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Low stress handling: *the new revolution!*

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Pleasant visits to the vet clinic promote the establishment of trust and confidence in both the pet and the client. Learning how to read animals, communicate with them better and handle them more skillfully will increase safety for staff, increase our ability to care for pets by developing patients who willingly comply with procedures, increase the willingness of owners to bring their animals to the clinic and build better relationships with both our clients and our patients. (Yin, 2009, p. 18)

We all know we are often under time constraints and sometimes we just need to complete everyday tasks, but we should always try to remember it is our job to make patients feel comfortable and make their visits as positive an experience as possible. All it can take is one bad experience and the pet may form a negative association with the vet clinic for life.

The purpose of this article is to hopefully provoke thoughts in the minds of those who handle pets on a regular basis, whether as a veterinarian, veterinary nurse, groomer,

trainer, kennel/cattery operator, or owner. I will provide some background information on the theories behind why it is that pets 'misbehave' in these environments, how to recognise signs of fear and/or stress in our patients and what we can do in various areas of our working environments to help minimise this stress, thus creating a more pleasant experience for everyone involved.

Cats

Problems for our feline visitors often start from the very beginning – travelling in a carry cage. For most cats, being put into

the carry cage invariably means going to one of two places: the vet clinic or the cattery. Because of this, the number one thing we should recommend to all cat owners is habituating and desensitising cats to their carry cages. 'Crate training' cats is not as silly as it sounds.

Providing a blanket the cat is familiar with, which carries the cat's own scent, will be much more pleasant for the cat than sliding around on the plastic cage floor. Suggesting to the owner that they use Feliway® on the blanket to help create a more calming

environment through the use of synthetic pheromones can also help. Cats like to feel safe and secure, so having a closed cage with a door at the front and which has the ability to come apart in the middle may be of comfort to some cats.

In the waiting room

Consider the kind of carry cage particularly if a cat is in a wire top cage, provide the owner with a towel or blanket to cover the cage to restrict vision, making it a darker, safer and more secure environment for them. Encouraging clients to place their cat's carry cage on the chair next to them, rather than on the floor, can also help with this.

It is ideal to have two separate waiting areas for dogs and cats. If this is not possible consider showing the client and their cat straight into a quiet consult room, or if there are dogs present in the waiting room make sure cats are seated well away from them. Clinics may also consider providing elevated carry cage platforms next to each chair. This way the cats don't have to sit on the floor and risk being eyeballed or launched at (or even peed on!) by passing dogs. Suggesting to clients that they don't sit too close so that their cats aren't staring at each other, can provide some relief from waiting room stresses for feline patients. It is said that cats' social interactions are high frequency but low intensity. Remember this analogy: they prefer to "say hi to you from the other side of the street and then keep walking, rather than stop for a hug and a chat" (S. Heath, March 2013, personal communication).

Figure 1: The body language of fear in cats may include any or all of the following:

- Covering (head and body low, ears flat or out to the side, furrowed brow)
- Tense muscles, trembling, open-mouth breathing
- Shut-down, trying to hide, or in freeze mode
- Looking sleepy, or moving in slow motion
- Leaving sweaty paw prints on the table
- Hypervigilant – scanning for danger/ looking for escape route
- Tail held low and flicking in a swift manner
- Hissing, yowling, or vocalising



In the consult room

Firstly, make sure the table and scales are wiped down to remove scents from previous patients, and then let the cat come out of the cage on its own. If you need to manually extract a cat from its cage, take the lid off to lift the cat out, rather than drag it out. The act of dragging will invariably cause the cat to 'dig in its claws' making it even harder to get out of the cage. If the lid doesn't come off and the cat won't come out on its own,

Above: A slightly fractious cat able to sit in the base of its own carry cage for examination, with minimal restraint required

cover the cat with a towel to reach inside the cage, supporting the cat beneath its body to lift it out.

Take your time while examining feline patients as cats don't like to think that they

are losing control. As mentioned, cats like to feel secure, therefore if possible consider performing as much of the examination as you can with the cat sitting in the bottom half of its cage, if it wants to be in there that is – each cat is different. Minimal handling is the cornerstone of good cat practice. Many clinics have introduced a ‘no scruff policy’ (the peg trick included). This will work in some environments and not others. Ideally the examination area should be a ‘let go’ environment, so there shouldn’t be any need for restrictive handling.

Using the cat's own blanket on the scales before weighing them, or a towel sprayed with Feliway® can again help them feel more comfortable, and you can use the same one on the examination table. Remember: don’t re-use the same towel or blanket for another cat – they don’t like the smell of strangers.

Letting the cat back into its cage as soon as possible after the examination has finished will aid in reducing stress. The cat doesn’t need to still be sitting on the table while vet and owner are chatting – it will be plotting its escape!

In the treatment area

Transporting cats around the clinic in a carry cage will prevent ‘flight’ attempts. It pays not to imagine encountering a boisterous dog in the corridor as you step out of the cat ward with a frightened cat in your arms!

Prepare the treatment table with a non-slip mat and pre-plan the patient’s procedures (e.g. blood sampling, IV placement or x-rays) so that they are separated as most cats are unlikely to tolerate all of these things in a row. Stop all procedures at the very first sign of agitation. It is also important to know that fear will persist in a cat for 30 minutes or more after the frightening stimulus has been removed, so a five minute break will not be enough. When accounting for the 30 minute rest, remember to take noises in the environment into account (barking dogs, loud voices etc.).

Cats will always give you some kind of warning that they are going to be fractious, which may start as an expression of fear (see Figure 1). As soon as you see this warning you should adjust your handling plan and location, for example, move to the imaging room or a similar room where there are no other animals, and no loud distractions.

In the hospital

Use Feliway® spray on bedding and in cages as well as using a diffuser in the hospital and cat ward. It appears magical in that it mimics cats’ natural relaxed and happy pheromones. Encourage a cat back into its cage the same way you would encourage them out – gently with minimal handling. Provide a ‘hidey hole’ in the cage. If you are able to, take the front door off the cat’s own cage and put the cage inside the hospital cage, or make a temporary cat cave out of a cardboard box.

Keep litter trays and water bowls clean and fresh at all times. Fill litter trays sufficiently and have different types of litter available. Also, have different types of bowls on hand (plastic, stainless steel, ceramic saucer etc.) and remember some cats will only drink from a glass, or a water fountain!

Create visual barriers. Cats don’t like looking at each other across the cat ward, so if possible, house known ‘cranky cats’ somewhere separate. One angry cat will turn the whole ward angry.

Dogs

Fear is said to be the number one cause of what we perceive as aggression or misbehaviour in the vet clinic so “it is imperative that those dealing with dogs be able to understand the cause of fear, recognise overt as well as subtle signs and be aware of what people commonly do that worsens fear.” (Yin, 2009, p. 32)

Before visiting the clinic for medical/surgical reasons, we should always suggest to our canine owners that they train their dogs to enjoy car rides. It also helps to increase the number of pleasant visits to the clinic throughout the dog’s life. This creates the association that the clinic does not always equal a negative experience. Puppy pre-school classes are great for this when held in clinic, but these visits shouldn’t end after puppyhood. Encourage your clients to visit just to weigh and/or allow their pets to get treats from the staff. Not every visit needs to involve a thermometer, but almost every visit should involve treats! A negative association to the clinic can result in the expression of fear whenever visiting. See Figure 2 for body language signals in dogs.

Recommending crate training to your client will go a long way in easing a dog into being housed at the clinic for an extended period of time. Desensitising and counter condition-

Figure 2: The body language of fear in dogs may include any or all of the following:

- Cowering – head and body low, leaning backward, ears back or out to the sides, brows furrowed
- Tense muscles, trembling, looking tired/sleepy, moving in slow motion
- Whale-eye – showing large amounts of the whites of the eyes, looking sideways
- Displacement behaviours – panting, scratching, yawning or licking lips when NOT hot, itchy, tired, thirsty or hungry
- Inappropriate salivation, urination, defecation and/or expression of anal glands
- Performing normally reliable behaviours in a distracted manner or not at all
- Hyper-vigilance, sweaty paws and shedding
- Shake-off – shaking as if drying off from a bath

ing to the clinic should be recommended for all animals.

In the waiting room

Reception staff need to be able to confidently assess a dog’s behaviour in the waiting room, and if there is a lot of noise or other animals are present this can falsely influence their behaviour. Consider showing the owner and dog straight into the consult room, or potentially have them wait outside until the vet is ready for examination.

Discourage owners from dragging their dog through the door – carry the dog if it will not walk, or even perform the examination outside if appropriate. For known fearful dogs, suggest the use of a bandana sprayed with Adaptil® (a synthetic dog pheromone called dog appeasing pheromone (DAP), that is involved in the attachment process between a puppy and its mother, which provides comfort and security to puppies as they explore the world). Another option could be using a Thundershirt® prior to arrival at the clinic. Thundershirts help by providing constant gentle pressure similar to that of swaddling an infant to reduce anxiety. Refer back to any of the behaviours listed in Figure 2 as this will give you an indicator of how

the patient may be for the rest of their visit.

The scales can present a scary experience alone, so reduce potential anxiety by having a non-slip mat on the scales, and by positioning the scales in an open area as to not corner your patient. Again, use treats to entice the dog if possible.

In the consult room

Don't force the dog to stand on the examination table unless absolutely necessary, and if you have to, provide a non-slip surface. Avoid leaning over the dog as you may be perceived as a threat. Likewise, reaching your hand out towards the dog to pat or scratch it on top of its head (which you may consider a friendly gesture) is often interpreted by the dog as menacing. Instead, let the dog come to you and investigate/sniff you first and encourage owners to let their dogs do this. The dog is not being rude by sniffing you, it is figuring out who you are. Bend down to the dog's level and approach side-on to them. If needed, throw treats on the floor in the general direction of the dog, then progress to hand-feeding. Remember, if a dog won't eat, it may be anxious (truly stressed dogs won't eat). Avoid making direct eye contact and squatting close to the dog while facing them. By spending time with your patient, you will be able to observe what your patient's demenour is like, which will inform your decisions about easing their anxiety levels during the visit.

Try to assess your canine patient's anxiety threshold during the examination and avoid stepping over this point - all it takes is one bad experience. If a dog is upset during a nail clip, is it necessary to continue at that very moment? Remember that even normally well-behaved dogs can become stressed and not perform commands well. For example, before you start - ask yourself if the dog really needs to be sitting right now? Does this dog even know what 'sit' means? Don't ask unless you're sure it'll happen.

Think about whether a dog will be better-behaved or not in the owners' presence. Some owners wind their dog up with too much talking - what they think is lots of praise is often stress-inducing.

Right: A needle-shy puppy able to be distracted by a 'bowl of deliciousness' during a subcutaneous injection



When examining certain areas avoid 'flipping', 'plonking' or 'pushing' dogs into position. Instead, move them gently, i.e. from stand to sit or from stand to lie down.

For known aggressive or fearful dogs, or those who have given you any kind of warning, don't hesitate to use a muzzle (even a loose/gentle one) as the safety of staff is of paramount importance. A conditioned emotional response (CER) to a muzzle for these dogs could be suggested to the owner, so that the muzzle equals 'good things happen'.

In the treatment area

Avoid situations where the dog may feel unsafe such as loud noises, cats and/or other dogs in the same vicinity. Wait until the patient is relaxed before performing any procedures: don't try and stick a needle into a moving target, it probably won't go well.

Controlling the dog's movement can be to your advantage so you could try using a short lead from the beginning of the examination. This will stop a frightened dog trying to bolt and stop a boisterous one from jumping all over you. Keep your hands on the dog at all times and be prepared for them to suddenly bolt, jump or fall off the table.

Try to avoid uncomfortable positions for your patients, for example, can the dog lie on its side rather than its back? If a small dog isn't doing well on the table try sitting on a chair with the dog on your lap. For fearful dogs, the goal should be to change their emotional state so talking to them in a confident, happy voice is best. Avoid speaking in a fast-paced repetitive tone, for example "it's okay, it's okay, it's okay". Using distractions and treats may help, and if necessary and/or appropriate, chemical restraint should be considered for everyone's safety.

In the hospital

Using the same principals you apply in the waiting room avoid approaching head-on when removing a dog from its kennel. Facing an animal when it is cornered may be perceived as threatening. Using a slip lead with a large opening so you don't have to reach out and touch the dog's collar and ideally opening the kennel door slightly and letting the dog come to you from the back of the kennel without direct eye contact will instil the least amount of fear into most canine patients. Creating visual barriers between hospitalised dogs, to avoid them being able to look at each other can reduce

stress/fear-inducing behaviour, e.g. barking and kennel guarding.

Use of an Adaptil® diffuser is always encouraged in kennel rooms or you could put a few drops of lavender oil on the dog's bedding to aid in appeasing canines to be easier to handle. You could also consider playing relaxing music in the dog ward – there's even special calming classical music for dogs available!

When putting a dog back into its kennel apply similar principles to the above by not dragging or pushing them in, rather allowing them to walk into the kennel or have them follow you in if you can, or lure them in with treats if appropriate. Try not to give the dog an escape route. The bigger the space they are loose in, the harder they will try and escape.

In all cases, if you find a technique that works well, note it down in the animal's file for future reference. Alternately, if you did something which didn't work make sure you note that down as well. This will help other staff to provide positive handling experiences at every opportunity.

Conclusion

There has been many a heated debate over the last few years about whether comforting a frightened animal will reinforce their fear, or whether letting go of an animal that is struggling has let them win and created a dominance hierarchy. Those theories are now thought to be flawed, and our goal as animal care professionals should always be to ensure our patients are comfortable and at ease with what we are doing at all times. Working with the animal to increase the number of pleasant experiences will help create a positive experience in the vet clinic and make them much more amenable to coming back again next time. Consider this: have you ever taken a young child somewhere scary like the dentist or for a blood test? Would you like to see them scared, crying and held down in the chair? Probably not. Would they be happy about going back in a few months time for a check-up? Probably not. I'm pretty sure that most kids' favourite human healthcare professionals are those who have toys and give out lollipops!

The late great Sophia Yin published a wonderful book called *Low Stress Handling, Restraint and Behavioural Modification of Dogs & Cats*. This is an invaluable addition to every vet clinic library. It provides information about fear and stress, why it happens

and what we can do to minimise this in our patients. It gives fantastic visual images about fear through the eyes of a cat or dog as well as some creative restraint methods – who knew you could do so much with a rolled up towel! Her 10 Principles of Handling (Yin, 2009) should be our everyday golden rules (see Figure 3).

References

- Yin, S. A. (2009). *Low stress handling, restraint and behavior modification of dogs & cats*. Davis, CA: CattleDog Publishing.
- Heath, S. (2013, March). *Reducing stress for cats in the clinic*. Lecture presented at World Small Animal Veterinary Association Conference, Auckland, NZ.

Figure 3: Ten principals of handling:

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 it will fall, or is off balance
4. Be aware that physically positioning animals or asking them to perform behaviours when they are nervous, scared or confused can cause them to resist handling
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 needed for each individual
8. Avoid prolonged (more than 2 seconds) or repeated fighting or struggling
9. Use distractions and rewards when appropriate
10. Adjust your handling based on the animal and its response to restraint and learn to adjust your sample taking technique