charge in their business or home environment include “just give these… and … all you have to do…) It is usually best to shoulder the burden of communication yourself (“Have I been clear enough today?…) which leaves the door wide open for pet owners to ask you to better explain the condition or your treatment program. Always attempt to set the client up to succeed rather than to fail and give them an out by relating difficulty in compliance to the pet, not the owner. This holds true for caring follow up phone calls when we are assessing compliance, always blaming the pet for compliance problems rather than implying the owner is incompetent. This also holds true for status exams when a client follows up with their pet and is frustrated because they aren’t seeing improvement when they are following our treatment plan.

BEHAVIORAL CONSULTS IN YOUR PRACTICE
- Decide what type of cases you are comfortable with and which ones you would refer
- Questionnaires – should include questions about the pet’s background, environment and management. Questionnaire samples in following resources.
  - Handbook of Behavior Problems of the Dog and Cat by Landsberg, Hunthausen and Ackerman
  - Clinical Behavioral Medicine for Small Animals by Overall
  - Behavioral Profile
  - Description of behavioral problem. Have owner describe a couple recent incidents and also describe when the behavior first started. Try to get body language description from owner, where it happened, who was present, when it happened, triggers and how did people react and what did the pet do afterward
  - Have owner bring in video of behavior. Do not encourage actual video of aggression but video of day to day interactions. Helpful for separation anxiety to record what pet does when owner is gone.
  - Have owner bring in treats, favorite toys and training tools.
  - Written instructions and handouts
  - Utilize your technicians
    - General history
    - Go over behavioral modification recommendations
  - Charge for your time. Initial behavior consult should be 1.5 to 2 hours. Follow ups should be about an hour.
Pet Selection Counseling

Pet selection counseling is still a newer service that few practices have implemented. The goal is to help current or future pet owners add a pet to their home. This can entail selection of the proper species for the family, lifestyle, home size and economic situation. A technician with this niche can help guide them towards a decision on narrowing their options on a specific breed of cat or dog within a chosen species. The AVMA pamphlet “A Veterinarian’s Way of Selecting a Proper Pet” comes complete with a history form and outline that serves as a great starting framework. The Canadian VMA also has a publication “A Commonsense Guide to Selecting a Dog or a Cat” and is also quite helpful and can help owners become more knowledgeable prior to a purchase-commitment. This consultation can be quite helpful to sort through the information an educated client may bring you from various resources including books, magazines, and the web. New pet owners can be directed to rescue groups and humane societies with want lists once they identify a specific breed or size of dog or cat. Working with breed rescue groups may permit a “trial run” as the family serves as a foster home for a specified timeframe. Shelters benefit from the free short term housing while the family had a chance to “test drive” the new addition and evaluate the interaction with the full family unit.

As a profession, we have been remiss in our appreciation of pet abuse. Unfortunately, we are notoriously undereducated in this arena. Expanding information continues to demonstrate pet abuse if often a precursor, if not coincidental to spousal or child abuse. Communities are now looking into requiring veterinarians and technicians to report potential abuse to humane authorities, as is required of physicians and teachers related to children. Sources of funding for investigation and enforcement efforts are still unresolved in most communities however.

Interventional Behavior Services

Intervention is one of our primary points of emphasis since these are existing clients within a practice, pets that may be lost to the family and practice if we don’t intervene. At the basic level, taking a thorough history regarding the pet and family becomes as valuable as performing a thorough physical exam. Detecting a heart murmur or becoming aware of separation anxiety may save the dog’s life.

At the basic level of intervention is promoting puppy preschools prior to 14 weeks of age so the pup learns social skills and how to function in human society and with the new family. These classes, if held in your lobby or clinic exam room, help bond clients and their puppies to your practice. Puppies love coming to the hospital for their social hour, treats, and lots of attention. Other intervention services can help keep cats and dogs alive. Medical inappropriate urinations in a cat should prompt use of odor elimination products and guidance on litter box use so that a learned aversion doesn’t develop. Traumatic wounds inflicted by a housemate will need a consultation time to delineate competitive, redirected or protective aggression components and their management. Self trauma can result from panic attacks or compulsive disorders and these often benefit from medications that may minimize recurrence. Enterotomies to remove foreign objects should include follow up on pica and consideration of a therapeutic trial on serotonin reuptake inhibitors if a compulsive disorder is suspected.
While it is easy for us to talk to owners at their adult or mature pet’s annual wellness exam about vaccinations, parasite control and screening tests, we need to become more comfortable asking about behavior development, dentistry, nutrition and genetic concerns. Integrating this questioning into your standard history taking will allow you to better understand what normal behaviors to expect, create client awareness of all the professional services your hospital provides, and allow you to intervene earlier in the course of a behavior problem than a client might initially have chosen. We routinely ask owners of 3-month old dogs how their housebreaking is proceeding and ask that of all pet owners, regardless of age. Knowing that elimination problems are the leading behavior reason stated for give-ups of both cats and dogs; this is the MOST important question that can be asked related to a pet’s wellness and future lifestyle. Few cats that eliminate outside the box will continue to enjoy their preferred status as indoor-only cats with full run of the house. Dogs who bark incessantly at the slightest noise are likely to neither be permitted time in family or living areas nor be accepted near the napping children. Specific confinement or outdoor lifestyles for dogs and cats are often “earned” by necessity in the eyes of the pet owner rather than predetermined based on individual beliefs or value systems. Owner and pet lifestyles determine the wellness recommendations we will make and many are open for improvement if we investigate the underlying pet owner concerns or frustrations. Social maturity occurs in cats around a year of age and in dogs between 18 and 36 months. In dogs especially, dominance challenges will often result in family conflicts or concerns. As addressed earlier, verbal control of dogs with the sit-stay or down-stay command is the best way to respond to verbal and visual challenges (growls and snarls), rather than put an owner at physical risk. Owners who really have a need to “do something” to a dog should utilize the army mentality of ordering pushups. When you ask your dog to “give you twenty” you should direct him, or her, to sit then down then sit then down, etc. This can allow an owner to vent without physically beating or abusing the dog.

A technician often is the first individual to begin gathering medical and behavioral information from a client. Documentation of feeding protocols can give insight into family dynamics as well as assist in judging owner awareness of nutrition, obesity, and exercise levels. Inadequate exercise has been suggested as a leading contributor to behavior problems in dogs. When you are treading on sensitive ground, especially with overweight or inactive pet owners, we often will begin by assuming an optimistic outlook and letting them correct me. An example might include “When you run with your dog or walk around the block, does he ever limp, cough or seem unable to keep up with you?” They may answer “We haven’t noticed any problems. We have a fenced-in back yard where he plays with the neighbor’s dog every once in a while.” Related to calorie consumption, I may ask, “When she gets treats or table food, do you notice any problems with loose stools or vomiting?” They may answer “She gets a treat anytime she comes in from outside or ‘does her business’ and doesn’t have any problems with them. We don’t feed her people food.” We can gain the information we need in this manner without putting an owner on the spot or making them feel guilty through too many directed questions.
**PUPPY BEHAVIOR/PROBLEM PREVENTION**
- House-training
- Crate-training
- Destructive Chewing
- Play Biting
- Food bowl
- Socialization
- The Ultimate Puppy toolkit by Premier
- Fearful/Aggressive puppy
- Fear period
- Desensitize and counter-conditioning
- Puppy classes

**KITTEN BEHAVIOR/PROBLEM PREVENTION**
- Litter box training
- Scratching/trimming nails/declaw
- Play biting
- Investigative behaviors
- Socialization
- Kitten classes

**ANNUAL CARE-CANINE**
- Behaviors commonly reported by owners include jumping up, barking, begging for food, jumping on furniture, digging, chewing, fear of noises, overprotective behavior (family/property), escapes from yard
- Common problems seen at referral practices are aggression, inappropriate elimination, destructive behavior, excitability/unruliness, barking, fears and phobias, excessive submission, compulsive and stereotypic behaviors
- Problems leading to increased risk for relinquishment are aggression to pets or people, barking, destructive behavior, inappropriate elimination, excitability/unruliness
- Problems leading to shelter surrender are hyperactivity, inappropriate elimination, biting, chewing, fearful, barking

**ANNUAL CARE- FELINE**
- Behaviors commonly reported by owners include inappropriate elimination, anxiety, scratching furniture, aggression, feeding problems
- Common problems seen at referral practices are inappropriate elimination, aggression, compulsive disorder, vocalization, wool eating, fear, separation anxiety
- Problems leading to increased risk for relinquishment are inappropriate elimination, aggression and scratching
- Problems leading to shelter surrender include inappropriate elimination, fearfulness, scratching, not a lap cat