



Understanding and Preventing Canine Aggression Mini Series

Session Three: Handling, Managing and Referring the Aggressive Dog

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Understanding and preventing Canine aggression

Session 3: Handling, managing and referring the aggressive dog

Study notes

How to prevent and manage aggression in the practice

Aggression in practice is invariably affective. Complete elimination of such aggression is unrealistic as there will always be times when handling dogs in a way they may feel threatened by is unavoidable in their own best interests. However application of the trigger stacking principle to handling and caring for dogs in practice can help staff identify and manage triggers to reduce the risk of defensive aggression.

Practice triggers

The key triggers for fear and so defensive behaviour in practice are as follows: -

- Handling and restraint
- Interventions the dog is worried by
- The behaviour or emotional state of people or other patients
- The presence of people or other animals the dog is fearful of
- Noise, smells or other stimuli the dog is fearful of
- Confinement
- Novelty

The likelihood each of these will push the dog closer to his aggression threshold can be reduced as discussed below.

The waiting area

The dog's level of arousal prior to entering the consulting room can be managed as follows: -

- Dogs normally approach each other at an angle and can feel threatened if another dog approaches face to face. Arranging entrances and waiting areas to avoid forcing them to do so can help keep dogs calm. Where this isn't possible signs can help direct clients to avoid face to face meetings.
- Separate waiting rooms for different species prevents stress and arousal
- Providing non slip surfaces in waiting areas can help reduce anxiety or stress in injured or elderly dogs
- Creating hiding places in waiting areas can help dogs feel more secure.
- Practices commonly move noisy or highly aggressive dogs into a spare consulting room or ask the clients to wait in their car. Dogs showing lower level fear or appeasing signals are also closer to their aggression threshold. Moving them too can minimise the likelihood they will still be in a heightened emotional state when they enter the consulting room, or that they may pass on their anxiety to their owner or other dogs.
- Being aware of and trying to reduce the owner's stress whilst waiting can prevent this being passed onto the dog.

The examination

Once in the examination area minimise stress and potential triggers for aggression as follows: -

- Observe the dog's behaviour and take a brief history regarding behaviour outside of the practice before approaching and handling. This will enable the practice to identify and so control each dog's individual triggers.
- Perform examinations in quiet areas away from busy prep rooms or thoroughfares
- Allow the dog to acclimatise to the consulting or examination room before approaching
- Stay calm and try to release your own body tension
- Talk calmly using the dog's name.

- Avoid enticing the dog to approach using treats as it may encourage him to come closer than he feels comfortable with then trigger a defensive response. If giving treats toss them on the floor close to or behind him
- Avoid cornering the dog: aim to allow the dog to approach you
- Position yourself at an angle to the dog and avoid direct eye contact. Ideally crouch down to his level, keeping at least one foot flat on the floor so you can move away if needed.
- Don't lean over the dog as this can mimic threat behaviour
- If the dog seeks contact touch under the chin or the bib rather than the back of the neck, which may mimic threat signals
- When examining, consider doing so on the floor or lowering a hydraulic table to allow the dog to step on to avoid handling associated with lifting
- If you need to face the dog aim to look to the side of his head, narrow your eyes and relax your mouth
- Allow the dog to see and sniff any equipment you are using.
- Ensure he is allowed to greet anyone new called in to help with handling before they do so
- Avoid using force to position or restrain the dog wherever possible. If a dog is fearful or getting closer to his aggression threshold physical restraint carries a strong risk of pushing him closer to or over it. This is particularly true of dogs who, for whatever reason, will bite if pressed. It also tends to teach dogs to use aggression earlier in any future interaction to prevent being restrained again. Dogs that are wriggling due to excitement will also often instinctively fight against restraint, and tend to be more worried the next time they visit the practice. Some dogs may find it less threatening if the owner gently moulds their dog into position or uses commands or food lures, where not contraindicated.
- If you are not sure whether a dog is likely to behave aggressively a hands off approach can be made safer by using a muzzle. Dogs tend to accept cage muzzles better than cloth muzzles as they can still pant and use normal social signals such as licking their lips and chomping whilst wearing them. They find them far less stressful if they are familiarised to wearing them and taught to associate them with something good. Short term acceptance can be facilitated by smearing peanut butter or cream cheese inside the muzzle where not contraindicated. Owners can then be encouraged to teach their dogs not to be worried by the muzzle for future visits. How to do so is discussed below.
- If a dog can't be examined as above the use of short term anxiolytic medication, such as a benzodiazepine, sedation or general anaesthesia may be indicated. Pharmacological intervention on welfare grounds can be argued to be equally valid for the prevention of emotional distress as it is for the prevention of physical pain.

After admission

Stress during hospital stays can be reduced as follows: -

- Prevent visual contact between dogs and have separate wards for different species to avoid anxiety or arousal
- Avoid performing invasive procedures in the kennel to prevent prediction of something unpleasant each time a staff member approaches
- Intersperse positive interactions such as treats, petting, grooming and massage with procedures, preferably at a ratio of three positive interactions to one procedure.

Teaching a dog not to be worried by interventions

Fear can reinforce itself as, even if the dog does not have a genuinely unpleasant experience, the negative feelings linked to fear will confirm in his mind that the experience was unpleasant and so should be avoided. Therefore, each time a dog needs to be forcibly restrained for an intervention it is very likely to increase their level of fear and so potential use of defensive aggression the next time. This not only compromises the dog's welfare but also places staff at risk, distresses owners and uses up a lot of practice time. It therefore benefits all concerned if the dog can be taught to feel comfortable with the procedure. This is achieved using a process called desensitisation and counter conditioning.

What is desensitisation and counter conditioning?

Desensitisation is the process whereby a dog gets used to something so he no longer pays attention to it, in the same way we stop taking notice of a ticking clock after a while. Therefore if the dog is repeatedly exposed to things that make him fearful in a way that isn't actually unpleasant he will get used to them and stop seeing them as scary.

Counter conditioning is the next step on from desensitisation. It is the process whereby we teach the dog the thing they are worried about is actually nice by making links in his mind with something pleasurable. This is most commonly food as it is easy to control and triggers one of the highest pleasures in most dogs.

We need to desensitise the dog to his triggers before counter conditioning him to them as he is unlikely to be willing to eat until he has at least decided not to be scared of the trigger. We need to counter condition him once we have desensitised him because just learning to not be scared of something is much more likely to break down that learning to actually like something.

What are the key steps in desensitisation and counter conditioning?

The individual steps in a programme of desensitisation and counter conditioning depend on the trigger and the individual dog's reaction to it. However all programmes are based on a series of key stages as follows: -

- Control the trigger so the dog isn't exposed to it other than as part of the training programme. Exposure to the full trigger mid training programme can undo any training previously performed.
- Break the trigger/task into small steps e.g. putting on a muzzle is broken into getting the muzzle out, then holding it near the dog, then fastening the clip and so on. Fear of noises is broken down by controlling the volume.
- Identify the first step that worries the dog
- Expose the dog to the step just before this as part of a structured training programme. The aim is that he is aware of the trigger but is not fearful of it.
- Make sure the dog can withdraw if he wants to and monitor body language. Remove the trigger if the dog shows signs of fear or stress. Start again another day at an earlier step.
- Repeat in short frequent training sessions.
- Once the dog seems entirely indifferent to the trigger start to link it to something nice. The aim is that the trigger starts to predict the nice thing so ideally you would present the trigger, then play with, feed or train the dog with treats, then remove the trigger. For example show the dog the muzzle, then give him a treat, then take away the muzzle. This is why it is important to have taught the dog not to be at all worried by the muzzle before starting this step
- Repeat until the dog looks excited by the trigger
- Increase the intensity/go to the next step then repeat

If you are not sure how to implement a programme or haven't done so before seek advice from your local accredited behaviourist (see below) before starting as if it is performed incorrectly it can do more harm than good.

Example desensitisation and counter conditioning to visiting the practice

Many dogs are fearful of coming to the practice. Teaching them not to be can help reduce distress for the client, the dog and the practice team.

As discussed above, it is best to completely avoid non-essential visits to the practice whilst the training is underway. The client should therefore be advised to have any necessary routine procedures performed before starting the programme and then to avoid bringing their dog to the practice unless he needs non-routine medical attention. If a visit is unavoidable the possibility of using an anxiolytic medication to minimise any negative effects should be considered.

The client then needs to break a visit to the practice down into multiple stages and identifying the point at which the dog first shows signs of stress or worry (see session 2).

Example steps may be as follows: -

- Putting on the lead or getting into the car (where these are only performed prior to a veterinary visit)
- Any point along the car journey at which the dog realises he is going to the vets
- Entering the practice car park
- Getting out of the car in the practice car park
- Approaching the veterinary building
- Entering the veterinary building
- Entering the veterinary waiting room.
- Entering the consulting room
- Getting on the examination table
- Being examined or specific types of examination e.g. ears, rectal examination, or other specific triggers e.g. certain rooms, male/female staff, certain uniforms etc.

A dummy run can be used to identify this if the client isn't sure. They can stop the dummy run as soon as any sign of worry is seen.

The client should then start training at the step before the dog first looks worried as follows: -

- Take the dog to his step and stand/sit quietly and allow the dog to take in his environment. If they are driving they should pull over for a few minutes as near to this step as possible. This is the desensitisation process. If the client sees any signs of fear or stress they should go back a step and try again
- Once the dog starts to look bored or disinterested they should perform some reward based training, give the dog some treats, play a game or fuss the dog to make it a pleasurable experience. This is the counter conditioning
- They should continue for about 10 minutes then end the session.
- This step should be repeated until the dog looks excited when he arrives. The client can then progress to the next step e.g. move from the car park to the front door.
- The process should then be repeated again until the dog is excited as soon as he arrives. They can then move on to the next step and so on until the dog can enter the consulting room and be put on the table happily.
- If the dog is making rapid progress it may be possible to progress immediately to a subsequent step without needing to go back another day. However desensitisation and counter conditioning to the veterinary practice is very likely to be challenged by a negative experience at some stage. Taking time to establish repeated strong positive links along the way is the best protection against this. This will take multiple sessions.
- If at any time the dog shows fear or stress the client should go home, start again at an earlier step next time and proceed more slowly.
- If the dog is showing stress at even the very first sign of going to the vets or is not making any progress refer the client to an accredited behaviourist.

Preparation at home

The owners can also help by performing some desensitisation and counter conditioning to equipment, practice smells, handling etc at home. Examples of the types of triggers and examinations the dog can be taught to like at home are as follows: -

- Smells e.g. skin antiseptics, environmental disinfectants and spirit
- Veterinary uniforms
- Visually examining various body parts e.g. ears, teeth, eyes, paws, tummy and under the tail.
- Touching the dog wearing examination gloves
- Syringes and needles being placed close to the dogs scruff and foreleg
- Using a stethoscope to listen to a dogs chest or abdomen
- Placing an auroscope/otoscope specula in the ear (as long as there is no inflammation or pain)
- Using a penlight torch for eye examination
- Opening and closing nail clippers close to the toes
- Switching electric clippers on and off and holding close to the dog's foreleg

Where equipment can't be provided or loaned some clients may be prepared to invest in basic models that can often be bought quite cheaply online. The steps for teaching the dog not to be concerned by equipment are as follows: -

- The equipment should be placed on a work surface or table where the dog can see it, left there for about 10 minutes then put away again. The dog should be allowed to withdraw if he wants to and the client should observe for signs of stress and increase the distance between the trigger and the dog if any are seen. If they persist when the trigger is placed as far away as it can be the client should be referred to an accredited behaviourist
- Once the dog shows no interest at all when the piece of equipment is taken out the client should take the item out, give the dog a treat, play with or fuss him, then put the item away again. They should repeat this 4 or 5 times, 2 or 3 times a day until he looks excited when it is taken out.
- The trigger can then be brought slightly closer to the dog and the above steps repeated until the dog again looks happy when the trigger is brought out
- The trigger should continue to be gradually brought closer step by step until the dog is happy for the trigger to be next to him or to be touched with it. The dog should be completely happy at one distance before proceeding to the next. This will take multiple sessions.

The dog can be taught to feel happy with an examination as follows: -

- Clients can teach basic commands such as 'sit', 'stay' and 'watch' that can then be used to direct and reward behaviour during examination.
- Teach the dog to anticipate and enjoy being touched or examined as follows: -
 - Give names to various body parts e.g. paw, ear, tail, bottom etc
 - The client should simultaneously gently touch the body part and say its name. They should then immediately give the dog a reward of some kind.
 - The advice of an accredited behaviourist should be sought if the dog shows any kind of fear or threat to the owner when being handled by them in this way

Teaching a dog to feel relaxed wearing a muzzle will prevent using one adding to the dog's level of arousal and proximity to his aggression threshold. The steps the client should take are as follows: -

- Place the muzzle somewhere where the dog can see but not reach it and leave it there for about 10 minutes. They should make sure the dog can get away from the muzzle if he feels the need to e.g. go into another room, and should behave as if nothing unusual is happening i.e. neither give extra attention nor ignore the dog. They should repeat this 3-4 times a day until he pays no attention to it at all, then move on to the next step. If he shows higher level distress even when the muzzle is as far away from the dog as possible seek the help of an accredited behaviourist.
- Get the muzzle out, give the dog a treat then put the muzzle away again. Repeat 4 or 5 times, 2 or 3 times a day. They should make sure he can get away from it if he wants to and repeat as above until he is ready for the next step.
- Hold the muzzle near the dog, give him a treat and then hide the muzzle behind their back. Repeat 4 or 5 times. They should make sure he can get away from it if he wants to and repeat as above until he is ready for the next step.
- Hold the muzzle in their hand, place a food treat just inside and let the dog take it. It is important he chooses to put his nose in to take the treat rather than the muzzle being pushed onto his nose. If he tries to take the treat any other way they should just ignore it and wait for him to put his nose in. They should repeat this 4 or 5 times as above until he is ready for the next step.
- Place the treat in the muzzle and allow the dog to take it as above. They should then fiddle with the muzzle straps and touch the back of their dog's neck as he takes the treat. Repeat as above until he is ready for the next step.
- Smear a soft foodstuff such as peanut butter or cream cheese inside the front of the muzzle and allow the dog to lick it. As he does so the client should clip the straps closed loosely, allow him to finish licking the food stuff then remove the muzzle. Repeat as above.
- Smear the inside of the front of the muzzle with a soft foodstuff and clip the strap together so it fits correctly. They should allow him to finish licking the food stuff as above, then leave the muzzle on for a few more minutes then remove
- Once the dog is wearing the muzzle happily the client should start to put it on for a few minutes randomly at times when he is distracted e.g. on a walk. They should also maintain doing so even when he is no longer worried by it so it isn't a sign something stressful is about to happen.

The speed of progress will vary between dogs. It is important that the client only move to a later step once the dog is clearly relaxed with the current one.

When using the muzzle the client should bear in mind the following precautions: -

- A muzzle only reduces the possibility for injury. Dogs can still cause minor teeth injuries, bruising, scratching or emotional distress and no muzzle is indestructible.
- Not to feed the dog whilst wearing the muzzle other than small training treats.
- Not to leave the dog unattended with the muzzle on. He could choke if he vomits or he tries to scavenge food whilst wearing the muzzle.
- That their dog is at risk if attacked by another dog when wearing the muzzle so they should prevent or provide close supervision of all interactions with other dogs

Legal implications of owning or being in charge of an aggressive dog

Whilst veterinary staff do not have the legal training needed to offer specific advice regarding dog legislation, it is important that they have sufficient knowledge to be able to make an owner aware of how the law may affect them if their dog is behaving aggressively.

The key points of the Dangerous Dogs Act 1991 as amended up to May 2014 are as follows: -

- Section 1 makes it a criminal offence to own any listed breed other than where it is exempted and all conditions linked to the exemption are adhered to. Even when exempted it is also illegal to sell, abandon, give away or breed from a listed breed. Listed breeds currently include Pit Bull Terriers (PBTs), Japanese Tosas, Dogo Argentinos and Fila Brazilieros. The dog's breed is determined primarily by appearance (Gov.uk, 2015¹).
- Section 3 makes it a criminal offence to allow a dog of any breed or type to be dangerously out of control anywhere (Gov.uk, 2015²). Section 3 applies *"if a dog is dangerously out of control in any place including all private property, so that there are grounds for reasonable apprehension that it will injure any person or assistance dog and whether or not it actually does so"* (CPS.gov.uk, 2015).
- Legal action may be taken against the owner and/or the person in charge of the dog at the time (CPS.gov.uk, 2015).
- If the dog does cause injury then this is regarded as an aggravated offence (CPS.gov.uk, 2015).
- There is a possible defence for dogs dangerously out of control under the 'householder' clause. *"A person is not guilty of an offence where the dog is dangerously out of control with respect to a trespasser who is in, or entering, their home, whether the owner is present or not. This exemption does not apply to dog attacks on trespassers in gardens, driveways or outbuildings"* (CPS.gov.uk, 2015)
- If found guilty of owning a prohibited type of dog the court will have the option of exempting the dog or to issue a destruction order, depending whether the dog is considered a danger to the public (CPS.gov.uk, 2015)
- If found guilty of having a dog that is dangerously out of control the court again has the option of exempting the dog or to issue a destruction order as above. Other penalties include a fine, being banned from future dog ownership and – in severe cases - a prison sentence (CPS.gov.uk, 2015).

The Anti-Social Behaviour Act also now applies to the behaviour of dogs and is used to prevent the escalation of unwanted behaviour and to address non aggressive behaviour.

Assessing and managing risk

Although the clinical animal behaviourist would normally assess and advise clients on the risk their dog poses, practice staff may sometimes find themselves needing to make an interim assessment until a referral can be arranged. It is therefore important that they are aware of the factors influencing risk. These are as follows: -

- The frequency with which the behaviour is performed: frequent behaviour places the target at higher risk.
- The number of triggers/contexts: the more triggers/contexts there are the harder it will be to address and/or control them
- Predictability of triggers/contexts: triggers that can be identified and so addressed carry a far lower risk

- Severity of the aggression/any bite.
- Dog's size and physical strength; even where the dog has not caused injury its size and strength has to be considered alongside the potential it may do so in the future
- Who it is directed to: Risk is higher where the aggression is targeted at very young or vulnerable people or those with special needs i.e. those that may not be able to read and respond to the dog's warnings or withdraw from an attack
- Whether the behaviour can be interrupted
- Dogs response to restraint or intervention
- Level of impulse control: if a dog has poor impulse control this increases the likelihood he will behave aggressively or will use a higher level of aggression
- Whether the behaviour has escalated: if the behaviour is deteriorating there is a risk it may deteriorate further
- Whether environmental triggers, including owner behaviour, can be managed: some triggers can't realistically be managed or can't be managed in certain cases
- The ability and willingness of the owner to implement management: even where a dog carries a good prognosis with management or therapy risk is only reduced if the owner is willing and able to reliably implement this

When considering these risks the staff member needs to be aware that client's assessments and descriptions of situations may not always be accurate. Deliberate falsehoods are unusual but clients may not have the knowledge or skills to identify and report key information. They are also affected by factors affecting memory including memory biases. This can be lessened by encouraging clients to report facts rather than interpretation. For example the statement 'my dog hates other dogs and wants to kill them' diagnoses the motivation and intention behind the behaviour. In comparison a description of events such as how the dog barks and lunges at other dogs, enables consideration of multiple possible triggers (e.g. fear, excitement, frustration, territoriality or misinterpreted play) enabling a more accurate assessment of risk and prognosis.

First aid

The aims of behavioural first aid are to prevent further incidents of aggression, to alleviate acute emotional distress and to temporarily manage problem behaviours to avoid injury or deterioration to such a point that the owner is no longer willing or able to keep the dog. Strategies should also aim to avoid permanently changing behaviour prior to the consultation where possible, so as not to interfere with the initial diagnostic process or limit treatment options. For example use of medication or pheromones may mask the behaviour before the behavioural specialist has had a chance to assess it, and neutering can both alleviate and aggravate problem behaviour and may preclude manipulation of reproductive status where dogs that live together are fighting.

It is important that owners do not try to challenge, 'dominate', 'show whose boss' or use positive punishment with dogs using aggression. In many cases this will aggravate the problem and can cause dogs to use higher aggression on subsequent occasions (Herron, et. al., 2009). The aim is to avoid or diffuse the situation until professional advice can be given.

Key first aid strategies for aggression to non-household members (canine or human) are as follows: -

- Ensure collars or harnesses are well fitting and in good condition and keep the dog on lead outside of the house
- Walk the dog in places or at times where the trigger is unlikely to be encountered. Clients should be reminded owners of other dogs with problem behaviour will be doing the same so they need to give each other a wide berth.
- Ensure boundaries such as garden fences, gates etc. are secure to avoid escapes.
- Locks should be fitted on gates to prevent people entering garden areas where the dog may be unsupervised. A wireless bell can be fitted to the gate so the caller can let the client know they are there.
- A muzzle can be used outside of the house and/or around human visitors. Canine visitors should be avoided if they are a trigger.
- If fear of or aggression to visitors is high the dog is better excluded to prevent deterioration. If the visitor is coming to stay for a prolonged period the dog can be put in kennels or sent to stay with family or friends.

Key first aid strategies for aggression to household members are as follows: -

- Aggression around toys or chews can be prevented by not allowing access to these items in the short term.
- Aggression around the food bowl can be managed by feeding the dog in a separate room with the door closed. The dog can then be released once he has finished eating and the bowls cleared away after he has left the room. Food should never be fed ad lib to this type of dog and children should not be permitted to feed the dog. The dog should be excluded whilst people are eating or if children have food in their hands.
- Aggression around the owner's bed and/or sofas can be managed by excluding the dog from those areas using a baby gate.
- Aggression around stolen items can be managed by avoiding taking away things that trigger aggression in the short term. If the dog is at risk of injuring himself with something he has taken the client can try walking away scattering a trail of tasty food as they go to lure the dog away and take the challenge out of the situation. They can then shut the door or someone else can throw something over the item or kick it away. If this doesn't work only they can make the decision between the risk of being bitten trying to remove it and leaving the item with the dog.

Key first aid strategies for aggression to another dog in the household are as follows:-

- If dogs are fighting over resources or in specific situations these should be temporarily eliminated. For example fights at feeding time can be avoided by feeding in separate rooms or fights over chews can be avoided by not giving them.
- If the dogs are fighting on sight or the owner cannot identify the trigger they may need to be kept apart until the consultation can be arranged. In some cases alternating confinement to a crate or keeping the dogs either side of a baby gate can be sufficient to prevent fights. Others may fight through cage bars and so will need to be kept in entirely separate rooms.
- If the dogs don't fight on walks, which is often the case, they should continue to be walked together.
- If one or both dogs seem to be anxious or restless even when in entirely separate rooms it may be necessary for one dog to stay with friends or family to avoid building up greater tension or chronic stress.

Every aggressive incident is different and as such the client has to make a decision how to respond if they find themselves in such a situation. The following considerations may help them decide what to do: -

- They should stop doing anything that is triggering the behaviour
- Moving arms can trigger a reaction so they should keep them still if possible
- Excessive noise, raised voices etc. can heighten aggression and so they should avoid shouting or making loud noises. They can talk calmly and quietly unless this triggers an escalation.
- Moving slowly is less likely to trigger a reaction.
- Standing at an angle and leaning away is appeasing and so will diffuse most threat. However they should avoid turning their back
- Eye contact increases aggression and so they should look to one side of the dog enabling them to observe whilst avoiding direct eye contact
- They should adapt their behaviour according to the response of the dog. For example if movement escalates the level of aggression, they should stop or try to move behind a solid object e.g. a piece of furniture, a door or a gate
- If the dog responds to control by another person that person may calmly intervene

When and where to refer

Aggressive behaviour carries many risks including the risk of injury to the target, retaliation or euthanasia for the dog and prosecution for the owner. Dogs using threat or truly aggressive behaviour should therefore always be referred to an accredited behaviourist.

There is currently no statutory regulation of the canine behaviour industry. Where the practice does not have a suitably qualified behaviourist in house the BSAVA position statement recommends that referrals are made either to a veterinary surgeon with recognised expertise, such as a Diplomat of the European College of Veterinary Behavioural Medicine - Companion Animals (ECVBM-CA), or to a Certified Clinical Animal Behaviourist (CCAB), as accredited by the Association for the Study of Animal Behaviour (ASAB). Both of these accreditations require a first or higher degree in a behavioural subject and are recognised by the RCVS. If there is no one available locally with these credentials the practice will need to carefully evaluate the expertise of those in their area. Behavioural qualifications, even those bearing post nominals, vary considerably. Some may be little more than a certificate of attendance and may lack the depth or content required to fully equip the practitioner as a behavioural specialist. Accreditations are equally variable, with entry criteria varying from payment of a membership fee to the requirement of a first degree and proven experience, such as required by the Association of Pet Behaviour Counsellors (APBC). The Animal Behaviour and Training Council (ABTC) is now recognised by DEFRA, the RSPCA, BSAVA, BVNA and the leading animal welfare bodies as the representative body for animal trainers and behaviourists at all levels. As such if there isn't a ECVBM-CA or CCAB locally then this resource will help locate a local reliable clinical animal behaviourist.

Further study

There are many resources for those that would like to study further. 'Further reading' below offers some texts suitable for the GP veterinary surgeon or veterinary nurse looking to expand their general behavioural knowledge. Those that would like to specialise would need to take an appropriate dedicated first/post graduate degree. Further information can be found here <http://asab.nottingham.ac.uk/accred/valid.php> or via ABTC.

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Resources

APBC 'Hints for managing the stressed dog' fridge magnet and poster
<http://www.apbc.org.uk/shop/general>

List of ABTC registered Clinical Animal Behaviourists <http://www.abtcouncil.org.uk/clinical-animal-behaviourists.html>

List of ABTC registered Animal Training Instructors
<http://www.abtcouncil.org.uk/register-of-instructors.html>

Teaching a dog to wear a muzzle <https://www.youtube.com/watch?v=6BjPpXer8lE>

Teaching a dog to accept interventions
http://drsophiayin.com/videos/entry/training_a_dog_to_enjoy_toenail_trims

General behaviour CPD for veterinary staff see <http://www.apbc.org.uk/events> and <http://www.bvba.org.uk/events.html>

Further information on legislation covering dogs <http://www.doglaw.co.uk/>