

# Starting Off on the Right Paw: Behavioural Prevention for our Canine Patients

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## Veterinary Care

### What is Fear, Anxiety, and Stress (FAS) + Frustration?

- Fear is a combination of physical, emotional, and physiological responses to a threatening stimulus or situation. Responses include fight, flight, freeze, or fidget.
- Anxiety is an overwhelming sense of apprehension or reaction to a prospective or imagined danger or uncertainty.
- Stress is how the body reacts to a challenge or stressor. This response is necessary for life and is not necessarily a bad thing.
- Frustration occurs when a pet is motivated to perform a behaviour but is unable to do so.

Setting up successful veterinary visits starts at home. Client services representatives should be encouraged to educate clients on the following recommendations:

- Comfort in the car (acoustic and aroma therapy, non-slip surfaces, calm behaviour when confined to the car)
- Bring favourite toys and treats (especially useful for pets with dietary restrictions)
- Ensure the puppy is hungry
- Ideally, only one pet per appointment
- Recommend “happy visits” before the initial appointment

Pre-visit questionnaires and Emotional Records (ERs) allow us to anticipate the patient's needs. Although puppy patients won't have an ER if it's their first visit, pre-visit questionnaires provide the veterinary team with the following information:

- Travel concerns
- Previous veterinary experiences
- Least and most sensitive areas of the body
- Motivation
- “Anything else you would like us to know?” (This question allows clients to open up about any other puppy concerns and allows for better consultation preparation.)

Additionally, during intake, CSRs or veterinary technologists can further explore the puppy's behavioural health with the following sample questions:

- What challenges are you having with puppy biting/house training/confinement training/home alone time (etc.)?
- What strategies have worked to help with your puppy's undesirable and/or desirable behaviour?
- What else would you like us to know about your puppy's behaviour?

## Emotional Records

Keeping records of puppy's preferences for handling, treats, and toys, their supplement or medication requirements, and their demonstrated fears can help set them up for successful future veterinary examinations and procedures. These records should be updated after every interaction with the patient.

ERs should include the following:

- Patient's preference for examination
- Motivators: food, toys, brushing, frequent breaks, etc.
- Sensitive areas of the body
- Warranted medication (with a note to notify DVM before appointment)
- FAS and frustration thresholds and techniques used to minimize stress
- Patient's veterinarian preference

### **Puppy Consultations and Considerations**

- Be mindful of the puppy's stamina when it comes to appointment length (30–45 minutes allows for more education, but increased duration could exacerbate stress).
- Prep room for puppy's needs: toys, treats, water bowl, pee pad, etc.
- Ask if the guardian has specific concerns or questions regarding behaviour. Focus on open-ended questions.
- Observe body language.
- Provide targeted educational information (Puppy Packs).
- Discuss puppy behaviour topics over several appointments instead of just one. Here is a possible structure for puppy education:
  - Socialization (1<sup>st</sup>)
  - House training (1<sup>st</sup>)
  - Confinement training (2<sup>nd</sup>)
  - Play biting (2<sup>nd</sup>)
  - Husbandry (3<sup>rd</sup>)

Using techniques such as Considerate Approach (CA), Gentle Control (GC), and Touch Gradient (TG) when interacting with patients helps to decrease FAS.

CA encompasses the interactions between the veterinary team and the patient as well as any input from the environment where veterinary care is being administered. Keep the following in mind when approaching canine patients:

- Avoid looming or leaning over
- Avoid frontal approach and eye contact
- Do not extend your hands toward the patient
- Turn your body sideways as you approach
- Move and speak calmly

Gentle Control allows the veterinary team to comfortably and safely position a patient for the administration of veterinary care. The goal of GC is to prevent or alleviate FAS in your patients.

*Less is more* when it comes to Gentle Control. Regardless of the level of restraint deemed necessary, the guidelines regarding restraint should be followed, and animal body language monitored closely. Aborting a procedure is recommended if FAS is increasing.

Preventing stress also involves being mindful of how we touch our patients. In general, the paws, muzzle/face, ears, anus, and tail are the most sensitive and protected parts of the body. Touch receptors are denser in these areas, contributing to their sensitivity (Feyrecilde, 2024).

Touch Gradient includes the following:

- Gliding from one area of the patient's body to another
- Starting with the least stressful parts of the body and working up to the most stressful part of the body
- Avoiding sporadic touching
- Adding additional pressure slowly

Other ways to decrease patient FAS include:

- Setting expectations: it is important that clients are told when they book an appointment that a procedure/exam may not be completed, depending on how their pet is feeling
- Promoting safe and stress-free travel to the vet
- Minimizing environmental stress for patients: calming music, pheromones, blocking visual stimuli, and using non-slip surfaces
- Utilizing distraction techniques-toys and treats work well for puppies
- Topical numbing agents for injections, such as vaccines
- Assessing needs vs wants

### **Distraction Techniques**

Food distraction happens when we feed patients before, during, and after a procedure, ensuring the patient is in a comfortable position while we do so. Food can help the patient make a positive association with the procedure, veterinary professionals, and environment.

A few considerations for food distraction include:

- Can you use a LickiMat or other food toy to prevent more team involvement?
- How comfortable is the patient before the start of the procedure?
- Watch for solicitation of attention, taking treats willingly, moving around and sniffing the room, playing with toys
- Does the puppy "grab and go"?

How to apply food distraction techniques:

- Assess the animal: is their FAS low enough to respond to distraction?
- Assess whether the distraction decreases FAS and if the animal enjoys it.
- Use food/treat trail to lure the animal into the desired position.

- Give the treat on a surface the animal prefers.
- Present food from the side instead of directly in front of the animal's face.
- Use food to lure the animal's head away from the staff member doing the examination/procedure.
- Consider how to deliver distraction based on the procedure (e.g., pulling blood from a jugular can be tricky if a patient is swallowing hard treats).
- Treat placement is important for ease of access, safety of team members, and patient positioning.
- Always communicate information about body language and the patient's response to the distraction (food or toy) to other team members while doing a procedure.

Food treats that work well for distraction:

- Whipping cream
- Hot dogs
- Kong Easy Treat cans
- LickiMats filled with frozen food (you do not have to use frozen food, but it lasts longer)
- Pretzel sticks or tongue depressors with frozen food on them
- Food smeared on surfaces (walls, mats)
- Remote treat dispensers (Treat n' Train, Pet Tutor)
- Ice cube trays filled with canned food
- Food toys with treats inside (you need to be comfortable moving with your patient while using these)

Non-food distractions:

- Petting or scratches
- Frequent breaks
- Toys
- Scents
- Verbal praise

### **High-Risk Puppies**

Certain early life experiences and circumstances can lead to fear, aggression, and other behavioural issues in puppies:

- Abuse and rehoming within the first six months (Espinosa et al., 2025)
- A serious illness before four months of age (Serpell & Jagoe, 1995; Podberscek & Serpell, 1997)
- Puppies obtained from pet stores are at a higher risk of behavioural issues compared to those obtained from non-commercial breeders (McMillan et al., 2013)
- Lack of enrichment and mild stressors during puppies' neonatal and transitional period of development (Battaglia, 2009)
- Puppies that display hyperexcitability and aggression toward humans have difficulty calming and can behave impulsively (McMillan et al., 2013; Guy et al., 2001)

- Removal from the dam or littermates too early has been linked to separation-related behaviours and difficulty with the transition to a puppy's new home (Scott & Fuller, 1974)
- Puppies adopted at 30–40 days of age have a higher incidence of excessive barking, fearfulness on walks, reactivity to noises, toy possessiveness, food possessiveness, attention-seeking, and destructiveness than puppies that were two months of age or more (Pierantoni et al., 2011)
- Puppies that experienced aversive techniques and tools such as “alpha rolls” (i.e., being pinned on the ground), being physically and/or verbally reprimanded, and/or the use of shock, choke, and prong collars displayed more problem behaviours (Herron et al., 2009)
- In one study done in a veterinary setting, puppy behaviours ranged from decreased exploration to excessive locomotory behaviour, panting, lip licking, and yawning. For puppies with long-term behaviour change, a decrease in interactions with the veterinary team was also noted (Godbout et al., 2007). In a follow-up, unpublished study, the behaviors observed in the above outlier puppies at 2–4 months of age persisted into adulthood (Godbout, 2014)

What you could observe in a high-risk puppy during a consultation:

- Fearful body posture
- Hiding
- May lip-lift or growl when certain body parts are being handled
- Excessive mouthing
- Excessive vocalization
- Startles at novel stimuli and sounds
- Does not recover within seconds of being startled

If there are concerns with the puppy's behaviour, whether noted during the consultation or at home, a behaviour consultation is recommended. This may include the following:

- Supplements and/or medication
- Referral to DACVB (Koch, 2018)
- Recommendation for a science-based, positive trainer
- If it is specific to the clinic: “happy visits” and cooperative care sessions based on desensitizing and counter-conditioning the puppy to veterinary procedures are recommended (Wess et al., 2022)

## **Recommendations for Common Puppy Behaviours**

### **Management**

Set up the environment so the animal cannot display unwanted behaviour. This method also prevents the triggering of fear, anxiety, stress, frustration, and aggression. It works as a long- or short-term solution until new associations and behaviours are learned.

### **Behaviour Solutions Model**

This model can help guardians solve preventable behaviour issues:

- Antecedent: what occurs in the environment before the behaviour is displayed? (E.g., the sound of a doorbell, the pantry door opening, food on the counter, etc.)

- Behaviour: what is the animal doing? It is important to observe body language to identify their emotional state.
- Consequence: what occurs immediately after the behaviour? Remember that consequences affect future behaviour.
- Motivation: why does the animal perform the behaviour? (We can often hypothesize the motivation behind the behaviour based on the consequence.)
- Can we prevent or manage the behaviour?
- Can we solve it with redirection, response substitution, etc.? (Shaw & Martin, 2023)

### **Vet Handling Conditioning**

During puppy visits providing clients with resources to teach veterinary handling can have long term benefits. The training sessions at home should be short, 1-3 minutes up to 3-5 times/week.

- Positive conditioning to veterinary handling is important for puppies
- Touch part of the body-stop touching (hands off)-deliver treat
- Clients can make their way through their puppy's physical exam being mindful to always start at the least stressful point.

### **House Training**

- Follow a schedule
- Reinforce the location
- Supervise
- Never use punishment
- Puppies should have bathroom breaks when they wake up, mid-way through play, and after all meals (at the very minimum)

### **Crate Training/Confinement**

- Crate training helps with travel and emergencies and provides a safe space.
- Make the crate a positive place with treats and toys.
- Start with short periods.
- Puppies should never be left to cry it out, as this can cause trauma and a negative association with the crate. Go at the puppy's pace and make alternative arrangements for confinement while working on crate training more slowly.

### **Puppy Biting**

- All puppies mouth and bite as part of exploration and play.
- Do not use punishment, including "yipping", hitting them on the nose, yelling, spray bottles, crates, etc.
- Redirect to an appropriate independent activity, such as a chew toy.
- Avoid playing rough with your puppy with your hands; use toys or spend time training
- Watch body language closely and redirect interactions before your puppy starts biting.

- Have treat and toy stations set up throughout the home to easily redirect the behaviour.

### Home Alone Training

Having a safe space or confinement space is often required for safety when puppies are left alone. To make this training successful:

- Record departures.
- Provide food toys/activities for departures.
- Provide calming music.
- Give access to water.
- Gradual departures: only leave the puppy for as long as the puppy is expected to remain calm. (Pet sitters and dog walkers are invaluable during puppyhood.)

### Books and Online Resources

Cooperative Veterinary Care by Monique Feyrecilde

Feline and Canine Behavior for Veterinary Technicians and Nurses by Julie Shaw and Debbie Martin

From Fearful to Fear Free by Marty Becker, DVM

Decoding Your Dogs by the American College of Veterinary Behaviorists

Companion Veterinary Clinic (Puppy Handouts) <https://www.companionvet.ca/dog-resources/>

Constructing Canine Consent, Conceptualising and Adopting a Consent-focused Relationship with Dogs by Erin Jones

Behavior Problems of the Dog and Cat by Dr. Gary Landsberg, Dr. Lisa Radosta and Dr. Lowell Ackerman

Low Stress Handling, Restraint and Behavior Modification of Dogs and Cats by Christine Calder and Pat Koven

Fear Free- [www.fearfreepets.com](http://www.fearfreepets.com)

Cattledog Publishing- <https://cattledogpublishing.com/>

Dog training by Kikopup- <https://www.youtube.com/@kikopup>

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