

Disputanta Animal Hospital
Doggie Daycare
GENERAL INFORMATION AND POLICIES

The purpose of Disputanta Animal Hospital's Doggie Daycare is to provide a safe, fun and stimulating social environment for dogs during weekday business hours. To ensure the safety and health of your pet and our other guests, we require all guests to comply with the following rules and regulations:

SEX: All dogs 6 months or older must be spayed or neutered.

VACCINATIONS / PREVENTATIVES: All dogs must have up-to-date vaccinations. Owners must submit written proof of DHLPP (distemper), Bordetella, Canine Influenza, Rabies, and a Fecal (bi-annual). Pet must be on a monthly flea preventative and on monthly heartworm prevention.

HEALTH: All dogs must be in good health. Owners will certify their dog(s) are in good health and have not been ill with a communicable condition in the last 30 days, such as kennel cough, papilloma virus, etc. Upon admission, all dogs must be free from any condition which could potentially jeopardize other guests. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted.

BEHAVIOR: All dogs must be non-aggressive and not food or toy protective. Owners will certify their dogs have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember: your pet will be spending time with other pets and the safety and health of all animals is our main concern.

APPLICATION: All dogs must have a complete, up-to-date and approved application on file. There is a one-time, \$25.00 non-refundable application fee for each pet which includes the application fee, the behavior assessment and your first day of daycare.

FEES: Fees are based on a pass plan.

	<u>1st Pet</u>	<u>Additional Pet</u>
Monthly pass (20-21 days):	\$220 (\$11/day)	\$180 (\$9/day)
12 days/month (12 days):	\$168 (\$14/day)	\$120 (\$10/day)

-- All daycare package plans must be paid in advance and within the 1st **5 days** of the month. You may set up an automatic payment schedule to be applied to a credit/debit card.

HOURS OF OPERATION:

Mon – Thurs	7:00 am – 6 pm	Daycare pick-up closes at 6:00 pm.
Friday	7:00 am – 4:30 pm	Daycare pick-up closes at 5:00 pm.

--Doggie Daycare is not an overnight facility. If you are unable to pick-up by 6 pm M – TH and by 5 pm Friday, a courtesy call would be appreciated before 4:45 pm so we can prepare your pet for overnight boarding for which you will be charged and you can pick-up your pet the following day. The rate for late pick-up is 50¢ per min / \$30.00 hour.

Health and Safety

PLAY GROUPING: The dogs attending daycare are placed in play groups with other dogs of similar size and temperament. The dogs are closely supervised throughout their stay to ensure they are playing nicely, getting plenty of exercise, have their own exploring time, socialization and are not destroying their toys. However, be advised that some dogs play rough, and accidents do sometimes occur.

NAP TIME: All dogs take a nap from 11 am – 1 pm. During this time, they are able to rest. At 1 pm pets will resume their playtime activities until their owners pick them up in the afternoon.

SPECIALIZED DAYCARE: While we make every effort to let your pet play with other dogs, some pets do better by themselves. For those pets requiring “specialized daycare”, they will receive a minimum of three periods of one-on-one playtime with staff members during the day. We will also work with those dogs that require special care due to age, agility, or interest to ensure they enjoy their stay, and are kept comfortable. Additional charges will be applied for dogs requiring individual care.

FIGHTING: Every effort will be made to ensure that everyone gets along and plays nicely. Unfortunately, dogs will disagree with each other and a fight might happen. When a dog fight occurs, the dogs involved in the fight are separated and checked to ensure they are not injured. If it is necessary to have a doctor examine the pet, the doctor will do so at no charge. The owner of the pet initiating the fight will be responsible for the cost of the treatment, antibiotics, pain medicine and/or suture if needed for both pets. If the fight is mutual, the owners of each dog will be responsible for their own pet’s treatment and medications. While these fights are very infrequent, they can, and do, occur. If your pet becomes more aggressive and is unable to get along with the other dogs, we may have to suspend or terminate their attendance in doggie day care for the safety all.

INJURIES: If your pet has a minor injury during their visit with us during the day, the staff will ensure they are checked. If it is a minor cut or scrape, we will take care of the pet and let them continue to play. The owner will be notified when they pick up the dog, unless the doctor feels the owner should be notified immediately.

CONTAGIOUS ILLNESS: If your pet is diagnosed with a disease or condition that is considered contagious, the Veterinarian will determine when the pet can return to daycare.

OTHER PROBLEMS: Dogs that seem to be lethargic, are not acting themselves, have diarrhea or are vomiting while in daycare, they will be separated and monitored. The veterinarian will be notified to assess the pet. The owner will be informed after the initial exam to discuss possible treatment options or suggestions.

DISPUTANTA ANIMAL HOSPITAL
8401 County Drive
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Canine Infectious Tracheobronchitis (Kennel Cough)

Lynn F. Guptill, DVM, PhD, DACVIM (Small Animal)

BASIC INFORMATION

Description

Canine infectious tracheobronchitis (ITB), also known as *kennel cough*, results from infection of the respiratory tract with one or more viruses and bacteria. It is highly contagious.

Causes

The most common causes include canine parainfluenza virus, canine adenovirus 2, canine influenza virus, and bacteria such as *Bordetella bronchiseptica* and *Mycoplasma* species. ITB may develop from a single agent, or it may be a mixed infection. Common mixed infections involve *B. bronchiseptica*, canine parainfluenza virus, and/or canine adenovirus 2.

Viruses and *B. bronchiseptica* are spread through the air via close contact or by fomites (contaminated inanimate objects). Direct contact with infected secretions is the most common way that ITB spreads from dog to dog. Clinical disease often follows exposure to other infected dogs at kennels, dog parks, and dog shows.

Clinical Signs

The most common sign is coughing that often comes in spasms. The cough may be dry and hacking ("goose honk") or productive (gagging or coughing up secretions). These signs are sometimes mistaken for something caught in the dog's throat. Coughing episodes may be triggered by excitement, activity, or pressure on the neck (such as pulling against a collar).

Pneumonia and other generalized signs (nasal discharge, fever, decreased appetite, respiratory difficulty) may occur with complicated or serious infections. Unvaccinated and young dogs are most susceptible to complicated ITB. Secondary bacterial infections may also lead to bronchopneumonia.

Diagnostic Tests

Classic clinical signs and a history of recent exposure to other dogs are suggestive of ITB. Routine laboratory tests, such as a complete blood cell count and biochemistry profile, are often normal unless pneumonia or other complications are present. Chest x-rays may be recommended if pneumonia is suspected.

Special procedures, such as a tracheal wash (collecting fluid from the airway through a catheter inserted into the windpipe) or bronchoscopy (examination of the airway through a fiberoptic viewing scope), may be needed in complicated ITB cases or in dogs with pneumonia. Collected fluids are usually analyzed microscopically and submitted for bacterial culture and antibiotic susceptibility testing. Tests for antibodies in the blood and cultures for viruses may be done in some cases but are not often needed.

TREATMENT AND FOLLOW-UP

Treatment Options

Treatment for uncomplicated ITB is mainly supportive and involves administration of cough-suppressant medications. Cough suppressants are not recommended if the cough is productive or if pneumonia is present. Increasing the humidity in the environment can ease breathing and loosen respiratory secretions. Most uncomplicated infections resolve with time and do not require antibiotics. Antibiotics may be given to treat complicated ITB or secondary bacterial infections.

Dogs with pneumonia may require intensive care in an isolation ward, with intravenous fluids, supplemental oxygen, and antibiotics. Inhalation therapy with saline, a bronchodilator drug, and/or antibiotics may also be recommended.

Follow-up Care

It is important to prevent the spread of this disease to other dogs by taking the following steps:

- Isolate dogs with ITB from other dogs until all clinical signs have resolved.
- Keep recovered dogs away from unvaccinated or immune-compromised dogs and puppies.
- Most of the infectious agents that cause ITB are inactivated by bleach. Disinfect all items (cages, bowls, brushes) that have come in contact with the infected dog with a solution of bleach diluted (1:32) in water.
- ITB may be transmitted by fomites and by a person who has been exposed to an infected dog. To prevent this type of transmission, isolation of infected dogs and strict disinfection of facilities and equipment is essential. It is sometimes necessary to close facilities that house dogs for awhile when outbreaks of ITB occur.

Vaccines are available for *B. bronchiseptica*, parainfluenza virus, and adenovirus 2. Puppies are initially given two or three vaccinations 2-3 weeks apart. The vaccines are repeated yearly.

Bordetella vaccines may be required more often for dogs that are frequently kennelled. Vaccines do not prevent all infections, but they usually decrease the severity of disease.

It is possible for *B. bronchiseptica* to be transmitted from dogs to immune-compromised people, so preventive measures should be taken when caring for an infected animal.

Prognosis

For most dogs, prognosis is very good. The disease can be life-threatening in young puppies and in dogs compromised by other illnesses. For dogs with pneumonia, prognosis depends on the severity of the pneumonia and any other complicating conditions.

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Canine Influenza

Anisa D. Dunham, AS, RVT
Lynn F. Gupitill, DVM, PhD, DACVIM (Small Animal)

BASIC INFORMATION

Description

Canine influenza (CI) is a newer influenza strain that was first reported in 2004 at a Florida greyhound track. The virus first affected pet dogs in 2005. Dogs are the only known susceptible species. This strain (H3N8) is not known to infect humans.

Cause

Canine influenza is caused by an H3N8 strain of the influenza A virus family. It is a mutated strain of an equine influenza virus. Healthy dogs of all ages are susceptible. The influenza is thought to be transmitted by an infected dog sneezing or coughing on another dog, much the same way as influenza is spread among humans. It can also be transmitted via contaminated inanimate objects (fomites) and by people who touch both infected and uninfected dogs.

The incubation period is usually 2-5 days. Infected dogs shed the virus for 7-10 days after clinical signs appear. Since the virus is new, all dogs are considered susceptible to infection, and most dogs exposed to CI become infected. Approximately 80% of infected dogs develop clinical signs. Infected dogs that do not exhibit clinical signs can still shed the virus and spread the infection.

Clinical Signs

The disease may be mild or severe. Most dogs exhibit the mild form of the disease. The most common clinical sign is a cough that lasts 10-30 days despite treatment with antibiotics and cough suppressants. Most dogs have a soft, productive (moist) cough, but others have a dry cough that is similar to kennel cough. Many dogs have a nasal discharge that is purulent (contains pus) and a low-grade fever. Some dogs are more severely affected and may develop pneumonia with a high fever (104-106° F) and difficulty breathing.

Diagnostic Tests

Serologic tests that measure antibodies in the blood are commonly used to confirm a CI infection. Antibodies can be detected as early as 7 days after the onset of clinical signs. The first sample is tested within these 7 days, and a second sample is taken 2-3 weeks later. A fourfold increase in antibody levels from the first (acute) sample to the second (convalescent) sample indicates a positive diagnosis of CI. If no early sample was obtained, a positive convalescent sample confirms that the dog was exposed but does not indicate whether an infection was present.

A disadvantage of serology is that it cannot be used to confirm the presence of an acute, active infection. A rapid test is available that can be used to tentatively diagnose an active infection. The test can be run on a nasal swab and is most sensitive during the first 2-3 days of illness. Polymerase chain reaction tests done at outside laboratories are more accurate.

TREATMENT AND FOLLOW-UP

Treatment Options

Treatment is mostly supportive. In the mild form of the disease, nasal discharge may indicate a secondary bacterial infection, so treatment with a broad-spectrum antibiotic may be recommended. Pneumonia associated with the severe form of the disease can also be complicated by a bacterial infection, so broad-spectrum antibiotics are also commonly recommended in those cases. Intravenous fluids may be needed for dehydrated dogs. Cough suppressants are not very helpful in most cases.

Antiviral drugs developed for treatment of influenza in humans, such as *Tamiflu*, are not used to treat CI, because the appropriate dose and duration of treatment in dogs are unknown. In addition, when used in humans, the drug needs to be started within 48 hours of infection, and canine influenza is rarely diagnosed that early.

Follow-up Care

Dogs showing signs of CI should be isolated as soon as possible, to prevent spread of the disease to other dogs. Do not take these dogs to dog parks, boarding facilities, or other places where other dogs can be exposed to the virus. Recovering animals are also isolated for a couple of weeks to prevent transmission or possible reinfection before the dog has time to build up an adequate immune response to the virus. Wash your hands thoroughly after handling each dog. Thoroughly disinfect areas where the dog is housed with dilute bleach or another suitable disinfectant. All surfaces, equipment, and cages that have come in contact with an infected dog should be thoroughly cleaned and disinfected.

Prognosis

Prognosis is good in most cases. Good nursing care and nutrition are essential for a full recovery. Approximately 5-8% of clinically ill dogs die of this disease.

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Coccidiosis, Enteric

Lynn F. Guptill, DVM, PhD, DACVIM (Small Animal)

BASIC INFORMATION

Description

Enteric coccidiosis is a worldwide intestinal disease that causes diarrhea in dogs and cats.

Causes

Several species of microscopic, single-celled, protozoan parasites cause enteric coccidiosis. The most common one to infect dogs and cats is *Isospora* (*Cystoisospora*). All enteric coccidia are spread by the fecal-oral route, which means that the organisms are commonly swallowed in water or food contaminated with feces. Some infections may occur by eating tissues from infected animals. Most coccidial organisms are hardy and can persist in the environment.

Clinical Signs

Some infections cause no clinical signs, and the animal may be a silent carrier. In other animals, diarrhea (sometimes bloody), weight loss, and dehydration occur. Diarrhea is more likely in young and immune-suppressed animals.

Diagnostic Tests

Microscopic examination of feces usually reveals the organism in infected animals. Because the organisms may be shed intermittently, examination of more than one fecal sample may be necessary.

TREATMENT AND FOLLOW-UP

Treatment Options

Treatment with sulfadimethoxine is the most common therapy used in dogs and cats. Other sulfa drugs may also be effective. Supportive care, such as fluid therapy for dehydration, may also be necessary.

Follow-up Care

To prevent and control the spread of intestinal coccidiosis, overcrowding of animals must be avoided, and good hygiene should be maintained. Organisms are resistant to most disinfectants but can be killed by steam. Some commercial formulations of ammonia are effective, but they should be used only by trained, experienced people using appropriate personal protective equipment.

Removal of all organic material (dirt, feces) is important in preventing infection. Bathing affected animals during treatment helps remove fecal material containing infectious organisms. In certain kennel and cattery situations, treatment may be recommended for all animals in contact with the infected animal.

Prognosis

Prognosis for infected dogs and cats is generally good, because most respond well to therapy and recover quickly from the disease.

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Possessive and Territorial Aggression in Dogs

Rhea V. Morgan, DVM, DACVIM (Small Animal), DACVO

BASIC INFORMATION

Description

Possessive aggression occurs when the dog is defending a cherished object (toy, bone, food). Control of important resources is somewhat normal in dogs, but possessive aggression exceeds the tolerated limits of this behavior.

Territorial aggression is defensive behavior of a geographic area. Although it is normal for dogs to bark at strangers and other animals approaching their home turf, territorial aggression usually involves an unacceptable escalation of protective behaviors. Territorial aggression can involve small spaces (a favored resting place, a room, an automobile) or large ones (yards, farms).

Causes

Dogs that have lived as strays or were allowed to roam free may develop possessive aggression as a means of survival. Lack of appropriate training and behavioral modification of puppies that manifest defense of desired objects can reinforce their possessive behavior, and the behavior can worsen over time.

A combination of genetics and learning probably contributes to territorial aggression. Fear aggression can accompany territorial aggression, and both conditions may worsen at maturity.

Clinical Signs

Possessive aggression occurs only when the dog is defending an object. Signs of possessive and territorial aggression can be a component of dominance aggression, but other signs should also be noted (such as dominance toward the owner and other dogs) with the latter condition.

Signs of territorial aggression include persistent, loud barking; growling; snapping; and biting. These signs occur despite lack of threat by the approaching person or animal. Usually, the aggression is directed toward non-family members, but occasionally the behaviors are directed toward members of the household (human and animal) when certain areas of the house are entered.

Territorial aggressiveness usually increases in intensity as the distance of the approaching individual decreases and does not abate despite attempts at intervention or correction, or signs of submission on the part of the approaching animal. Confinement of the dog to a small space (crate, dog house, chains, or runs) may intensify the signs. Intact male dogs commonly patrol their territories, but the behavior can also occur in neutered males and female dogs.

Diagnostic Tests

Diagnosis is often made based on the history and clinical signs. A detailed behavioral history and observation of the behavior may

be needed to confirm the diagnosis. Routine laboratory tests may be recommended to rule out any contributing medical conditions (such as conditions that cause pain or increased appetite).

TREATMENT AND FOLLOW-UP

Treatment Options

Treatment of possessive aggression involves the following:

- If the coveted item can be identified and is nonessential, it can be removed from the environment.
- If the item cannot be removed, then behavioral modification techniques, such as desensitization and counter-conditioning, may be used. These techniques are designed to alter the dog's response to people and other animals that approach the coveted item.

Treatment of territorial aggression may involve the following:

- If possible, do not leave the dog outside unsupervised.
- Start obedience training, using positive reinforcement, and issue appropriate commands when the aggression begins.
- Keep the dog muzzled, on a leash, or confined to an area where it cannot see approaching visitors. Head collars (such as the *Gentle Leader*) may also be helpful when the animal is leashed.
- Neutering of sexually intact animals sometimes helps to decrease the signs, but surgery rarely solves the problem.
- Desensitization and counter-conditioning behavioral techniques may be tried to modify the dog's response to strangers approaching and entering its territory.

When instituting behavioral modification techniques for these two conditions, your veterinarian may establish a program for you or refer your dog to a veterinary behavioral specialist.

Follow-up Care

Behavioral modification techniques can be confusing at first, so check in frequently with your veterinarian if you are unsure how to proceed. After several days, the techniques usually become easier.

Prognosis

Prognosis for these behaviors is variable. Many cases of possessive aggression significantly improve with treatment; however, several weeks to months are often needed to achieve a satisfactory response. Territorial aggression can be more difficult to control and requires sustained, long-term diligence. Systematic trials of treatments are commonly needed to determine which strategies are most beneficial for an individual dog.

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Fear and Anxiety Disorders in Dogs

Elizabeth A. Shull, DVM, DACVB, DACVIM (Neurology)

BASIC INFORMATION

Description

Separation anxiety and noise phobias are prevalent fear-related disorders of dogs. Dogs with separation anxiety experience distress when left alone or when separated from a favorite person. Dogs with noise phobia experience fear in response to certain noises, especially loud, percussive sounds such as thunder, firecrackers, and gunshots.

Causes

Risk factors for separation anxiety include adoption from a shelter, rescue group, or prior home; prior life as a stray; having a noise phobia; moving to a different location; changes in the people or pets in the home; changes in household schedule; living with a single owner; and living in an urban environment. Problem behaviors associated with separation anxiety are not caused by spite.

Noise phobias are more common in herding breeds and hounds. Dogs with inadequate socialization; dogs that experienced a traumatic event when young; dogs living with another phobic dog; and concurrent separation anxiety are also contributing factors.

Clinical Signs

Separation anxiety has a slightly greater incidence in male and mixed-breed dogs. Many noise phobias develop before 1 year of age, and most are present by 5 years of age.

Signs of separation anxiety include anxiousness as the owner prepares to leave, excessive vocalization, digging, chewing, and rearranging household objects. Some dogs may aggressively growl and bite in an attempt to prevent the person from leaving. Self-injury, especially broken teeth, cuts in the mouth, and broken nails, may occur from attempts to escape. Some dogs also urinate, defecate, salivate, pant, tremble, or do not eat or drink (while the owner is away).

Dogs with noise phobias become more active and restless in response to the noise. They may pace, vocalize, jump against windows or doors, chew, dig, tremble, salivate, pant, eliminate inappropriately, have increased heart rates, and constantly seek to be close to the owner. In some dogs, the fear reaction is dramatic and can lead to activities that are destructive to the home or themselves.

Diagnostic Tests

Diagnosis is based on the presence of clinical signs and exclusion of other behavioral causes. A medical history, physical examination, and laboratory tests are done to exclude possible contributing conditions, such as urinary tract, gastrointestinal, hormonal, metabolic, or seizure disorders.

Separation anxiety can be challenging to diagnose, because many possible causes exist for the behaviors that occur with separation anxiety. Most noise phobias are easy to diagnose; however, if only the dog hears the sound or if the sound is not recognized by the owner, it may appear as if the dog is having a spontaneous

panic attack. With thunderstorm phobia, it is common for the dog to act fearful before people are aware a storm is approaching.

It may be difficult to differentiate these two conditions if the dog is afraid of noises only when it is alone.

TREATMENT AND FOLLOW-UP

Treatment Options

Treatment for separation anxiety includes the following:

- Increase exercise and play, such as agility training.
- Encourage independence; discourage constant close contact.
- Ignore pestering and demanding behaviors; reinforce calm behaviors.
- Make arrivals and departures low-key; ignore the dog for 30 minutes before departure.
- Stop punishment, because it increases the dog's anxiety level.
- Consider alternative measures, such as pet-sitters, doggy day care, or taking the dog along.
- Consider behavioral modification training, as outlined by your veterinarian.
- Antianxiety medications are often beneficial. Two drugs, clomipramine (*Clomicalm*) and fluoxetine (*Reconcile*) are approved for treating separation anxiety.
- Nonpharmaceutical antianxiety products, such as *Anxiety Wrap* (a stretchy body suit) and *DAP* (a synthetic calming pheromone), may be tried.

Treatment for noise phobia includes the following:

- Ignore the fear behavior.
- Avoid both punishment and reassurance.
- Establish a safe, dark place where sounds are muffled; provide pleasant, calm experiences there.
- Play music with similar tones to mask the phobic sound.
- Consider behavioral modification techniques, such as desensitization and counter-conditioning.
- Antianxiety medications may be beneficial, but no drugs are approved specifically for this condition.
- Nonpharmaceutical antianxiety products (*DAP*, *Anxiety Wrap*, *Storm Defender*, *Thunderband*, and *Mutt Muffs*) may be tried.

Follow-up Care

Maintain a record of the occurrence and its severity to assess response to treatment. Laboratory tests are periodically done in dogs on long-term behavioral medications to monitor for possible side effects.

Prognosis

Many cases significantly improve with treatment; however, several weeks to months are often needed to achieve a satisfactory response. Systematic trials of treatments are commonly needed to determine which strategies and medications are most beneficial for an individual dog.

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Dominance Aggression in Dogs

Elizabeth A. Shull, DVM, DACVB, DACVIM (Neurology)

BASIC INFORMATION

Description

Dominance aggression (social, competitive, owner-directed) involves threatening postures and behaviors directed toward family members or other familiar people by a dog that perceives itself to be more dominant than the person. It is particularly disturbing because the aggression seems to be unprovoked and unpredictable.

Use of the term *dominance aggression* has been questioned, because the concept of dominance in dogs has been widely misused; dominance aggression has been overdiagnosed; and there is concern that the terminology suggests the dog should be dominated to manage the aggression.

Causes

Dominance aggression has its roots in the social organization of wolves, the domestic dog's closest wild relative. Within the wolf pack, there is a social hierarchy in which the dominant individuals have first access to critical resources. Among domestic dogs, dominance threats and overt aggression are exhibited in the contexts of competition over "resources" or in response to challenges and dominance signals.

People frequently do not understand how a dominant dog interprets their actions and gestures, so, from the dog's perspective, people can be confusing and inconsistent. Lavishing gratuitous affection on the dog, giving in to its demands for attention, or even unintentionally mimicking canine submissive signals (such as kissing the dog on its face) are contradictory behaviors to expecting the dog to do what the owner wishes. Inconsistency and unpredictability in social interactions with family members can result in anxiety and instability in the dog's social relationships, which in turn can escalate social competition and dominance aggression.

Clinical Signs

The highest incidence of dominance aggression occurs in intact males, followed by castrated males, spayed females, and unspayed females. Purebred dogs, especially the English springer spaniel, Lhasa apso, cocker spaniels, Doberman pinscher, toy poodle, and terriers, have a higher incidence than other breeds. Onset typically occurs at 1-3 years of age. Onset may seem sudden, but early, subtle signs may not be recognized.

Diagnostic Tests

A complete medical history, physical examination, and comprehensive laboratory tests are recommended to look for possible medical factors that can contribute to or complicate management of the aggression.

The behavioral diagnosis of canine aggression is determined by context and the specific stimulus or trigger, the target, behavioral components, and the age, sex, and breed of the dog.

- *Context and triggers:* Aggression may occur when the dog's dominance has been challenged by a dominance signal (pet-

ting, hugging, staring at, standing over, commanding, scolding, punishing, or forcing the dog to do something) or when a family member "competes" for a "critical resource" (such as food or a prized object).

- *Target:* Dominance aggression is most often directed toward the dog's owners and other familiar people and may be preferentially directed to certain individuals.
- *Behavioral components:* Snarling, growling, lunging, snapping, biting, and assumption of a dominant posture (erect or stiff body, ears, and tail; raised hackles; direct stare) may occur. Some dogs exhibit varying degrees of both dominance and fear, indicating that there is some anxiety or ambivalence in the dog's motivation.

Treatment Options

Because of the dangerous and complex nature of dominance aggression, specific treatment by a professional with knowledge and experience in the management of canine aggression is advised.

The following are only general recommendations:

- Human safety is the first consideration. It is particularly dangerous to keep these dogs in homes with children. *Young* children are especially at risk.
- The aggression triggers should be identified and avoided. Head halters and basket muzzles may help reduce biting risk, but they are not guaranteed to prevent injury. Physical punishment is dangerous and counterproductive.
- Castration of intact males reduces dominance aggression, but the benefit may not occur for several months. Spaying of intact females may increase aggression.
- Obedience training is important to develop commands that can be used in behavior modification programs. "Nothing in Life is Free," a nonconfrontational method that requires the dog to defer by obeying commands before every interaction (attention, food, petting, play), can lessen the dog's dominant position. Specific desensitization techniques can reduce the dog's reaction to certain aggression triggers.
- Changes should be made in the way the family interacts with the dog to alter the dog's perception of its status. Temporarily withdrawing attention from the dog, as well as changes in feeding routine, exercise schedule, and sleeping or resting sites, may be recommended.
- Serotonergic drugs and drugs that improve impulse control may be beneficial for some dogs.

Prognosis

Dominance aggression is rarely, if ever, cured. In many instances, the severity can be reduced, but when the potential for serious injury is great, euthanasia should be considered.

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