Low stress handling and restraint for dogs and cats
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Every veterinary staff member knows the dread of seeing a WILL BITE sticker on a patient file. Immediately, they know that this appointment will be more difficult and time consuming than a typical appointment. Aggressive pets can drain the practice’s resources as increased time is spent handling them and the risk to staff members is increased. When dealing with an aggressive animal even the simplest things such as giving a vaccination becomes difficult. Considering the time, trouble and potential risk to the staff, it is easy to understand why some veterinarians are reluctant to treat this subset of patients.

Providing medical care to aggressive pets doesn’t have to be stressful. While there will always be animals who will have to be sedated for examinations, most patients can be handled safely in the veterinary hospital without sedation. The keys to providing low-stress, medical care for an aggressive patient are: 1) changes in management of the patient; 2) alternative restraint methods; 3) in clinic behavior modification; 4) staff and doctor education; and 5) at home behavior modification. The ability to handle an aggressive patient with the least amount of stress to the patient increases client retention and patient welfare. In addition, the patient’s aggression will decrease over time making her easier to handle at subsequent appointments.

Why do patients act aggressively at the veterinary hospital? Most frequently, it is about self defense and self preservation. Even the large Rottweiler lunging at you is most likely doing so because she perceives that you will hurt her. Animals who are fearful have a limited number of options: fight, flight, freeze or fidget. While veterinarians and their staff certainly recognize fight or flight, they may not recognize freeze or fidget. Often, dogs and cats who are perceived as “fine” are anxious or fearful. By identifying these patients and changing their management in the veterinary hospital, future aggressive incidents can be avoided. Veterinary staff can further increase their knowledge of dog body language by attending continuing education, looking to veterinary behavior textbooks, joining professional organizations focused on behavior, or viewing educational DVDs on the subject. It is imperative that each staff member be able to recognize the signs of stress and react appropriately.

There are three general factors which affect behavior: genetics, learning and environment. While you can’t directly affect a patient’s genetics, you can affect the environment to which she is exposed at your hospital and what she learns while she is there.

**Dogs**

When dealing with an aggressive or fearful dog, the staff should avoid direct eye contact, reaching for the dog, reaching for the owner (including handing something to her), a frontal approach to the dog or close contact. It should be noted that petting may not be viewed as a reward for fearful dog. Instead, it is likely to regarded as punishment.

If the dog has shown aggression or extreme fear previously, special preparations should be made for future appointments. Aggressive dogs are best scheduled when the lobby is quiet such as in the morning or just after afternoon surgery. Owners should be instructed to bring their dog
hungry so that food rewards will be more enticing. In general, two people who are known to the
dog should attend the appointment. This will allow one owner to handle the dog while the other
fills out paperwork, accepts medications or checks out. Lobby waiting should be avoided. If
possible, the dog and owner should wait in the parking lot until the examination room is ready.
Dogs who wait in the lobby are continually bombarded by stimuli causing them to become more
aroused before they even step foot in the examination room. If there are two owners present, the
dog can wait with one owner in the parking lot while the other provides the patient history and
presenting complaint. Based on the presenting complaint, the examination room should be
stocked with all necessary supplies before the dog enters. It is generally better to be over
prepared with aggressive dogs so that the entry/exit into the room by doctors and staff is
minimized. Each entry/exit has the potential to agitate the dog further.

Once the examination room is ready, the veterinary technician can escort the client into the
room. At this point, the owner should muzzle the dog. Some dogs are better muzzled in the
lobby, in the car or at home. If using a basket muzzle, concerns about the patient wearing the
muzzle for extended periods of time should be minimized. Since the presenting complaint and
history have already been taken, the technician should leave the room and return when the
veterinarian is ready for the appointment.

A common mistake made in handling aggressive dogs is the attempt to “be friends.” Aggressive
dogs don’t want to “be friends.” They want what you want: great medical care dispensed very
quickly so that they can leave your hospital. To this end, interactions involving touching and
feeding the dog right off the bat should be avoided. If the dog has bitten in your hospital before it
is unlikely that an initial treat is going to buy her off anyway. Veterinarians should ignore the
dog completely when they walk in so that they will not in any way be viewed as a threat. Most
dogs will be calmer if they enter the room after the veterinarian and their staff is already present
as opposed to the veterinarian entering the room last. Once a restraint technique has been chosen
for the pet, all tests and examinations should be done quickly. The veterinary staff should as if
they will only get one chance to complete all tests before the dog’s behavior becomes
unmanageable.

There are many alternatives to traditional restraint which can make the dog less reactive and still
keep the staff safe. One alternative is using a towel around the dog’s neck like a neck brace to
immobilize the head during an exam. Another method involves using a head collar and a basket
muzzle together. Some dogs are better when “restrained” by a wall and a corner instead of being
held by a person. Other dogs can be more easily managed when wrapped in a towel burrito style
or when wearing an Elizabethan collar. During restraint, the animal should receive constant
feedback on her behavior. The type of restraint and your reaction to the dog’s behavior will
affect her future behavior at the veterinary hospital. In general, if the dog is being quiet and not
resisting, the restraint should be lessened. Not so much that the dog can get away from you, but
enough that she can feel the difference. If she struggles, tighten your restraint a little. This type
of conditioning can be effective in teaching the dog that quiet, calm behavior is rewarding,
however if the dog is struggling vigorously, urinating or defecating, this type of conditioning will
not be effective because the dog is at a high state of neurochemical arousal. It goes without
saying that there is no place for hitting, yelling or harsh physical restraint when working with
any animal. It is counterproductive and unethical. Sedation is always around the corner for the dogs who are simply impossible to handle any other way.

If feeding is not contraindicated based on the presenting complaint the dog should be fed throughout the examination. Feeding in this way acts as a distraction to the dog and conditions the dog to associate the veterinary hospital with positive things. Squeeze liver paste or cheese can be very effective in cases where food can be used. Food should be offered from the point just before the dog begins being restrained and should continue until just after the veterinarian has completed all tests. When the veterinarian has completed the examination and all tests, she can again leave the room and let the client remove the muzzle. When the appointment is over, the dog should be escorted out to the parking lot with one owner while the other owner receives the discharge instructions, medication and checks out.

Clients should receive instructions on where to purchase a basket muzzle and how to condition their dog to the muzzle as soon as any sign of aggression is noticed. Clients can be very sensitive to the idea that their dog may have to be muzzled while at the veterinarian’s office. It can be personally offensive to them and should be approached with care and sensitivity. Most owners can be convinced that it is less stressful for their pet and in their dog’s own interests to have a well fitting, comfortable muzzle that they are conditioned to wear. If the dog is not aggressive to the owner, muzzle conditioning can be completed very quickly at the owner’s home. Other helpful control tools are head collars and the Calming Cap® (Premier) which blocks the dog’s vision.

A desensitization and counterconditioning treatment plan should be laid out for all dogs who are aggressive at the veterinarian’s office. These types of plans are intended to condition the dog to behave in a calm way while being examined and restrained.

**Cats**

Cats can be especially difficult to examine and treat because most don’t have any training and very little socialization. As a result, they not only become suspicious and fearful of the veterinarian, but also car rides and being placed in a carrier.

Examination rooms should be comfortable. The examination table should be covered with a towel before placing the carrier on the table. As soon as the cat is in the exam room, the carrier should be placed on the table and opened from the cat if the cat is not likely to come out on her own. Then, the cat should be covered with a towel which has been previously sprayed with Feliway® (Ceva). Many cats can be examined in their carrier. If this is not possible, the cat can be lifted from the carrier wrapped in a towel once the top of the carrier has been removed. Cats should not be dumped from the carrier. Anyone who has tried to dump a cat from a carrier, holding it vertically as the cat clings for dear life inside knows that this is the wrong way to start a visit to the veterinarian’s office.

The old phrase “go slow” is especially true with cats. Movements should be slow and deliberate taking time to give the cat feedback on her behavior. While food can be offered during an examination as it would be with a dog, this is generally unsuccessful in cats because their level of fear is too high. The towel is your friend when restraining cats. There are many methods
which are described in detail elsewhere which outline the various ways to wrap a cat for restraint. By far, this is the easiest and safest method of handling a cat who is aggressive.

Owners of fearful and aggressive cats should be taught how to condition their pet to the carrier so that they do not continue to link the event of being put in the carrier with the trip to the veterinarian’s office.

Working with fearful and aggressive animals can be rewarding when done correctly. The veterinary staff and the patients will be less stressed, client retention will go up and the veterinary staff will be able to provide excellent medical care to all patients regardless of disposition.