

Revolutionize Your Practice With Fear-Free Visits

Dr. Marty Becker

(Dr. Becker walks to the microphone and holds up an envelope with a *Jaws* birthday card inside.)

Dr. Becker: Imagine, for a moment, this is a reminder one of your clients received in the mail today announcing an upcoming wellness visit for her beloved Schnauzer. She studies the return address on the envelope, realizes it is from you, and knows what it is about. She removes the card from the envelope and opens it.

(The theme from *Jaws* plays.)

Colleagues and friends, fellow hikers up the mountain of veterinary medicine, in so many ways, this is just plain wrong. It's wrong for the animals, it's wrong for the people who love them, it's wrong for the folks who work so hard on our teams, it's wrong for the practice, and it's wrong for us.

Worst of all, it's wrong **and** it's not necessary.

Getting the theme song from *Jaws* out of our practices is a heck of a lot easier than getting away from jaws in the ocean, though sometimes it might seem just as hard. What we all want is to swim safely to shore. We want a trip to our clinic to be like an afternoon at the beach. We know it can't

always be like that; it has to rain sometimes – we have to give bad news or mercifully end a life, we have to write up a bill we know a client is not prepared to pay – but what we **can** control is the fear factor we all know is there, but often choose to ignore.

You've heard people talk about the elephant in the room. Well, in our practices it's not an elephant in the room, it's *Jaws*. Fear and pain, pain and fear, a combination we have all too often just chalked up to the cost of doing business. *Who looks forward to a trip to the dentist?* We've said that to make ourselves feel better, haven't we? Did it help? No.

So, where do we start this journey to the Fear-Free Practice? First off, let's imagine for a minute what the people who bring their beloved pets to our clinics and hospitals actually think of us and our places. Let's hear it in their own words, not in the fine phrases of the mission statements we've hung on the walls of our waiting rooms in ornate frames.

Robin Beams is a no-nonsense woman with a Schnauzer, Morgan, a dog I examined not too long ago at the hospital where I practice in Coeur d'Alene, Idaho. When Robin makes an appointment with a veterinarian, she thinks about how Morgan growls and barks in the exam room. Worse, she thinks about how Morgan shivers and shakes in the exam room. Then she thinks about the veterinarians who sometimes seem too busy for her questions, or who seem too preoccupied to understand her questions, or the out-of-town veterinarian she visited in crisis mode after Morgan had swallowed four Kit Kats on vacation, and the receptionist was the only one she was permitted to talk to. The receptionist went back to the doctor's

office six times with her questions, she says, but the doctor never came out. “If she had shown one inch of compassion for this dog...” she told me, her voice trailing off.

You know, I just hate to hear a story like that. I’m sure there are reasons that I probably don’t know. But the fact is, this woman did not have a picture of veterinarians and their practices in her head that any of us want to see. This is just so far away from where we want veterinary medicine to be. The Fear-Free Practice – for pets and for their humans – is long way away from this picture. But, it’s a journey we **can** take, a journey we **must** take. If we want to see a broad horizon for veterinary medicine, this is the journey we have embark on right now.

Now, let’s do some imagining of life in the Fear-Free Practice. Let’s start with the at-home part, what you’re going to educate your clients to do before they even make the appointment. Let’s use a cat as an example.

The owner will have invested in a carrier that is optimal for bringing their pet in. It’ll be loaded with a towel soaked in Feliway. If the cat is particularly anxious, the owner will give her Anxitane two hours before the visit.

Now, this pet will be loaded into a carrier that she loves, a carrier that has been part of the furniture at home and has occasionally been found to contain a nice treat, a carrier where she is comfortable, that has pheromones so it’s like being in a spa, this scent of calm.

When they come in, this clinic or hospital is familiar. They've been here before just to get treats. Their memories are all good of this place. Good as they can be. It's a place with a waiting room where you don't wait. You get right into the exam room. Veterinarian Chuck Wayner calls it "wait management."

The veterinarian who comes in is calm and focused and doesn't seem to be in a rush. She's not in a hurry to show her scientific side. She knows how to handle animals with confidence and skill, she spots anxiety before it happens and heads it off.

She's got treats in her pockets and she knows how to use them. She has learned a whole tool belt of techniques, so the pet doesn't even realize a shot has happened. In fact, the pet may not have even made it to the exam table. This wonderful, gentle vet may have examined her in the owner's lap or on the floor or, in the case of a cat who fancies herself a birder, on a shelf designed just for this purpose. The exam room doesn't smell like Novasan; to a cat, it smells like relaxing; the pet just breathes it in, breathes it in, breathes the secret Feliway.

And when it's over, the owner and the pet walk out of your practice feeling more like they've had a trip to Baskin-Robbins than the dreaded veterinarian. Imagine the difference between this visit and that *Jaws* feeling: the sound that pricks everybody's ears up and makes them go in the other direction, to run from the water.

The reason I think this is really important is because we must get more pets to come in to the veterinarian, and to do that it is critically important to get more pet owners to come in. I'm convinced of this point: We have no better opportunity to do something good for pets than to create Fear-Free Practices. We have to face facts: It is difficult to take many pets to the veterinarian. And if people think it is too hard on their pet, or it's too hard on them, or both, then you've got a bond-breaker on your hands.

I started this journey in 2010 at the CanWest Veterinary Conference in Victoria, BC. That's where I heard renowned veterinary behaviorist Karen Overall say that fear is the most damaging thing a social species can experience. She said her research shows fear causes *permanent* changes to the brain.

Those words hit me like a thunderclap. Suddenly I could see the picture clearly, and here's what I saw: 500 pounds of veterinary team members holding down a seven-pound cat who was literally scared to death.

I thought to myself, what would it be like if I was scared for my life, on a cold hard table with three professional football players holding me down while a mad scientist hovered above my head with a foot-long needle poised to jab me in the neck or stick his hand where the sun doesn't shine? I can tell you right now, *that* would make a permanent impression on Marty Becker's brain. The only way you'd get me back in that room and up on that table again would be by brute force. You'd need to call out the Idaho National Guard. You'd have to sneak up on me, grab me, haul me into a

steel cage.... heaven help my wife, Teresa, if she even remotely suggested it was time for my annual visit again!

My Australian friend and colleague, feline guru Dr. Kim Kendall, explained to me very clearly what a shot in the neck means to a domestic cat. This is a very important little piece of information that will change the way you look at what you do every day. Cats are both predator and prey by nature. Both instincts are hardwired in their psyche.

In the wild, she says, cats have very few friendly encounters, no matter what you see on Animal Planet. When you and your technician stalk a domestic cat on the exam table and she cowers and her ears go down and she shows you her canines and she hisses and spits and throws her voice, and you still keep coming – somewhere in her ancient DNA she imagines a predator five times her size wrestling her to the ground, and when you push the needle into her skin for that little ole vaccination, she imagines *his* canines and the fatal bite to her neck.

And, she remembers.

Boy, does she remember.

You may not want to hear this, but it's the truth. You may have just signed her death certificate with the vaccination you intended to protect her from disease.

Here are some of the numbers. One out of five cats and nearly one out of three dogs who are surrendered to animal shelters are there solely for behavior issues, according to a mid-1990s study of a dozen shelters in four regions under the auspices of the National Council on Pet Population Study and Policy. Forty percent of dog owners and 28 percent of cat owners who relinquished their pets to the shelters listed *at least one* behavioral reason for surrendering them.

In the study, researchers asked pet owners who were surrendering their dogs or cats to the shelters to list their reasons. **So darn many of their reason could be fixed!** House soiling. Aggression to other pets and to humans. Destructive activities like digging and scratching. Biting. Disobedience. Fear. Sometimes the owners thought the dog or cat needed too much attention. Other times they were too withdrawn. And, of course, many of the dogs barked too much.

Often they were surrendered after another pet was brought into the home. My goodness, we counsel our clients on this, don't we?

Landlord issues ranked high for both dogs and cats. And, many of these landlord issues are really behavioral issues. If more pets were well behaved, you might suppose fewer landlords would place restrictions on them. The same goes for homeowners associations. And, if pets were better behaved and less destructive, their owners might have fewer problems finding suitable housing where the pet would be accepted. In fact, even in situations where people are forced to move in with relatives, better behaved pets, it stands to reason, might stand a better chance of moving in too.

The consequences for these untreated behavioral issues are sometimes fatal. Bad animal behavior is way too often a death sentence. Here are the numbers from Maddie's Fund and the Humane Society of the United States:

- 8 million cats and dogs enter shelters in the United States each year
- 4 million are ultimately adopted, returned to their owners or – in the case of feral cats – returned to their habitat
- An estimated half-million of these animals have untreatable health problems or untreatable aggression and are euthanized.
- But, what about the remaining 3.5 million dogs and cats? These animals are healthy and well-behaved, or – and this is where we grit our teeth as a profession – have treatable health problems or treatable behavior problems. What happens to them is this... they are also euthanized.

And, here's the kicker, the dynamite in your face. An American Animal Hospital Association report suggested 96 percent of dogs surrendered at shelters have never had *any* obedience training. That's consistent with what the mid-90s shelter researchers found. They reported 90 percent of the dogs people relinquished had never been taken to obedience classes and only 21 percent of the dogs surrendered to shelters had even been taught basic commands.

You don't need to hear those numbers. You've heard them before, you've experienced them, you know *you* are not part of the disgraceful euthanasia problem in this society. You're part of the solution. Right?

Well, not so fast. Remember what Karen Overall's research showed. Fear changes brains. That fearful attack in your office – that's how the Schnauzer and the calico saw it – opened a pathway to fear in their brains that may very well lead to aggressive behavior. This is tough for me to say, but we might actually be part of the problem, even as we try to save animal lives and the lives of their families. If your clinic or hospital is a place of stress, of fear, of trauma, of rough treatment, loud noise, cold tables and long needles, you may actually be opening the mental pathways to bad behavior. You may unwittingly be part of this problem.

And keep in mind euthanasia isn't the only danger. The Bayer Veterinary Care Usage Study, as I'm sure you know, has been our own version of *Jaws* since 2009. It builds on survey research showing a consistent downward trend between 2000 and 2009 in visits to our practices. While dogs paid more visits to our practices than cats, despite being a smaller portion of the pet population, both dogs and cats came to see us less often each year and in significant numbers. And owners of both dogs and cats reported *stress* – their stress and their pet's stress – as key factors in not bringing them in for care. Let these numbers settle in for a second because they're just so important.

- 26 percent of dog owners said ***just thinking about*** a visit to the vet is stressful

- 38 percent of cat owners said ***just thinking about*** a visit to the vet is stressful
- 37 percent of dog owners said their dogs ***hate*** going to the vet
- And a whopping 58 percent of cat owners said their cats ***hate*** going to the vet.

It's interesting to note that none of the top 10 things the Bayer study said veterinarians could do about the decline in visits by either cats or dogs involved lessening the stress of going to the veterinarian – which is one reason I think we've really got to sound the shark alarm about stress-free and fear-free practices now.

What these numbers mean is simply that the pet community is not getting the veterinary care it needs and deserves. This is just plain dangerous and it's the reason CATalyst is working so hard to increase cat visits to veterinarians.

Dr. Ilona Rodan is a CATalyst member in Michigan, and she reminded me recently that cats, being solitary hunters, simply don't show the signs of illness or pain to their people. Showing pain would make them vulnerable to predators and they have no one to rely on in the wild for food but themselves. So, if owners only want to bring their cats in when they *look* sick – and the Bayer study shows four out of 10 cat owners and one out of four dog owners subscribe to that dangerously misguided strategy – many of the cats and dogs we see will be much sicker than necessary; in many cases they'll be too sick to fix. Euthanasia is not the only way to die. Neglect can also kill.

And if neglect is in any way related to how our practices treat animals – to stress and fear in the clinic or the hospital – then we are part of the problem. A much bigger part than we care to admit.

Of course, we don't have to be. Just like any other disease, we can turn our part of the equation into preventive medicine, and we can teach our pet families how to avoid the fear trap. Dr. Kim Kendall, who advocates for cats in her practice near Sydney, thinks of a healthy, Fear-Free visit to a veterinarian as **an inoculation against death by bad behavior**. And, as a side benefit, we can make our practices more pleasant places for us and the team members to be, and – it stands to reason – improve our bottom-line in the bargain.

I've found that if I know the fundamental principles of something I can usually figure it out for myself. That was the core of what we learned in veterinary school about disease. So, what are the core principles we need to know to build these Fear-Free Practices?

Understanding animal behavior is a great place to begin. We can start right here at the Central Veterinary Conference by soaking up every drop of behavior related continuing education we can. You don't want to get behaviorist Roland Tripp started on this unless you've got lots of time and you don't mind a little fireworks. "What is a major cause of death in dogs and cats?" he'll ask you. Of course he knows that *you* know the answer.

Then he'll say, "So, wouldn't it make sense to teach behavior in our veterinary schools?" And when you nod "yes," he'll say, "We spend so much time on microbes most of us will never see in our practices and almost no time on animal behavior. You know what that is? That's a disgrace."

Why is it so important to understand behavior? Because understanding behavior makes it possible for you to *get down on the floor and see your practice* – your clinic or your hospital – *as your patients see it*. So, that's the humbling first step in creating a fear-free practice. Get down on the floor and try to see it the way the beloved animals who come through your door see it. And not just once. Keep looking at your practice that way every day. Make it the watchword of your practice.

Dr. Tripp talks about building a "pet-centered practice." You may think you already have one, but I'm betting most of the convenience in your practice is aimed at you and the team members, not the pet owner or the pet. That's good, but that's not good enough.

Roland Tripp tells the story of the day 18 years ago that he realized something was very wrong in his otherwise successful practice. Think about this a minute... try to visualize it. My guess is this scene may be all too familiar to you. The important thing here is to realize this didn't happen in the cathedral of his exam room. It happened out front. It was a scene you, as the veterinarian in the practice, rarely see.

What he saw as he stood in front of the exam room was a big dog being dragged through the front door, coughing and sputtering in a choke collar; throwing his feet out, doing everything he could to get away from his owner. And at the same time, he saw another dog pulling just as hard on his owner to get away after his visit. That was Dr. Tripp's big epiphany. That was the moment when veterinary practice was reinvented for him. He says he realized that someone – he or somebody who worked for him – had treated these dogs in such a way that all they wanted in the world was to get away. His front door, he says, had become the front door to the dungeon of terror.

What's one of the worst things we think could happen to one of our pets? To be locked in a cage at the shelter. But to the pet, is there any difference between being locked in a cage at the shelter, and one in the veterinary hospital? Well, we know there's a difference, but to the pet the veterinary hospital is probably worse because they hear pets in severe stress and pain. The smell of disinfectants, disease, antibiotics and even death hangs in the air.

So what did Dr. Tripp do? He reinvented his practice – and his career. Today he's a leading voice in pet behavior, and the chief veterinary pet behaviorist for Hannah the Pet Society. He realized in that thunderclap moment standing in the middle of his waiting room that treating animals who were terrified of him was not what he came into veterinary medicine to do. Veterinary school had encouraged him to, in his words, "put all the focus on the science," which he thinks can actually take the magic out of being a veterinarian. In veterinary school, he says, he learned that what a pet *does* is important; what a pet *feels* is not important.

From that moment nearly two decades ago he tried to reverse how animals felt about his hospital. He thought if they were straining to get into his practice, it would be good for them, good for their owners, good for his staff, good for his work day, and good for business. And it was good for business – his practice grew 30 percent a year for the next 10 years.

He decided the key to success had been right there under his feet all along.

Isn't that how it goes for us so often? We see something, or in this case we try *not* to see something, day after day, month after month. As Australian feline expert Dr, Kim Kendall says, "we turn a blind eye to it." And then one day we realize this thing we've been trying not to see is the answer. In our case, it's not the elephant in the room, it's the Schnauzer or the tortie in the room. And one day, that terrified pet just reaches up and bites us. Takes a hunk out of us. Tells us with his teeth to look! to pay attention! to see what the heck is happening here. (Play a snippet of that 1960s Buffalo Springfield song with the chorus – "Stop people? what's that sound?/ Everybody look what's goin' down...")

So, Dr. Tripp set about creating a **pet-centered practice**, and that's one phrase I want you to take away from here today. Not a vet -entered practice, a tech-centered practice, a consultant-centered practice, an ego-centered practice, maybe not even a science-centered practice – though to be certain nobody is saying the science in our practices isn't important. I'm talking about a practice where the animals come first, their comfort and

their emotions count for just as much as the veterinarians' and technicians' comfort and emotions.

Practice as if the pet owner – who feels exactly what her cat or dog feels – is right there looking over your shoulder all the time. That's what it takes. If that happens, you are well on the way to a fear-free practice.

Obviously, a pet-centered practice is *not* a practice where animals are afraid. If you want to figure out how to do this for yourself, just keep that phrase in the front of your mind. Write it on the wall, put a note on all computer terminals, tattoo it on your arm. It is the most natural thing in the world to create a *veterinarian*-centered practice or a *staff*-centered practice or a *client* centered practice. Across the years, everything gets organized for the convenience of the veterinarian or the staff or to please the clients... or the management consultant. Everything. You are nodding your head right now – inside, not outside. But if you organize the practice to be compassionate to the animals first, you know as well as I do, you will be making a lot of changes.

What is the one thing you can do to make the practice more compassionate for the animals who are brought to you for healing? Of course: Make it a place free of fear.

And let me emphasize something here. This stuff works. It's actually easy once you get locked in on it mentally.

Now, that happens to be true, but Dr. Kendall warns us that you can't reinvent your practice overnight. It takes time, it takes skills and – she says – most of all, it takes experience. You have to start looking at animals differently. Start looking for the signs of how they *feel*, not just the signs of disease. This is a big twist of the dial. It's a paradigm shift.

Before I move on to the meat and potatoes, let me feed your head one last key underlying principle you can park in your brain and build on later. I said earlier I wanted you to get down on the floor of your clinic or your hospital and see it as the animals who come to you for health and welfare do. I said that for two important reasons. The first is literal – that's the perspective they have on your practice. That's their point of view. The idea is to think about this place the way they think about it. And what that entails is learning everything you can about how they've evolved, about what's hard-wired in them, about how their minds work so you can understand how they feel.

The second is metaphorical. I want those of you who have brought children into your homes to remember that moment. You probably did actually get down on your knees and look around in every room for potential danger. Remember what you saw when you looked at a light socket? Before, it was just the place where you jammed in the plug to your stereo. Now, when you looked at it, you saw 110 volts of electricity jumping out at a little bare hand. Before, a plug. Now, a lightning bolt. Remember when you saw the dangling cord of the Venetian blinds? Before, a cord. After, a hangman's noose. When I was a kid, three or four years old, I pulled a hot iron off my mother's ironing board onto my hand. I still carry the scar. Looks like a

dried up lakebed. My daughter, Mikkel, pulled a curling iron down on herself once.

My guess is everyone in this room has at one time or another brought a new kitten or a new puppy into the house. You suddenly realized how tempting that lily on the windowsill was as an appetizer for lunch. Or how easily a one-pound fur-covered baby could slip between your legs and out the door to freedom. Or how inviting that Thanksgiving turkey you left on the counter could be to an enterprising pup. Everybody I know has a story about a pup and a Thanksgiving turkey.

When you're on the floor of your hospital or clinic looking up, think about the really awesome responsibility you have as a person who treats animals. If you haven't looked at what you do as a veterinarian this way before, I absolutely guarantee this will revolutionize how you see your job. What you need to embrace is this truth. *We engage in behavior modification every minute of every day we're around pets.* Period. Sometimes we do it actively; sometimes we do it passively. Sometimes it shows; sometimes it doesn't. Pet owners, veterinarians, and veterinary team members are often subconsciously and accidentally reinforcing pet behaviors that are the most distressing to both pets and their people.

The good news is that small, relatively passive techniques can effect *huge* changes for the better.

OK, now it's time to get down to the meat and potatoes of how to make this practice revolution happen. Not exactly meat and potatoes; more like kibbles and vegemite and spray cheese and salmon.

Dr. Tripp tells me the very first step he took was to buy a bag of dog treats and put them in a plastic bag in the pocket of his lab coat. Soon he was requiring everyone in the practice to have treats in their pockets. With just that one simple move he began to change the whole ethos of his hospital.

You can find a wealth of information on animal behavior and ways to create a Fear-Free Practice on the Internet, in journals, and in books. The information is there for you – *once you realize you need it*. You can build your own toolkit for this if you are motivated to revolutionize your practice.

Some of these steps are just as easy as filling your pockets with treats.

I'm talking about things like examining scared puppies or cats in the owner's lap. Giving the owner of a fidgety dog a pager so he can walk the dog around the block while he waits for the doctor. Paying owners to bring their pets in for treats between appointments. Using pheromones in all the rooms. Using distraction techniques when you give shots. Talking baby talk to pets in soothing tones and being aware of how you approach them. Preparing pets for the crate at home to prepare them for office visits when it counts.

Let's start at the beginning: A Fear-Free Practice actually starts at home with Fear-Free pets. *Before a pet owner tries to change a pet's behavior,*

they must first learn to change their own. So, the first place to start is with the pet owner's behavior.

Dr. Overall emphasizes this list of behavior modifications – modifications for owners and modifications for pets:

1. You can help pet owners learn to recognize their own behaviors that trigger, encourage or cause negative activities in their animal companions. Recognizing their own behaviors is half the fight. For example, if their dog jumps like a crazed skateboarder and the owner reaches down to throw it off or yells at him to make him stop, the dog will just get it more excited. Help pet owners realize their dog probably jumps to get attention and -- like some skateboarders -- doesn't care if that attention is positive or negative.
2. Pet owners who've felt the sting of cat claws to the chest when they just wanted to cuddle need to realize they may have caused this behavior themselves through rough play. Teach clients that when you rough house a cat, a cat learns it's ok to use their claws and teeth on your skin. Once again in life, we learn that what goes around, comes around.
3. Teach owners that a very common cause of aggression in dogs is rooted in fear and exhibits itself with the dog barking, lunging and growling at the end of the leash. Owners make two common mistakes with dog aggression. The first one is picking up a small dog or walking away with a big dog -- which rewards the dog by taking them away from the thing they feared in the first place. The second is jerking on the leash, bending over the dog, trying to pull the dog back, yelling at the dog and using corrections and a rich array of obscenities, all which get

the dog even more agitated and likely to associate the “scary thing” with even more negative consequences. It’s a classic vicious circle – the dog is afraid, gets aggressive, the owner gets aggressive; the dog is more likely to be aggressive in the future, the owner invents whole new obscenities never heard before in human history.

Well-behaved animals at home are, of course, much more likely to behave well when their owners bring them through your door. That means anything you can do to help your clients raise good animal citizens will help you create a Fear-Free Practice. Of course some pet owners will give you the classic “I don’t have time” response – either directly or under their breath – and you need to be ready with a persuasive reply of your own. The fact is, in reality, they can’t afford to **not** have time. But you have to teach them how important behavior modification is, how it can mean the difference between life and death, or just between a good night’s sleep with their cat and waking up at 3 a.m. in the cold dark to feed.

Here are six ways Karen Overall says clients can help their pets – and you – live in the peace and harmony that the human-animal bond has always promised.

1. Number one sounds so simple but it is deceptively important. It’s a bit like a magic trick because even talking about it will amaze your clients. Teach them how to pet their dogs and cats. This is a great starting point for getting them to understand their role in raising a healthy pet. Ask them what they want: a jazzed up, reactive pet, or a calm one? Logic will carry them home from there. Often we condition our pets to be hyper to

the point of being out of control, because that is the only time they get our attention, even if it's negative attention. Teach them to make it a rule to only give their pets attention when they are calm, and use gentle, soft strokes to pet. For dogs, focus on petting the chest, side of the neck, or the side of the body. Keep in mind that many animals have places they are not as comfortable being touched, and they will react by struggling or getting hyperactive. Show them how to focus on petting the areas the pet relaxes into.

2. Number two is to encourage pet owners to commit to clear signaling and rules for interacting with their dogs or cats that are as humane as possible. Teach clients by offering simple examples they can use. For the dog household, encourage them to be sure all members of the family play the same way with the dog. Never allow one member to "rough play" with the dog and allow mouthing, but not allow this with other household members. Teach them this is ambiguous for the dog, and they need rules to be consistent with all family members. A better idea would be to have a consistent routine play with a structured game of tug or fetch that has behavior training thrown in to keep the pet under control.

The signals the owner uses must have a canine or feline equivalent so that the dog or cat understands what the owner wants and has the mental space to understand what the owner wants. The neighbor who stands out in her backyard at eight a.m. yelling, "Didn't you hear me? I said 'go poo poo'," at her perfectly groomed terrier is probably **not** speaking the right language. For cat households, the advice is similar. Keep the rules consistent using rewards for behaviors, and not mixing in positive punishment. Let's say the cat owner wants to teach the cat to

sit. If the cat doesn't sit the first time, the cat just doesn't get a reward and gets attention taken away momentarily. The reward will happen as soon as the cat performs a sit. Many owners get frustrated when their pet doesn't perform the correct behavior, and although they start out using positive reinforcement they will often gravitate toward intermittent positive punishment. All people in the household need to consistently use rewards (treats, praise, play, petting, etc.) and avoid even periodic use of positive punishment.

3. Number three involves two essential T's – transportation and toenails.

- For a dog who is afraid of being closed in a crate – and this one will have enormous impact on what happens inside your clinic or hospital – you can show the owner how to desensitize and counter-condition the dog to the crate. Turn it into fun furniture by having it out all the time at home. The owner should also add a cue word for shutting the crate door. This could be saying “crate” right before you shut the door, then treating when the door is closed. The owner just starts with very short amounts of time the dog tolerates well, and then lets the dog out again. By using a word before you shut the crate, the dog often relaxes because they know what comes next. That's the sort of two-way communication an owner can establish. You not only signal what you want, you also signal what's next – in this case a treat. Finally, for a cat's trip to the veterinarian, the owner drenches a favorite blanket in Feliway and puts it inside the crate.
- Tell owners to sweeten the pot by hiding tasty treats inside the crate throughout the day. Fill a Kong with part of the dog's meal – many foods come with a soft food version that can even be frozen

with a rawhide pencil in the end. To keep the Kong in the crate, a rope with a knot can be put through the Kong, and then a clasp can be put on the end of the rope to be hooked to the back of the crate on the window bars. The owner can also spray cheese on the back wall of the crate to encourage the animal to go toward the back of the crate.

- The same could be done for cats afraid of having their toenails trimmed. By desensitizing and counter-conditioning them to having their nails touched, and adding a cue word directly before you do it, not only will the cat relax more because they know what is going to happen, but they will anticipate through classical conditioning that when you say that word, something wonderful is going to happen right after. Just imagine how an army of calm cats would enhance your practice day.
- I did a lot of TV shows on my recent book tour, and I worked with some cats on the set. Often these were cats from shelters who were very stressed out. I'd spritz the carrier with Feliway and spritz myself. And four or five times I demonstrated Clipnosis. We're having cats that during the segment are going all over the table, trying to leap off the front, climb on me, climb on the host, do back flips over the microphones and we're just soldiering on. Then all of the sudden I put the Clipnosis on them and they just sit there. They're just perfect little darlings. Then I take it off and the cat is mobile again. It works when you need to examine the cat, look in the ears, brush them out.

4. Number four is about timing and consistency. Dr. Overall warns the reward structure should be clearly defined and appropriately reinforced at all times. Pet owners need to understand at their gut level that when we're teaching a new behavior, we *teach* best by rewarding at every instance of appropriate behavior, and that our pets will *retain* what they have been taught best if we reward them intermittently. This is the Las Vegas principle. The casinos certainly know you don't need to win every time to keep you coming back. You just have to win some and lose some. But pet owners must also understand that intermittent is not synonymous with "seldom." Also, they should keep in mind that pets new to training will need to be given treats at a much higher rate than the more experienced veterans. Dr. Kendall likes to point out that this is how cat mothers work their magic. They have, she says, "impeccable timing."
5. Number five has to do with expectations – human and pet. You can do a world of good by teaching owners to think *like* their animals; not to think in human terms about them ... like the woman asking her dog, "Didn't you hear me?" Many people feel their pet should perform a behavior just because the pet "loves them." Although the pet may love them, this "Lassie myth" leaves both owners and pets frustrated. They expect to be raising a Superdog or a Supercat who behaves just because the owner "says so." In reality, the pet doesn't perform the behavior because he hasn't fully learned it, or because he has not generalized the behavior to a variety of places and situations, or because it is not rewarded often enough or with a sufficiently high value motivator to make it worthwhile.

If you think of food as currency, you have to understand exactly what currency will make a pet's eyes light up. So, think of a kibble as about the equivalent of a penny, barely worth picking up off the sidewalk. Freeze-dried liver might be worth a dollar. A slice of turkey hotdog is worth five bucks. Deli turkey is worth twenty bucks. And salmon, well salmon is gourmet. Salmon is worth a hundred dollars in pet currency.

When you teach owners not to project their own feelings on their pets, you help them lower the frustration level where behavioral issues are concerned. The frustration is set up by the idea their pet will be good because he or she "loves them," so, when the pet doesn't behave, they think it is obviously because their pet *doesn't* love them. You can get this across by asking the client if he or she would go to work just because they love their boss. Pets most often won't perform a behavior because they love us; but they will "go to work" if a good enough paycheck is involved. Paychecks vary depending on the pet. For some cats, petting is the ultimate paycheck, while for other cats, petting is to be avoided at all costs. Make sure you are rewarding the pet with what is intrinsically rewarding to them, not what you think they should like.

6. Finally, number six is one lesson that as a veterinarian you must drive home. Unless the pet owner's intent is to teach the dog or cat to fear them, to teach the dog or cat what will only engender dissatisfaction, or to confuse the dog or cat, then they must stop all punishment, shrieking, yelling, throwing things, et cetera, no matter how good it feels to do it. This positive punishment is nothing but negative in the long run.

When it comes to the work we have to do on owner behavior and pet behavior, we have to fight a jungle of myths and bad advice. And much of that bad advice involves the idea of dominance. Where dogs are concerned, I think it's important to talk to clients about having "leadership" with their dog, rather than dominance. Dominance is a theory that is often related to controlling aggressive or out-of-control dogs, and often entails positive punishment or negative reinforcement training. This may make good television, but it doesn't make good sense. The main causes for dogs acting crazy or being aggressive are fear or inconsistent rules in the household. Talk to clients instead about establishing "leadership" with their dog. Leadership helps the human family gain influence over their dog simply by controlling all resources to use as motivators to reward dogs for appropriate behavior.

Not only is dominance training linked to higher rates of aggression in dogs, but positive punishment has unpredictable outcomes; the dogs don't know what they are even being punished for, and often they associate the punishers – their owners – with negative emotions. They may associate all humans – including you and the other veterinary team members – with negative emotions. You certainly don't want the pets who come to you to think of you as "the punisher." Instead, you want your clinic to be a place of treats, a fairytale place with food and fun.

At the clinic or hospital, it is essential that you know what behaviors these dogs and cats already know. You can use these behaviors as building blocks during visits, as opportunities to reward and reinforce. To do this you need to know what tricks *they* know and what cue words are associated

with those tricks. This is extremely useful, and you need it in the medical record right alongside their vaccination history. I might go so far as to say it is *more* important. Remember when you were a kid, how you jumped and ran when you heard that bell from the ice cream man's truck? Well, your goal is to turn your practice into the ice cream truck, and knowing these tricks and the cue words for them is the behavioral bell to make it all happen.

OK, so here's the big payoff for you. Ultimately, what we want to do is classically condition cats and dogs to LOVE the veterinary team. This is the same as Pavlov's dogs, where the bell and the white laboratory coats initiated salivation before the food even appeared, because those items had been associated routinely with the presentation of food immediately after. In the same way, we want pets who are visiting our hospitals to have an association with the veterinary team as something wonderful, a place of pleasure, play, petting, praise, and prizes of the good tasting variety. Not, as Dr. Tripp says, the dungeon of terror.

Here are seven quick takeaway tips from Dr. Overall's research bag for incorporating behavior modification into your everyday practice:

1. Don't single out only problem patients for behavior modification. All pets benefit from learning to be calm. The rule of thumb should be to leave the pet easier to handle on subsequent visits after each interaction in the hospital.
2. Cats should learn behavior modification too. It's critical for cats to understand the behaviors of come, sit, get in a crate, and touch a target.

3. At every single visit, teach the pet something behavioral, or use a behavior they already know as a way to reward the pet. This is simple: ask them to sit, cock their head, and look at you for a food treat. Voila! Magic! I like clicker training because it helps the animal quickly understand what behavior they are being rewarded for doing. The clicker doesn't lie – every time it clicks, a reward comes. Owners are more likely to use the clicker more consistently than they would use a word to signal a reward is coming, and the clicker is much more precise.
4. Encourage owners to fit all pets with head collars and harnesses. Stock these items and show owners how to use them. Throw out chain leashes, choke chains, prong collars, slip collars, et cetera. Some of our favorites are the Gentle Leader and Easy Walk Harnesses for dogs, and the Come with Me Kitty Harness, all by Premier.
5. If a pet does the right thing without being prompted, reward him or her instantly. If a pet does something good spontaneously, reward that behavior and teach clients to do the same. Clicker training is a great way to “capture” behaviors that occur automatically, such as the cat sitting or waving a paw. If the pet is afraid of the clicker sound, you can use a word, such as “yes,” to mark the behavior, and reward immediately after with a treat. Think of it like taking a high speed camera shot of the exact moment of good behavior and rooting the image in the animal's brain with a click or a word.
6. Show clients how to encourage their pets to walk more gently on a leash by engaging the pet in conversation from time to time during the walk. You can model this with your tone of voice in the exam room as you interact with the pet. Modeling is a strong method of teaching. Also, show them how to encourage the pet to be by their side when walking

by marking the moment they sidle up with either the click, or your word -- such as, 'Yes,' – and then pairing it with a treat. If your client is walking a smaller pet, show them how to get closer to the ground with peanut butter or spray cheese on the end of a wooden spoon. Using an encouraging voice that is higher pitched and more playful can also encourage a pet to follow, as well as toting around a toy by your side so the animal will focus in on that area as a fun place to be, rather than straining on the leash in front. Again, if your client has trained their dog or cat to walk gently on a leash, the time they spend in the clinic or hospital will be much more peaceful.

7. Finally, encourage your clients to follow these simple principles at home:
 1. Be reliable
 2. Signal clearly
 3. Be compassionate and humane
 4. Let your pets make you a better person.

But don't stop there. Practice all of these traits, all the time, in the hospital ... and let your *patients* make *you* a better person.

Dr. Sophia Yin has written a lot on how to smoothe the way to Fear-Free visits to the vet, and she is a leading writer on all things behavioral, including *Perfect Puppy in 7 Days* and *How to Behave So Your Dog Behaves*, an excellent 2010 science-based handbook available in all formats from Amazon and others. Her 2009 classic, "Low Stress Handling, Restraint, and Behavior Modification for Dogs & Cats," is also available through Amazon or from her website – drsophiayin.com/lowstress .Here are 10 principles she offers on how to handle pets:

1. Start with a comfortable environment.

2. Keep the animal from pacing, moving nervously or excitedly, squirming or suddenly trying to escape.
3. Support the animal well by having your hands, arms, and body positioned appropriately. The pet should not feel as if he will fall or is off balance. (Dr. Tripp uses the opposite of this as a distraction technique when giving shots, which he illustrates in one of his YouTube videos.)
4. Be aware that physically positioning animals or asking them to perform behaviors when they are nervous, scared, or confused can cause them to resist handling. When they act confused or scared, it's important to move deliberately and slowly to avoid a reflex resistance or escape behavior.
5. Know how to place your hands and body to control movement in any direction.
6. Wait until the pet is relaxed before starting a procedure.
7. Use the minimum restraint necessary.
8. Avoid prolonged (more than two seconds) of repeated fighting or struggling.
9. Use distractions and rewards when appropriate.
10. Adjust your handling based on the animal and his response to restraint, and learn to adjust your sample-taking technique.

The general rule of thumb is to release your hold if the cat struggles more than two seconds, or the dog struggles for more than three seconds, according to Dr. Yin. If this occurs, try to:

- Change to a different hold.
- Get assistance from another person to help restrain.

- Counter-condition and desensitize the animal in the hospital, or send the patient home with instructions for counter-conditioning in their home environment.
- Use chemical restraint before the animal is too anxious.

Here's an important way you can easily make visits less stressful. Dr. Yin advises you to tell owners to bring a hungry pet to the practice, even if it means withholding a meal that day. I've found this technique particularly successful.

Dr. Yin is a good friend and she's been instrumental in my own journey to the summit of the Fear-Free Practice. Her work is one of the maps I've tried to follow. We don't have to blaze this trail alone. Many other bright lights of our profession are leading the way. I recently attended a birthday party for one of the earliest trailblazers, Dr. R. K. Anderson, who is a father figure to everyone in this room. I remember his mantra: *Which do you want? The all-treat veterinary hospital or the all-pain veterinary hospital?* If you came to a place where the trail split and one sign read "all-treat" and the other sign read "all-pain," you'd pretty much know what trail to take. One thing he says particularly hits home with me. He talks about everybody getting treats at **the moment of truth**. What he means is that if your timing is right and you offer a reward precisely when it will make an impression, you will be successful. But that phrase "moment of truth" also puts a sense of urgency into this journey for me, the urgency I think it deserves for both the pets and the profession. For many of the animals we see, having a fear free visit maybe his or her personal moment of truth.

I've spent the past eighteen months studying how to create a Fear-Free Practice and I've worked with Dr. Bruce King in Coeur d'Alene, Idaho, to implement those ideas at the Lakewood Animal Hospital where I practice. I love walking through the doors of that hospital because I know that inside I'll be at the nexus of the most powerful energy force on this planet – the connection between people and their pets. I know I'll be permitted to dive into that energy source one more time, to feel its strength to recharge my batteries and to renew my faith in mankind – and animal-kind.

You talk about urgency. Here's a story that will tear your heart out. In a sense, it is a case study in gentling – against all odds. It's the story of a dog who had been abandoned in a subdivision of homes with small acreage in Arizona. This dog lived in his cage so long that the cage became fused with his body.

Luckily for this luckless creature, a woman who was out riding her horse in the area heard him crying. I can't really imagine what she thought when she saw him, the cage embedded in his body. She loaded him up and took him to her veterinarian. They cut the cage off and the real work began.

This dog had all kinds of phobias, as you can easily imagine. The first place he went was a home where they trained hunting dogs, not a very good environment for a dog with noise phobia. Then he came to a person who saw the story on the Internet and adopted the dog. They lived part time in California and part time in Coeur d'Alene, Idaho.

They came in with the dog. He was terrified. He had a condition where we had to take monthly blood samples, and the dog was trembling and licking, and I could see the whites of his eyes. Being there for the dog was like somebody who's afraid of snakes being in a room full of snakes.

I talked to owner about how we would have to continue these monthly visits, but we could make this tolerable, maybe pleasant. We ended up giving food rewards and having them bring the dog in when nothing was happening for rewards, and using lots of pheromones. Everything we could think of. The biggest thing was alazopram – generic Xanax ... We used it before a visit. It made a remarkable difference for a dog who had grown to fear people and be terrified of the hospital.

Speak softly but carry a big stick ... of baloney. That's been my mantra since I returned to the exam room. And, it seems to work. The way to an animal's heart is definitely through the stomach, and realizing most animals are afraid in unfamiliar places – even if their bodies haven't grown around a cage – helps keep my voice soft and my handling softer.

I'd like to share with you some of the things that have worked for me. First, I always try to remember that the entire time pets are in my care, they are being conditioned. They are undergoing classical behavioral conditioning. That is a sobering thought – and it should be. That's an awesome responsibility if you understand the consequences for the pet, the family and the bond.

Although not all things can be positive – such as drawing blood – we can make it the least obtrusive, painful, and scary as possible, and, as Dr. Tripp teaches, we can use distraction during the procedure to keep the pet focused on something else. Also, we can pair the time immediately afterward with a treat, or – for the really painstaking procedures – with a really fabulous jackpot treat, such as a stuffed Kong.

As many of you know, I just finished a book tour for “Your Cat: The Owner's Manual: Hundreds of Secrets, Surprises, and Solutions for Raising a Happy, Healthy Cat,” so I’ve been living deep in the feline mind – if that’s possible for a two-legged to do – for several years now. Let me share just a little of what I’ve found out through study and experience about the feline mind, which you can pass on to your clients so they can better prepare their cats for visits to your clinic and so you can better prepare the clinic.

Let’s start with cats in the exam room. Many cats have been punished by their owners at home for jumping up on tables, which often makes them even more nervous to be set on the exam room table. Instead, let the cat decide where he or she wants the procedure done. Many cats prefer being examined on your lap – facing the owner – or on the small scale, on a shelf or bench, or inside the crate with the top off. Like me, my fellow Washington State graduate Dr. Ilona Rodan says she almost never examines a cat on the exam table these days at her practice in Madison, Wisconsin.

With cats, it's important to master handling technique. You want to be gentle but with firm restraint. You should avoid scruffing unless it is absolutely necessary. Use Clipnosis.

If a cat is fearful, come from behind the cat rather than in front of the cat to prevent visual arousal. Cats are leery of people for good reason. They are, as Dr. Rodan points out, solitary hunters. Their survival depends on their awareness of danger. So, the exam does not need to begin at the head and go to the end of tail. Instead, start examining non-painful areas first, and other places that will not arouse the cat. Examinations should be done from behind or to the side so you are not looming over the cat or staring at the cat, which are both threats in a cat's eyes. What you want to avoid with cats at all cost are "red alerts."

Wait until the end to examine the painful areas on the cat. This gives the cat some time to relax before the tough stuff begins, and allows you time to gather information from the owner in relative calm. If you think the cat will be feeling pain during the examination, you can give a short acting analgesic with rapid onset. Conditions that may require this include lower urinary tract disease, dental disease, pancreatitis, and arthritis. While waiting for the opioid to take effect during the exam, go ahead and look at the non-painful and non-stimulating areas on the cat.

At Dr. King's practice in Coeur d'Alene, we're remodeling one exam room to be more cat friendly, with lots of steps and shelves to sit on and be examined on. We're installing carpet and subdued lighting. We're using disinfectants that aren't as harsh. The more you can make the exam room

look like a home, with similar furniture and perches, the better. We also pre-load the cat exam room with every possible thing we might need so that we're not going in and out to fetch stuff, which invariably causes more stress to the cat.

Here's something I picked up from Dr. Kendall. It generally takes a cat five to 10 minutes to settle into a new room, so we open up the cat carrier and allow the cat freedom to investigate on their own time. When we move the cat and the owner to the exam room, we tell the owner: "What we're going to do is have you in here for five to 10 minutes and **actively do nothing** while we wait for your cat to decompress." We give the owner something to read, an iPad article on gentling, something about fear-free visits... we let the feline decompress, and we use the time for information and education. Some cats are very shy or very afraid. Many times, by keeping the crate door open and facing the carrier toward the wall, shy cats will be more likely to venture out. Entice the cat to venture out by placing catnip and treats or toys toward the edge of the kennel. Stand to the side, not staring down the barrel. Allow the cat to see an opening not filled by a human face in front of the kennel, so they don't feel trapped or threatened.

Here's a key point. We're not just remodeling the exam room. We're also remodeling our voices. We speak more softly around cats. You'll find a softer voice helps calm their feline nerves.

Teach your clients how to remodel their crates to soothe the trip to the vet, or anywhere else. They'll love you for this simple insight. Dr. Rodan says the first thing she tells her clients is to haul the crate out of the garage or

the basement or the attic – wherever they have it stowed away – and make it a piece of furniture in the cat’s territory. This is, she says, just about the most important thing your clients can do to help you in the exam room. She tells them to toss kibbles and other food into the crate now and then at home and walk away.

Another thing they can do is create places inside the kennel for the cat to hide to help them feel more secure. Hiding is a coping strategy for cats when placed in an unfamiliar environment. Add a blanket or towel to the box or perching area for the cat to be more comfortable. Soft cat beds with high sides, a paper bag, a sturdy plastic container, a cardboard box, a commercial cage insert added to the cage, or a “Hide, perch and go” box will make life in the exam room much easier for the cat and for you.

Now, what about dogs? I like to approach a fearful dog by backing up toward the dog, and squatting down to their level. You can then toss treats on the floor next to them and eventually feed them out of your hand. This will be most impressive to the owner. Once the dog is comfortable and relaxed, it’s okay to face them.

Don’t be afraid to get on the floor and socialize with the dog. Trust me, if the client comes in and sees you on the floor with Leo the Lab, they’ll either be impressed or they’ll call for help. Actually, they’ll just be impressed.

Just after the 4th of July, this guy, Chuck, came in. I don’t know what kind of transportation he used to get to the animal hospital – it might have been a mini-van – but he looked like he’s just gotten off a Harley with his lab Leo

riding on back. He had the looks, the tats, the rings, the hair. If I'd seen him out somewhere else I would have thought, "Better give this guy a wide berth." He came into the hospital because his dog has noise phobias. Leo got loose on the 4th of July and when a kid tried to grab him, the dog bit the kid real gently, just enough to get Leo the Lab thrown into quarantine.

So I go in there and I'm actually lying down on the floor of the exam room with this dog about 6 feet away. The dog comes over and flops down. He puts his back leg up and I'm rubbing his belly. We're talking about his dog and he's looking at me kind of amazed. I showed him how the dog is shedding excessively and needs to be bathed more frequently for the health of his skin.

It was just hilarious. Here's a dog that came in because he bites somebody, and you have to clear him, and I'm lying on the floor with him, petting him and making friends with him. And this guy, Chuck, winds up lying down on the floor with us.

His wife, Debra, says seeing me on the floor with Leo was exactly what both Chuck and Leo needed to see from their vet.

"Chuck's dog had just gotten back from being incarcerated 10 days," Debra says. "And for those 10 days, Leo wouldn't eat much of anything. That day, Chuck knew his dog needed a lot of TLC, and he got it."

Leo the Lab might have been hungry for affection, but he wasn't a bit shy. What about that really shy dog? Danger lurks with shy dogs. When you

leave a shy dog, never just turn and walk away. Turning your back may lower the dog's fear just enough to sneak a bite out of **your** behind.

Tossing treats on the ground for the dog to scavenge can help him move into a more relaxed state, and can be done during the history-taking part of the exam. You can do this Hansel and Gretel style, letting him follow a little trail. Here's the philosophy: Start with the heart, then move to the head. Start with the heart of the pet owner before you move to recommendations. Start with heart of the dog, then move to the exam. *We need to mold our practices to be places where state of the heart meets state of art.* That means slowing down, taking your time, laying a little trail of treats for the owner and the pet.

Treats for the owner? Well, certainly not kibbles... and smoked Alaska salmon is probably out of the question. *The second mantra I've been practicing lately is to look for what's right before I look for what's wrong.* A little trail of compliments can draw the owner into the heart of a fear-free practice just as deli turkey draws a shy dog out of the crate. Remember Robin Beams, the woman with Morgan, the Schnauzer who barked inappropriately and trembled and shook at the vet's office? I started off that conversation by noticing her dog's rippling muscles. I mean, this gal was ripped, unlike a lot of Schnauzers we see. I commented on her dog's healthy physique, and Robin said she drives her four-wheeler about three-quarters of a mile to the mailbox and back every morning with Morgan racing along ahead of her. A mile-and-a-half sprint every day! Anybody would be in big time shape from that regimen. Well, you should have seen Robin's face light up with that psychological treat from me.

Key point here: Just like the salmon you offer better be the real thing, the compliments you offer need to be just as real. This is easy – just train yourself to look for what’s right before you look for what’s wrong, then don’t be afraid to praise the owner for what you find. There’s gold in this idea, believe me. I’ve seen it.

Allow me to follow this little side trail for just a moment. Giving psychological treats to owners is powerful. The kind of treats they want are emotional – they want to hear what they’re doing right, not just what’s wrong. This is crucial to **their** relationship with the pet and with you. In the exam room, it is just so easy to make friends for life. This stuff I’m talking about is just so easy. And it works every time. One of the things I learned on my 2012 “Healthy Pets Visit Vets” tour was to really catch people doing things right before you start talking about the things that are wrong. It hit me that if you’re always saying, “The ears look bad,” “The teeth are bad,” they feel like they’ve done a poor job, like they were inadequate as pet owners.

But, more than soul strokes, *they want your attention*. Not *some* of your attention. Not *half* of your attention. Not *most* of your attention. They want you to focus on them and their pet – as I like to say – *as if this is one of one*, the only client and the only job you will do today. You came in to the clinic today just to see this one pet. That’s what they want from you. And they want it every time, no matter what is happening in your hospital, or your life, that day.

Don't take this just from me. I want you to hear Robin Beams' own words because I think they're powerful. You can pretend she's not talking about you, but you know there are times – maybe once or twice just last week – when you were guilty as charged. I know that's true for me. Here's what she told me:

“Most veterinarians tend to talk a little bit above. Not because they intend to but because of their knowledge and ability. Because of their book learning. And I usually have to go back and say, ‘What did you mean by this?’, ‘I don't understand that.’ and ‘How does this apply?’ Most doctors get in and they get out. It's understandable. Their time is valuable. Their time is worth money. But for those of us on the other side of the fence, it's really nice to get a few minutes to just visit and get to know the doctor and understand what they're doing and not feel like we're bugging them or holding them back by asking questions. We've got to hurry up and ask our question because he's going to get out the door before it gets answered. Or, you wonder, did they even understand the question because they were so preoccupied with what they're doing. Then, later, you realize they didn't answer it.”

OK, now I just want you to pay attention to one word she used.

“Understandable.” It's *understandable*, she said. She was being awfully generous with us, wasn't she? Can you see the opportunity we have here? Can you see how you can offer treats to pets **AND** to those who love them enough to bring them in?

I was practicing earlier this month at Lakewood Animal Hospital when a couple brought in Stevie, a 5-month-old Schnauzer/Pug cross, perhaps the cutest puppy I've ever seen. The owner, Samantha Conroy, was a little surprised when I sat down on the floor for the wellness exam.

“He was really good with her,” Samantha says. *“He played with her the whole time. He sat on the floor with her and she didn't even notice the doctor things he did.”*

“It was a little different. Normally a vet gives your dog shots and leaves. It's nothing personal. But he talked to us for an hour. And the way he did it made everything comfortable for Stevie and for us, and we learned a bunch from him about dogs, too.”

That's the kind of report we all want to get, right? That's the Olympic gold. Just like the pommel horse or 200-meter 4-by-4, winning that kind of wellness exam gold takes time, and razor-sharp focus.

And it takes genuine love and empathy for the animals we meet in the cathedral of the exam room. Take my visit with Morgan and Robin Beams. When I first came into the room, Robin told me about Morgan's quaking and shaking and she warned me that Morgan barked a lot and that Morgan did not like to be handled by strangers. This was an R.K. Anderson moment-of-truth for me and Morgan. I told Robin we're going to be okay. We've made friends. I didn't get Morgan up on the table. I just did the exam right there with her sitting in Robin's lap. I could open her mouth up there

and show Robin things, like the fact that getting her teeth cleaned was not optional, we had to schedule something.

When Robin went out, I noticed she was with another person who had driven her to the appointment. I heard this person say, “I never heard Morgan barking at all in there.” And I heard Robin say, “She didn’t bark at all. She really liked the doctor *and the doctor really liked her.*”

She followed the recommendation to make an appointment for teeth cleaning. The dog had a fear-free visit. It was a pleasant visit. Morgan was taking treats and feeling safe. By building rapport with Morgan, the owner said these really nice things in front of the other people in the waiting room who were – you can bet – listening. Everybody won.

Here are some other exam room ideas. Examinations can be made much easier by fitting dogs with either the gentle leader or snoot loop for brachycephalic dogs. Peanut butter or spray cheese can be placed in an empty syringe case to distract the dog while placing the device.

Wonderwalkers should also be a hospital staple for transferring or walking dogs.

For both dogs and cats, let them decide where they want to be examined. For instance, many dogs are more comfortable being examined on the floor than they are being lifted onto the exam table, while little dogs may be more comfortable being examined on the lap. Help the pet to be relaxed in restraint, rather than trying to put them in a fearful state and hoping they will freeze there **out of fear**.

If you need a muzzle for a dog, I prefer BiteNot collars, Elizabethan collars, Air Muzzle Restraint by Softpaws, or the basket muzzle (through which treats can still be delivered.) For cats, cone muzzles are easy to put on and provide good protection for the handler. Nylon muzzles aren't as easy to put on, but can be calming, because they block the cat's vision. Air Muzzles and Elizabethan Collars can be used as well. In a pinch, a makeshift muzzle can be made out of a plastic or paper cup simply by finding a cup that will fit easily over the cat's head, with the large side of the cup going over the neck. Two holes should be cut near the rim of the cup on opposite sides, and then should be tied behind the cat's ears. For loose cats, the Snappy Snare combined with the use of a towel is often the best way to catch a cat.

Just as for cats, I'm thinking a farsighted practice will create a panic room for dogs. The theory here is simple. *You* never have an ingrown toenail excision done at a spa. *We* never want to do anything in the exam room that might cause anxiety or pain (nail trim, vaccinations) if we can possibly help it. Rather, we do those in a room the pet will never visit unless he is sedated or unconscious. You could use the radiology room or the euthanasia counseling room for these purposes on most days. This way, the pet always associates the exam rooms with good things.

Of course, our main goal is to prevent panic attacks in the first place. Learn to recognize subtle signs of fear in dogs and cats. For cats the initial signs of fear are often freezing or walking away. In dogs, watch for tense muscles, a shift in weight (pay attention to slight movement of the pet

leaning away or towards the veterinary staff), hardening of the eyes or the whites of the eyes showing, excessive licking, sniffing or self-grooming, shaking off like getting out of a bath, or pacing.

Dr. Kendall is a sharp student of animals. She thinks this is really important for us to master. She has spent some time watching folks you might think of as animal whisperers, and she noticed a common trait. They always react *just before* the behavior they either want to reward or create aversion to. Just before, she says, is the trick. This, she says, you learn by experience and, I might add, by that all-important trait of “noticing.” She told me when she first graduated from veterinary school she realized the animals hadn’t read the text book. Nobody shows new graduates how to spot the early signals, she says. She had to see lots and lots of cases to get to the point where she could see what was coming next.

I think experience is a great teacher here. I’ve certainly had years of experience but I guess I also have a second sense about when an animal is about to short circuit. As a budding behaviorist, my daughter, Mikkel Becker, worries about me. I don’t know what it is, but I just know when to back off. Part of it is experience and paying attention but part of it is just intuitive.

By paying attention, by noticing what animals do, you’ll get better and better at anticipating their next moves. If you get the timing right, your rewards, Dr. Kendall says, will be much more effective. But my Aussie friend says the more important goal in the practice is to recognize the

imminent short circuit and move quickly to prevent it. That's **the** essential battle, she says, in the Fear-Free Practice.

So, you train yourself to see that “first twitch of the ear” and how to stop what she calls “the fire up.” If you know what you’re looking for and you know how to handle pets, you are less likely to be burned by a fire-up in the exam room. If you need to reach for the fire extinguisher, it’s too late. You’ve lost the battle.

This means the exam room cannot be, in her words, “awash with adrenalin and anxiety.” We’ve got to be, in her words, “centered, gentle and in control.” Some of us think we have to be busy all the time in the exam room but sometimes we should just be quiet and calm. Apply a little Zen to the exam room. And – I love this because it’s so true and it comes at the problem from such a different angle: Dr. Kendall wants us to, in her words, “Show respect for the animal. Show respect for the animal’s time. And show respect for the animal’s emotional state.” Aretha Franklin couldn’t say it better. (Play a little snippet of “RESPECT”)

Of course, the ultimate fire-up prevention happens at home and happens young. Think of it this way: Start with the end in mind. That’s Dr. Tripp’s suggestion. He has posted a wide array of “gentling” videos on YouTube that are good viewing for you, your team members, and your clients. The best thing about them is nobody gets chopped, eliminated, or sent home. I’ve already talked about a lot of this, and you can watch them for yourself and learn his techniques, but the key thing seems to be to know:

- where to touch

- how to touch and
- to know what the animal thinks is happening.

In general, you want to teach your clients, from the very beginning, to handle their pets at home in the same ways they'll be handled in the practice. Touch their paws to condition them for claw clipping. Condition them to be pillled even when you don't have a pill. This could save a life later. Teach them to ride in the car, and turn their carriers at home into little apartments where they can get away from the crowd.

Your pet owners can be of enormous help to you if they do these things early in their pet's life. You – and the pet's owner – have a very small window – three to 12 weeks usually – to wire these animals for long happy lives with humans. Dr. Kendall says we have to teach cats that humans have value. That should bring a smile to every feline expert's face in this room. Really... teach them that we have *some* value. That we are worth *something*. That we are not just clumsy two-leggeds who don't understand that feeding on demand is how life is supposed to be.

But, not only do we have value based on the fact that we have opposing thumbs and can open cans or kibble bags, we have to teach them to not fear us when we need to fool around with them. Again, Dr. Kendall points out that they have very few friendly encounters in the wild, so they are naturally afraid – and a cat that's afraid is often aggressive. We can use our God-given thumbs to give them treats and to condition them to accept having their nails trimmed, their teeth brushed and, most important for their

future health, to have pills gently jammed down their throats. And, yes, we're even starting to see kitten classes.

Dr. Tripp used frequent friendly visits to build joy into his practice. Like him, we offer an incentive to pet owners to bring pets in just to get treats and be loved. Five dollars in credit toward a future office visit will pay off big time when a vaccination visit or a teeth cleaning arrives. The idea is for pets to perceive the veterinary hospital *not* as the place where they get scary things done to them, but instead, as the place where they get treats and gentle treatment. Pets will be less stressed on subsequent visits and will be in a more relaxed state, making future veterinary visits more efficient.

The day has come for us to turn the waiting room into the no-waiting room. The time has come to make the waiting room a thing of the past. We even examine frightened pets in the owner's car, if necessary. But the best thing is to just escort the pet and pet owner right into the exam room where they can wait in relative seclusion.

Of course, if you don't already have them, there should be separate waiting areas for dogs and cats. Kind of like the way 8-year-old girls feel about sweaty 8-year-old boys fresh off the playground, dogs and cats just really hate the way the other one smells.

Let me return to food as currency before I close. The big gun in the food category for dogs is the Gerber's Graduate Meat Stick trick. Dip your fingers in a jar before the first time you meet a dog and dab a little on your neck. They love it! Their people will think you are a god. Every time they

bring Sparky to the exam room, he'll be wagging his tail and looking for you, the woman with the "bone cologne" or guy with the "Milk Bone underwear." For cats, a piece of deli turkey heated up in the microwave or a dollop of Vegemite – which is a dark brown Australian food paste made from yeast extract – does wonders! Treats should be in strategic areas around the hospitals, and, as Dr. Tripp insists, in everybody's pocket.

As I said earlier, follow each unpleasant experience with a tasty treat. I follow Dr. Tripp's lead in keeping a plethora of tasty treats around me and the exam room including Wee Bites Salmon & Bison (Solid Gold), Rabbit kibble (Instinct), Bravo freeze dried treats, Premier training treats, string cheese, Honey Nut Cheerios, Peanut Butter Cap'n Crunch, Natural Balance food roll. This can be cut into pieces and frozen- then thawed when needed. Easy Cheese is one of the best I've found because it can't be spit out the way a hard treat can, and it can be given through a basket muzzle if needed. KONG squeezable cream cheese is a new favorite.

Cats thrive on tuna, easy cheese or canned cheese, Feline Greenies, and baby food. If you think cats won't take treats, I've found about half of the cats in a comfortable hospital setting will take treats, and almost all kittens will.

Pheromones are a wonderful discovery and I'm sure you are already making use of them. We sell all pet owners a bottle of calming pheromones to spritz the carriers before they come to the practice. The spray should be added at least 15 to 30 minutes prior to the pet being kenneled. We also

spritz the exam room with pheromones before the pet enters or have diffusers in place in certain exam rooms.

I saved one of my best tips for last, because it has a big impact with sustained ripples. I told you earlier that one of the most powerful things you can do is catch the pet owner doing things right or exceptionally well with their pet (before you get to the necessary things they must improve upon). Sincerely compliment them on their pet's coat, nails, teeth, manners, joy, really anything. Then as you're listening to the pet's heart with a stethoscope, ask the owner to stroke or talk to the pet in the special voice or touch that only they know. Most of the time you'll be able to sincerely tell the owner as you pull the stethoscope from your ears, "I could hear _____'s heart rate dropping as you interacted." By complimenting the owner on their pet care and for the contribution to a Fear-Free visit, you make the owner feel great.

OK, I've emptied out my Fear-Free Practice toolbox for you. I hope some of this will help. Just one more thing. I don't know how to say this, exactly, but **what I've been talking about here is just so easy**. It's easy to make friends. It's easy to make clients say, "Yes." It's easy to make clients feel like number one. It's easy to do – a Fear-Free visit. It's like a performance where a peace treaty gets signed. You have to give it everything you've got, then something of great value to everyone comes out of it.