



Maddie's Institute

*Saving Lives through Integrated  
Medical and Behavioral Programs, Part 2*  
**Dr. Cynda Crawford and Aimee Sadler**  
**Video Transcript**

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*[Beginning of Audio]*

*Dr. Crawford:* The need to balance physical and behavioral health and how play groups can attribute to the behavioral health aspect. We're going to talk more about what are the concerns about play groups from both a shelter management perspective as well as a veterinarian perspective. We're going to discuss merging medical and behavioral needs balancing risk and rewards. We'll tackle some of the questions asked most frequently by veterinarians about play groups, what we've learned from play groups, and moving forward. That's you.

*Aimee Sadler:* So typically, um, as I've already shared with you some concerns when we – when we come on the ground. This is what we hear. We don't have the time or staff to get the dogs out daily. We don't have anyone who's qualified and we need to keep our volunteers safe. I love this picture. This is Annalie.

She's actually one of our trainers at Southampton and she was originally a volunteer. And, we like to say that you don't need any special qualifications to teach dogs to levitate. And *[laughter]*, anybody can do it, so at any rate, these are the common things that we hear.

And I'm just like, "Bah! Don't worry about any of it. We've got it covered for you." Um, this is *[coughs]* – excuse me. Can you guys, like, mute me when I cough, possibly? That would be awesome.

*Dr. Crawford:* We'll edit it out of there *[laughs]*.

*Aimee Sadler:* Thank you. Okay. This is just an example to let you know. This slide is not to represent that play groups are safe, but hopefully what this slide represents is, ah, maybe it's not as bad as we thought. So this is at

Longmont Humane Society, the stats of injuries to dogs and staff during play groups over a seven year period.

This was from September of 2005 when we landed on the ground there to September of 2012 is when I had left. And this was our best attempt at really trying to keep these things recorded so we could talk to people about this. Um, and on average, we had 15 dogs out at one time. The blue bars represent the dogs and the yellow bars represent the people. And what we saw the most of are what we qualified as minor injuries, and that would be either a puncture, small puncture, or a scrape, or an abrasion.

And, there were under 200 of those at our shelter from our experience over that seven year period. The next level was sutures, a laceration that required some kind of care, and then there was emergency vet visits, which would be more of a torn up type of situation, and then fatalities, which we had no experiences of that. So as you can see I would hope – I mean what was – what's your perception of this when you talk about think – being afraid of play groups and what you're going to have to clean up afterwards?

*Dr. Crawford:* I think an injury to a dog, a substantial injury to a dog or person, is not frequent.

*Aimee Sadler:* Mm-hmm.

*Dr. Crawford:* Certainly not at a frequency that would justify not doing play groups. The vast majority of both people and dogs benefit from this without an incident, an injury incident.

*Aimee Sadler:* Yeah, so hopefully that's the point of this slide, is when you risk/reward and you're comparing. Now, the injuries to people – I bent over once to leash up a dog and he went to jump up on the place at the same time. He was a big, blocky headed dog, so he got a concussion. Scratched the face a little. One of the younger dogs jumped up and scratched Sarah when she was trying to leash her up. Broken skin on the handler, so we counted that one, and then 18 displaced bites while interrupting a fight.

Exactly what you're afraid of. You actually get to the point where interrupters aren't working. We need to actually break up dogs in the middle of a fight and somebody got nailed in the process. Right here, I've got this, my three stitches on my thumb where some mouth went flashing by me and I got a laceration on my thumb. And over that seven year period, that was the – that was the worst case situation that we faced.

Cheap shot to the butt. Sarah blew the air horn once as an interrupter and a dog came up and nailed her in the butt. Did not break skin, but we

thought it was funny enough to talk about it. He apparently corrected her for using the air horn. So this is *[laughter]* at Longmont Humane Society over a seven year period.

*Dr. Crawford:* So this, an actual email that I received in April from a veterinarian at a shelter. And I picked this one because it typifies some queries that I receive and I imagine you receive a lot more that are very similar to this, but –

*Aimee Sadler:* No, the vets don't ask me, trust me.

*Dr. Crawford:* *[Laughter]* So this one says, "I am one of the veterinarians at blank. We recently had Aimee Sadler out here to introduce us to the idea of play groups for dogs. As a veterinarian, I worry about infectious disease, et cetera, but I'm 100 percent on board with the idea. I just thought I would see if I could get some suggestions on medical protocols.

There are many issues to be concerned about and I just want to make sure they are not only getting good social time, but are also protected from injury/disease." The balance. Does this not sort of summarize the feelings for many of y'all out in the audience right now? Who, from a veterinary perspective –

*Aimee Sadler:* Right.

*Dr. Crawford:* – can identify with this veterinarian that's actually had Aimee Sadler at the shelter to show how to run play groups? Yes, so this is what we hope to discuss with you this session. So certainly, um, we, from a veterinary perspective, are very concerned about injury to dogs and Aimee just showed you the seven year data from Longmont Humane Society where it really was a very infrequent occurrence there. And the handlers, the people, were more apt to get some injury than the dogs. And then foremost, spread of disease.

*Aimee Sadler:* I have to share with you about this picture. It looks terrible, doesn't it? But that dog, he had scabby cheeks all the time. I don't know what it was about him, but dogs that didn't do this to other dogs would do this to him. They all loved grabbing him and dragging him around by the cheeks, and he loved that, but he literally had scabby cheeks all the time.

But again, our veterinary team, they knew – our vet loved to run play groups herself. And, so it was one of these things. For some reason, it's how they engage in playing and, in the picture, he's not in any distress in this picture. He's actually having a great time with scabby cheeks.

*Dr. Crawford:* So certainly, from what I've heard, and you hear it much more than I do as you travel around the country to start play groups at shelters, it's the veterinary staff that are the barrier.

*Aimee Sadler:* And that's my dog, sticking her tongue out about that *[laughter]*, \_\_\_\_\_ on you guys. I'm just kidding.

*Dr. Crawford:* We are very resistant to play groups. This is something that we find very uncomfortable because of the way we think about it, we're going to have to clean up the mess.

*Aimee Sadler:* That's true.

*Dr. Crawford:* The responsibility's all going to come upon our shoulders when there's some disease transmission and gosh knows. You know, you barely can get all of your medical treatments and spay/neuter surgeries done every day. Why do you want to set aside time to sew dogs up? So, um, you know, it's certainly warranted concerns and it does happen. These are not risk-free, play groups by any means. So let's try to figure out – I bet you, who would not want to have play groups after seeing some of the video clips?

*Aimee Sadler:* I won't look *[laughter]*.

*Dr. Crawford:* You know what? I would gladly give up being a veterinarian if I could be the person hired to be director of play groups at a shelter. I would love to have that job.

*Aimee Sadler:* Can I quote you on that?

*Dr. Crawford:* Yes.

*Aimee Sadler:* Okay, cool.

*Dr. Crawford:* I would love to have that job because I find nothing more satisfying to me and nothing puts a better smile on my face and makes me so happy than to see dogs being dogs and having fun. It – it is –

*Aimee Sadler:* We couldn't keep her out of the yards, actually.

*Dr. Crawford:* Really.

*Aimee Sadler:* When she's been to the seminars of course, because it's Dr. Crawford, she gets to come in and do all that, and she's happily running around, scooping all the poop very quickly to make sure it's all picked up.

*Dr. Crawford:* Yep.

*Aimee Sadler:* It's awesome.

*Dr. Crawford:* I was the designated poop scooper. So it looks like we all agree with the social benefit, the behavioral benefit of seeing dogs in these play groups and how it can lead to saving their lives, essentially, especially if you're a shelter euthanizing for behavior concerns. So the resistance though, from veterinarians, is understandable. In many cases, warranted, but there are things that we can do to mitigate the risk.

*Aimee Sadler:* And you know, one of the things that I've seen being on the ground, is that we talked about context and resources at shelters and it has turned out that many veterinarian and medical teams are put into – are burdened, in what I think. Burdened with having to make the euthanasia list and oftentimes that kind of morphs into for behavior reasons, which is not necessarily your expertise, unless you've gone to school to get some of the behavioral stuff as well. But by itself, I don't know how is it that it happened that shelter vets became required to make euthanasia decisions based upon behavior. So ideally, moving forward, we'll be able to split that off for you a little bit, take that off your shoulders. But so a lot of vets have that concern.

The good news though is that I want to share a story about Kansas City Pet Project pertaining to this. Remember, I told you that was one of the hardest startups I had done because of the state that the animals were in? We had – there were four fights on that seminar. That was over multiple days. That required – that the dogs had lacerations that needed to be seen by the vets.

That was the most intense. I actually started to get, like, thinking, "Do I need to go talk to the vet? They must be up there, thinking, 'What the heck are they doing out there?'"

And they turned to me and they said, "No, we have a contract vet. They just come in. Whatever's here today that they have to handle, that's what they have to handle." And I thought, "Huh. Well, under the circumstance, that is awesome," you know, because I – it wasn't something that that veterinarian – wasn't feeling the burden of the responsibility of the whole picture. This was just what they were tasked with that day and so – and again, as we've demonstrated for you, Kansas City Pet Project has moved forward and fully embraced the program. But, we're going to talk more about the burden of vets to make behavioral decisions and let's take it off your shoulders when we can.

*Dr. Crawford:*

So are the concerns – are the concerns justified, at least enough to be very fearful of trying play groups? And, this is a great quote from the director of operations at Longmont Humane Society. "What good are we doing if we preserve their physical health at the expense of their mental health?" What good have we done to keep them healthy in the shelter environment if they're not adopted because their stress level has created behavioral concerns, that doesn't make them an appealing adoption candidate for the public?

We really have not – we've really gotten out of balance with trying to put them in a bubble to keep them safe and healthy and free from exposure of disease, but at the same time, creating more of a monster situation that will actually lead to their death because they're not elected for a pet home. And here are the most common reasons for euthanasia of healthy and treatable dogs, whether the treatable condition is curable or requires lifelong management. Behavior, behavior, and behavior.

And this list is generated by analysis of euthanasia statistics from many different kinds of sheltering models in this country. By – not only by our program at the University of Florida, but other academic programs such as the University of California at Davis, and other groups, HSUS, ASPCA, Emily Weiss. Behavior is probably the leading cause of euthanasia of healthy, treatable dogs. It is the biggest barrier for us to overcome and resolve if we are ever to move forward to our shared goal of stopping the euthanasia of healthy and treatable pets.

*Aimee Sadler:*

Can I ask a question to the room? I mean from – how many of you out there have felt powerless to reduce euthanasia because it pertains to behavior and there's nothing you can do to stop that? Okay. I was just curious. Again, I think that this is really hard on vets and you – typically it's your teams that have to do the euthanasia and um, it – it's painful.

*Dr. Crawford:*

And we're still not a breed neutral country or society. There is still a great prejudice levied against different breeds with – based on their physical attributes and um, the impression that these breeds created by the mass media. And so pit bull type dogs. The bully breeds are still at great risk for euthanasia, even though you see them being the play group rock stars. Medical reasons for behavior.

It is more likely that a dog will be euthanized because of perceived behavioral concerns, which is really their inability to cope with the stress of an institutionalized environment, not some medical concern. And then space. Notice how space is down at the bottom of this particular list? It's sort of hidden down there because what do – what do shelters do with space being listed as a reason for euthanasia in their software program?

They minimize it. They don't want to put euthanized because of space, so what they'll – and – or time or space and time. What they'll insert into the computer for that medical record on that dog is some behavioral concern.

*Aimee Sadler:* Mm-hmm. It's a justification.

*Dr. Crawford:* So it's a justification. It's an excuse because we don't want to say we're euthanizing a healthy or treatable animal for space.

*Aimee Sadler:* I mean I think as the industry as on the whole we've got the time pretty much off the table. I mean some shelters, some few shelters still function that way. Day seven, nobody came to get the animal. Animal was euthanized regardless, but I think across the board, we're pretty much – that one's been moved off the table. The next one on the list is the space one, and as Dr. Crawford said, most shelters don't really want to be talking about that they're euthanizing for space still.

We all know that that's the next one that we want to eradicate. And then we get into more of the nitty gritty, so we've got a little bit of a video for you here *[video plays]*. I do want to elaborate on a couple of points with this. That black and white dog sitting right there – I have another video of the director of operations and she's bending down and she's sitting and she's petting him. She's got a baseball hat on.

And she looks up at the camera and she's crying and she said, "Now what the bleep do I do?" Because all these dogs – they thought that they had a justified reason for behavior to euthanize, and she – this dog was lip curling in the kennel when people approached, but she's sitting out there, petting him. That was experience that they had. The – they had 50 empty kennels in the adoption floor, but they needed to euthanize that day because they needed to make space.

You think, "Why? How can that be?" Because they didn't have their evaluator on duty that day. Their evaluator's only on, I think, three days a week and therefore, because the dogs couldn't get processed, they just went to the back and had to start selecting dogs, right? So there's all kinds of things that can change to increase lifesaving, and these are standard things that are happening at shelters.

That day, as a big municipal shelter, I think their intake is 14,000. That's a big shelter. That director of operations said, "No more euthanasia today. We're just going to rope off a section of, um, dog adopts."

If they came out to play group – if we couldn't handle them in the kennel, and we got them, however we could, out here and they played with the dogs nicely and we could pet them and touch them and walk them back in

on leash, we're going to consider that the evaluation for today. We're going to move them over on the adopt side, rope it off, and when the evaluator comes in the next day, she'll finish up with what we need to know. That was amazing, for a big shelter to change protocols like that because of what they were seeing.

*Dr. Crawford:*

So, in the last session Aimee introduced the term "stress" and "distress." And, I want to remind you also of some of the language in our guidelines for standards of care in animal shelters, the guidelines that we are trying to use to formulate our policies and goals, and one of the statements is that stress induced by even short term confinement in a shelter can compromise health. Okay, we're veterinarians. We're interested in health, so we need to be interested in stress and how it's compromising the physical health of our pets. Long term confinement of any animal who cannot be provided with basic care, daily enrichment, and exercise, is unacceptable.

There are very few statements in the ASV guidelines that use the term inhumane and unacceptable. A large proportion of those few statements that are so imperative and definitive are in the behavior section because as veterinarians, behavior is something that we weren't necessarily trained to take into consideration in the care of our patients. So it is unacceptable not to provide enrichment and exercise every day. Dogs must be provided daily opportunities outside of their run for aerobic exercise. Yes, in-run enrichment is very critical also, but it needs to be married with an enriching activity that tests the dog's mental function as well as their physical function outside of their home run.

*Aimee Sadler:*

And as we progress as an industry with wanting to increase lifesaving, this is the biggest criticism or the perceived criticism of the no-kill movement or of trying to save more lives, um, is that we become hoarders, right? Isn't that the biggest concern at your shelters? And what's the term they use in the very beginning? Capacity for care. So we're talking about taking behavioral and emotional considerations, but without minimizing it or being outside of your capacity of care. So you've got to start to make changes to be able to attend to these things and still making sure that you're attending to the others. I don't know if I said that so well.

*Dr. Crawford:*

No, no, you did.

*Aimee Sadler:*

You know what I meant.

*Dr. Crawford:*

But I think right now there is a big movement, for shelters to strive to be within their capacity for care, and this was actually started years ago by Dr. Sandra Newbury and Dr. Kate Hurley. And many of us have been to conferences, especially with Sander, where she discussed staying within

capacity for care. And as we move towards saving more and more animals, taking them off that euthanasia list, we will have to find a way to balance their needs in the capacity of care to ensure that they do get into a home, but a home as a healthy pet, not one that's been compromised under our care. And we've done things to it that's against our oath as a veterinarian.

So when we consider merging medical and behavioral needs and achieving that balance between these two competing needs that dogs and cats and us need, there are questions that we can ask for each dog. So we look at each dog as an individual, case by case, and for each dog we ask what do you need to heal? What do you need to be happy today? What is best – what is your quality of life in that run or that cage? What can we do to enhance it to ensure you have some quality of life? What are we going to do to make you more adoptable? And shoot, you know, what is the worst that's going to happen to you today? Is the worst thing that we can do for you today is to put you in a play group? Is that going to make you suffer? Is that going to really be – make you sick tomorrow?

So these are – these questions are sort of like the questions that Dr. Sandra Newberry also told us to ask for daily medical rounds. Who are you? What do you need today? What resource do I need to get you what you need today? So it's very similar questions to ask when you're thinking about balancing what this dog needs medically and behaviorally every day.

*Aimee Sadler:* And then sometimes that it's by the nature of where we are in our particular shelter, is that we become very desensitized to the simple fact. What is the worst thing that can happen? I'm going to kill you. That's the worst thing that's going to happen, right? And talk about going against your oath, especially as veterinarians. That has to be the hardest part of your job as shelter medicine veterinarians, is that there is potentially things that could be done for this animal in private practice, but here you are tasked with maybe taking their life and it doesn't make any sense to you, right?

*Dr. Crawford:* It doesn't make any sense, except that it's justified. We don't have the resources.

*Aimee Sadler:* Resources.

*Dr. Crawford:* You know, and really, when we talk about the – so play groups, it's a risk/reward activity, but so is vaccination. So is anesthesia, so is surgery. Everything we do as veterinarians is a risk/reward situation and it is never free of risk. So we are trained to make calculated decisions. We have been given a knowledge base from which to derive some calculated

decisions that help us achieve best outcomes, and reduce the risk of our procedures.

*Aimee Sadler:* For example, in the picture here, that's my dog, Cooley. He's passed and he was a dog that was packaged in such a way that most people would make an assumption that he was not a safe dog to put in with snackable/edible sized dogs like that *[laughter]*. For example, but when I weighed the risk and the reward, you know, I knew that dog and it was perfectly safe and he was actually a great socializing dog.

*Dr. Crawford:* So how many of you in the room that have had some experience with play groups, either in your shelter or observing them in other shelters are – maybe you've made – you have an opinion after watching some of the brief video clips. How many of you think that play groups could be so rich in rewards and lifesaving capacity that you think the risk would be acceptable to try?

*Aimee Sadler:* I won't look.

*Dr. Crawford:* We have some more work to do.

*Aimee Sadler:* Okay.

*Dr. Crawford:* I saw two hands that weren't raised.

*Aimee Sadler:* Okay *[laughter]*. All right, so let's – let's see. We've got a video here for you. Oh, this one's awesome for you guys *[video plays]*. Watch – look right now, with the belly up.

Watch for it. Look at that tummy. So if I didn't tell you to look for that tummy as a room full of veterinarians, if I was just showing, oh, look at the great dogs playing, how many of you would look at that tummy and go, "Uh-oh. Uh-oh."

*Dr. Crawford:* Oh, you're \_\_\_\_.

*Aimee Sadler:* So that dog had been seen by the medical team and it was determined that that was not contagious and that it was some kind of a food allergy, but as I tell you, this was at Southern Pines. Perry was one of the play group rock stars and the helper dog for most – he met most of the dogs there and he was one of the ones that was on that euthanasia list at the end of the week because of that skin condition. Not because it was contagious, but because it was kind of this recurring thing while he was in their care, something that he was allergic to. They didn't have the resources.

They assumed that that would be a nuisance for an adopter and despite the fact that he was a behaviorally solid dog, he was allowed to play because they had ruled out that it was contagious to other dogs, but he was potentially on the euth list for that. But then once they saw how amazing he was with the other dogs, there was this really strong driver that, all right, so he's got a little food allergy, you know? He's such a lovely dog.

*Dr. Crawford:* It's treatable. It's manageable.

*Aimee Sadler:* And he was adopted as opposed to put on the euthanasia list that Friday. Well, I don't – he wasn't adopted that Friday. He just wasn't put on the euthanasia list as a result of that skin issue based upon his performance with the other dogs.

*Dr. Crawford:* How many dogs do you think in play groups would actually have an opportunity for quick adoption if the public was invited to come to play group time? And stand around the fence and watch?

*Aimee Sadler:* And a lot of shelters are actually doing that now.

*Dr. Crawford:* Yes.

*Aimee Sadler:* They let their volunteers run the bombproof, easy peasy, reliable play group dogs in the afternoon and I'm trying to get it on my website as like, a printable card, like, "I'm a play group rock star." Like a dog with Elton John sunglasses on or something like that and so the adopters, when they come through and see all those empty kennels, then they're directed to go out and visit and see those dogs in play group. That's becoming pretty standard.

*Dr. Crawford:* And so I guess, we're trying to get the point across that we need to treat the whole animal. As a veterinarian, we need to look at the whole animal and not just parts of it and numbers. And what is the most life threatening condition for a dog in a shelter and in the shelter environment, as opposed to all the lists of life threatening medical conditions that we could conjure up? What is – what is the life threatening condition for dogs in shelters?

*Aimee Sadler:* Overcrowded space.

*Dr. Crawford:* Space.

*Aimee Sadler:* And the behavior stuff.

*Dr. Crawford:* Behavior is not appealing, either the cage presentation, the on leash reactivity of somebody, if a potential adopter wants to take them out.

*Aimee Sadler:* Now, and also understanding the context from a veterinary perspective. I can share with you from a professional training perspective, again, when I went into the shelter, I went and started to do my business, like, as I do. I practiced the way I knew how to practice and I realized pretty quickly wait a minute. This is different because I'm not the owner of this dog. Therefore, how I'm going to – how I'm going to rely upon relationship to progress this dog in training and behavior should be different, because I don't want it to be about me.

Does that make sense? I'm sure you've all had experiences as veterinarians where you come into a shelter situation and you think – you start to go about doing your business of going to practice and you think, "Well, wait a minute. This context is different. We're dealing with herd health or triage as opposed to an ideal emergency room setup," right? How you do – how you're going to practice this medicine has got to be, you know, taken into consideration. Um, you want me to show the videos? Are you ready for that?

*Dr. Crawford:* Absolutely.

*Aimee Sadler:* So here's when we were at Alachua *[video plays]*. That's one row of dogs. We walked up the one row and we're going to show you the after. If you just noticed, the noise level obviously is huge, the behavior of some of these dogs individually. Then when we went out to do the seminar, this is what a bunch of those dogs look like. And again, at that point, I think the dogs may have only gotten out, like, for a walk. Were they getting out every day? Not necessarily.

*Dr. Crawford:* None. No. They weren't getting out at all for the most part.

*Aimee Sadler:* Unless volunteers came to walk them *[laughter]*. Now, from a training perspective, I probably should be interrupting digging, because that'll help when they're adopted, but in this situation I just thought, "Oh, gosh. Let them dig," you know? It's just too pleasurable for him to make him stop. All right, and here we go.

Here's an after. Same exact row. So we had one dog jumping up that time. Do you remember the first time, how many were tending to jump up? In the beginning when we walked in the kennel, it was dead quiet. Now, as the handler walked through, then you started to get some alert barking that caught on, but did you have a sense that it was quieter in general? Anything you want to add to that or?

*Dr. Crawford:* No. That's– we've all been in shelters and – and the dog kennel portion of the shelter where you couldn't even carry on a conversation with the person right next door – right – standing right next to you because of all

the barking. And actually, if you took a sound measure into the room, it exceeded OSHA standards for safe hearing. And so many shelters have to have their kennel staff wear ear protection when they're in the dog kennel. And that's extremely stressful on the staff and can you imagine adopters walking through kennels like that?

*Aimee Sadler:* Also a huge reason why people won't go to shelters.

*Dr. Crawford:* Right.

*Aimee Sadler:* To acquire a pet. When I arrived at Longmont Humane Society, the executive director – it was a dome style building originally. And the offices were upstairs, right above the kennels. And on the third day that we were there, when we started working there, the executive director came down and walked through the kennels and – because she thought all the dogs were gone, because she'd never, ever had the kennels quiet, you know? They all endured the constant barking all day while they were working. Um, here's a [*coughs*] – a case study very specifically to share with you that is – we've shared some case studies about look, the dog was doing terribly and is doing better.

Um, but this is the combination of what we're talking about merging, so Dr. Jefferson shared this with us. This dog had extreme on-leash reactivity. That's what OLR stands for, on-leash reactivity, and showed very poorly when she was in the shelter, but she had chronic lameness, possibly related to a previous pelvis or hip injury. Medical was recommending no play group because they wanted the dog to rest – logical. Behavior was recommending play group to smooth out the reactivity and what was the bigger, life threatening problem for this dog?

It was going to be her reactivity. If Dr. Jefferson was going to have to euthanize this dog, it would be for behavior, not for the chronic lameness under her circumstances. Not to say that chronic lameness might not be a medical reason for euthanasia at another shelter, but in her shelter, chronic lameness, they would absolutely place a dog like that. So, this is Sarah and you're going to see exactly why behavior was looking for Sarah to get play groups [*video plays*]. She's not very nice. Now I'm going to mute it here and just let you guys watch while I can give you a couple more details about this.

This at Austin Pets Alive in Austin, Texas. The behavior – oh, this dog also, Sarah, was extremely difficult to manage when she was walked – being walked on leash around the dogs. So the potential for redirection on the handler was high. As you can see, she's pretty – she's quick to her mouth and she doesn't look like – she's not landing any bites there, but it looks to me like if she did, she'd probably do a little damage, like her bit

inhibition doesn't look like it's great, although that's not verified, because she doesn't land any of these bites. If you notice the demeanor of the other dogs, right?

They seem – these are called helper dogs. Now, Mike Kaviani is the head of the behavior department at Austin. When I had done the original seminar for Dr. Jefferson, um, or the current team that she had the ground – on the ground, her behavior team had some reservations. And, she called me and said, "Will you – will you come here and work for me and just really do this full-time? I really want this program."

And you know, it's not something I was available to do. I've got to do what I'm doing, but I've said, "I've got just the guy for you," and Mike Kaviani had been running the behavior department for me at Southampton. Wanted to make a change, move someplace else. Perfect fit, so he literally showed up.

That's Mike. And rolled up his sleeves and rotated about 150 dogs every day, all day long. All he did was as his behavior program was doing play groups first. So this is our use of helper dogs when he sees reactivity like this, so that's what's behind all this [video plays]. Yeah, so \_\_\_\_\_ Dr. Crawford prompted me to ask you if you think that Sarah – is she stressed? Yeah.

It's a little stressful for her. Is she in distress? All right. That's a little subjective. Maybe somebody would feel that she is, but again, I would say she won't be able to learn and adapt if she's in distress. And remember the chronic lameness? That's still in question. What are we going to do about her chronic lameness? Still a medical concern.

*Dr. Crawford:* But what would an owner do for this dog in their home? Would they isolate their dog from their other dogs if they had them? Probably not.

*Aimee Sadler:* Right.

*Dr. Crawford:* Would they refuse to take it out for a walk or other social events?

*Aimee Sadler:* And even in a home environment, let's say an owner was going to do that, was going to be really nurse and protect that lameness. I would say in that context the animal has so much other potential emotional and behavioral enrichment potential with the relationship, sleeping in bed, whatever it might be. You take a shelter dog that's living in – and Austin Pets Alive has an old, dilapidated – you know, they're not nice kennels. Concrete floor, everything else. You know, you have to take into consideration that these shelter dogs really have – when they're in that kennel, it's pretty bad.

It's pretty bad for them. Hard for them to be content in that situation in many situations – in many cases. So they did – they literally have scales. Their medical and behavioral departments meet. Medical says, "This is what we want to do for lameness." Behavior says, "This is what we want to do for behavior." They decide which one puts the dog more at risk of not progressing and being adopted and then that one wins, ultimately. If she had a broken leg, that would be a different ballgame, right?

*Dr. Crawford:*

Yeah. If it was an acute lameness yes. Rest would be appropriate, but this is a chronic condition. You could tell because of the severe muscle atrophy on the right hind leg compared to her left hind leg that this was – this is chronic, but it's manageable with, you know, some incense if – let's see. If she gets sore from that, but look what it's doing for her head and her ability to leave the shelter as someone's pet.

*Aimee Sadler:*

And here's another one that was a little bit even more dramatic. Spinal fracture, no use of hind legs. Do you keep him safe or do you allow him to play? Balances need to play and enjoy life with the fear of further harm. What they had determined was – what Dr. Jefferson had determined was I don't know what the spinal – see, I can't speak to this intelligently.

She would have had to relate it to you and then you could tell, but apparently the spine – it was done. There was no – nothing was going to come back. This was done. First of all, I think it's cool that Austin Pets Alive is tenacious enough to go get the money and the grants or whatever to get the wheels for the dog. That's cool, right?

A lot of shelters in their context, just the spine being done. You're not going to have the resources for quality of life. You're going to let that dog go. Um, but what's the worst case scenario for him? He was pretty happy.

I mean he wasn't hurting, apparently, from whatever had happened to him. He just didn't have use of the hind end. So now let's decide. So why make the assumption that he's not a play group candidate? Why make the assumption that the other dogs won't value him and he won't value them and that this isn't an emotionally or mentally enriching activity for him.

Well, she sure is getting used to dragging around that cart, right? So when I – when I personally look at this dog, I mean how many of you feel like when you look at this dog, like, that is a shame. That dog should have been mercifully euthanized. He has no quality of life. Nobody feels that way, right? And that is supposed to be – we're supposed to be talking about euthanasia, which is supposed to be to relieve suffering, correct?

I think that's the correct use, the – and what kills us is that we're not really necessarily – for behavior, most cases I have rarely – very rarely done a behavioral euthanasia in others. That I have recommended euthanasia for behavior and I consider it, by definition, euthanasia. That the animal is suffering. It's happened, I think, twice in my career that this animal cannot cope with staying in this environment, even if I think I can do for them – it's more cruel to keep them like this – very rarely. Mostly when animals die in shelters for behavior, it is not euthanasia.

It is execution, period. They're perfectly happy, even if they're viciously aggressive. They're usually perfectly happy to take your face off, right? You're not relieving their suffering at all. You're just minimizing risk, if that's what we're talking about.

Say, Best Friends. This is another, Best Friends L.A. We did a seminar for them. This dog, Pierce, you see. He came out in a muzzle immediately because he was one of the last dogs that was cycled through because he had very limited handlers and we were told that he was very quick to go to his mouth, high frustration.

Now, he's at Best Friends L.A., so this dog is safe. He will not lose his life. And if worst comes to worst, he's going to go to the sanctuary. That's why now none of us can get the rest of our dogs from the sanctuary, because now they've got their L.A. kennel. That they're going to need it for some of their own cases, but at any rate, so Pierce has his muzzle on here.

And the muzzle came off probably within 30 seconds. He was so social in play groups. He ended up being a helper dog and it ended up helping with this problem. How many of your shelters would this dog survive based upon this behavior *[video plays]*?

*Dr. Crawford:* And this is a little bit more than just mouthing. Those are somewhat hard grasps on the – on the – on the person.

*Aimee Sadler:* Yeah. They were taught to – they were taught to try to offer him something else, but obviously that means nothing to this dog, right? How many of you think he looks actually aggressive? Yeah. He's behaving aggressively, but does he look aggressive or does he look desperately, frantically frustrated? Desperately, frantically frustrated. There's not that meanness.

*Dr. Crawford:* Pay attention to me!

*Aimee Sadler:* It's like, "Oh, my god. Get me out of here."

*Dr. Crawford:* [Laughs]

*Aimee Sadler:* He's desperate – that dog is desperate, but he's not mean. He didn't have actually a mean bone in his body, but how many of your shelters would he be at risk for that behavior? It'd be pretty much an immediate. If you tried to take him out and he was behaving like that, it's logical. A lot of shelters would just say, "You've got to pass."

So play groups. He was safe. I don't want to melodramatize this. Because he was at Best Friends L.A., he was safe regardless, but his quality of life and how he was able to progress completely changed as a result of them offering him play groups. Now this is all you for a long time.

*Dr. Crawford:* Ah [laughter], no, not a long time. Um, and so please jump in –

*Aimee Sadler:* Okay.

*Dr. Crawford:* – with your experiences. So this is kind of this section of a discussion where we're going to look at some of the frequently asked questions by veterinarians about play groups. And these are the common scenarios. Do we need to quarantine them first? I believe the question from the last period was about this.

What do we do about puppies? By and far the biggest category of questions, what about dogs that have kennel cough or are infected by heartworms? And then really, what dogs are not eligible for play groups? So we'll talk first about, um, quarantine periods and I want to preface this by saying there is no right or wrong answer. There are merits to different points of view about when to insert a newly arrived dog into a play group.

So I'll give you some evidence that's available for some of these philosophies or thoughts from veterinarians. But typically a lot of it is – the answer is more based on your shelter situation and your resources at hand. So one of the considerations we have about newly arriving dogs is especially in a municipal shelter that takes in strays, should we put them in play groups the day of intake? Or should we not have them participate in play groups until the end of the stray hold period, just in case they get injured or ill during the play group activity.

So the typical stray hold periods for municipal shelters in this country range anywhere from three days to seven days. That's the period of time to allow an owner, if there is one, to reclaim their dog. So how many of you think that it is safer for that dog that's come in as a stray and may have an owner that's looking for them, that dog should stay in its run every day

for the three to seven day stray hold period before play groups? Just in case.

*Aimee Sadler:* Because it's safer, just in case.

*Dr. Crawford:* Just in case there is an owner that's going to come, okay? Don't – there's – remember, there's no wrong or right.

*Aimee Sadler:* That'd be me too.

*Dr. Crawford:* I mean, we're just looking for opinions here. So what if I told you that the national – on a national level, the reclaim rate for dogs from municipal shelters is less than 25 percent, less than one out of every four dogs that enter the shelter? Would that be a – consideration to weight, W-E-I-G-H-T, in your risk/reward analysis?

*Aimee Sadler:* Mm-hmm. For me, it would.

*Dr. Crawford:* Yes.

*Aimee Sadler:* And I didn't know that.

*Dr. Crawford:* Yes.

*Aimee Sadler:* So thank you.

*Dr. Crawford:* You know, it's going on. It's likely that three out of every four will not be reclaimed.

*Aimee Sadler:* And what happens to them mentally, emotionally, behaviorally during that time of keeping them safe? And I have to say, at our shelters, at – when I'm at Southampton, stray dogs – we allowed them to be walked to get out of their kennels, but they do not go to play group yet. At Longmont, we – it was they were basically in that kennel unless they demonstrated that they would not eliminate in the kennel because they were so well housetrained, at least that's what we thought. That or for some other medical reason, but it was during the stray wait period.

They are kept safe. It's kind of like under lock and key, this is it, and it was always painful. I was always dying for – at – as soon as that stray wait period is up, that next morning, first thing they do is come to play groups at both of our shelters. Play groups is first.

*Dr. Crawford:* So another consideration that veterinarians discuss, should we actually quarantine them from play groups for one week after admission? Based on the justification that they need seven days to respond to the intake

distemper/parvo vaccine and Bordetella kennel cough vaccine, and deworming, in case they have hookworms or roundworms. Then we don't want them in the play yard. So does this make – is this a good, sensible reason to quarantine them for a week, just to give them a chance to develop immunity? You know, we're worried about distemper and parvo, kennel cough.

*Aimee Sadler:* Does that make sense medically? Just medically.

*Dr. Crawford:* Just medically. Well, what if I told you that studies, and particularly in Florida shelters, have determined that on average, 50 percent of the dogs entering a shelter in this state, anyway, every single day come in with no discernable immunity to distemper and parvo virus? And by seven days, only about 50 percent of those dogs with no immunity on admission actually develop detectable, protective immunity in response to the vaccination? 50 percent or less.

*Aimee Sadler:* Well, from a behavioral perspective, it's a no-brainer for me, right?

*Dr. Crawford:* *[Inaudible]*

*Aimee Sadler:* Yeah. For behavior, there's absolutely – I don't want to wait for anything to be helping them emotionally and behaviorally. Now, sometimes medical tells me that I have to and those are – sometimes these protocols are in flux, right? Depending upon what we're dealing with. And that's why it's collaborative that way, but from – if I have my way behaviorally. I don't wait for anything. What can I do to help start enriching this animal right away? No reason to wait. They'll show me if what I'm trying to offer to them is too overwhelming and not positive for them, but I'll let them show me.

So maybe I would take them to play groups and it just seems a little overwhelming. I still would probably opt to take them out and let them play with some what we call gentle and dainty dogs or more tolerant ones, but I wouldn't be throwing them into the full group because that's too overwhelming. But behaviorally, I would want to be doing something for them immediately. No reason to wait.

*Dr. Crawford:* And so if this safeguarding and waiting for a response to a vaccination is a reason, it's not as valid as originally thought based on evidence and studies that have shown that it does take a little bit longer for them to develop immunity. So why not go ahead and put them in play groups because stress starts at intake? With your well vaccinated –

*Aimee Sadler:* This is assuming it's not a stray now. Let's say we're talking about owned dogs, right? So they're yours immediately from day one.

*Dr. Crawford:* Well, we've already talked about should they be held back during the stray hold period, but only three out of, uh –

*Aimee Sadler:* Right.

*Dr. Crawford:* Three out of every four are not reclaimed.

*Aimee Sadler:* Right.

*Dr. Crawford:* But the ones that are just yours immediately at intake, you know, technically they could be going right away.

*Aimee Sadler:* Yes.

*Dr. Crawford:* And, so we need to rethink about this holding for an immune response rationale. You could, as an alternative – if you're really worried about their vulnerability to infectious diseases such as distemper and parvo, put them in play groups with well vaccinated dogs, dogs that have been there more than one week, because most dogs, especially adults, have responded to vaccination by the day 14 after admission and have full protection. So the other thing that is offered up as a reason to not put them in play groups right away is we need to give them time to see if they are going to express disease. Did they get exposed to something like parvovirus before admission?

They're infected on admission and it's in its incubation period and yes, it is true that for at least the more typical incubation period for canine parvovirus is seven days. It could be 14, but mostly it's 5 to 7 days, so maybe holding them out of play groups for that first 5 to 7 days will make you feel better that they're safer candidates for play groups because they haven't shown any evidence of a parvovirus infection. This seven day period also happens to correspond with the incubation period for almost all of the respiratory pathogens, with one exception, and that's distemper. So this could be some justified reason for not putting dogs in play groups for the first seven days.

Not so much to develop immunity from vaccination, but allow them to express clinical signs if they were exposed to a respiratory pathogen or parvovirus prior to admission. So that's a debatable one. Um, and then there's other rationales. So it's, well, we need to let them adjust to being in the shelter environment. They need this quiet, alone period to adjust and cope with the change. Go ahead.

*Aimee Sadler:* Okay, and to me, immediately, that one makes me crazy because you're making an assumption that alone, quiet time is beneficial and is helping them to adjust. And I don't – there are studies with regards to cortisol

levels and that allowing them – what's two to three days to adjust, that you'll most likely see some differentiation there, but it's not unequivocal and when we're talking about the behavior evaluation piece, right? In most cases, if you have dogs that benefit from play groups, boy is it nice to let them have a couple of days of adjusting to the environment while they get to go play and their behavior evaluations – I would think they are – this is anecdotal. This hasn't been proven.

I would think that they would be better prepared to be put through a battery of tests that is supposed to define them or help make a decision about them. I would think they would be given a much more fair shot in that circumstance. Um, and that they potentially could do better if they've already had some ability to not be so stressed or in distress.

*Dr. Crawford:* So one of the prevailing philosophies is that before you can put a dog in a play group, we need to do a b-val, behavior evaluation. We need to use that behavior evaluation to determine whether that dog is going to be safe to be put in a group situation and –

*Aimee Sadler:* To be handled.

*Dr. Crawford:* And to be handled so what goes along with that philosophy is that they need to be kept isolated from their social needs and other dogs until they have that safety feature conducted.

*Aimee Sadler:* Right.

*Dr. Crawford:* What's your opinion about that?

*Aimee Sadler:* Okay, remember that slide about Longmont Humane Society and the number of injuries? We made the – we balanced risk and reward. We valued play group so much for the dogs that we opted – it was my decision. No, I'm not going to require behavior evaluation first, so we're going to take a chance that we might end up with a dog out in play group that ends up in an altercation. And we go to handle them because they haven't responded to any of our startling tools and boom, you have something explode on the handler.

That was a risk that we decided to take. That risk never ended up becoming a problem. That was not what our issue was, is that we keep having dogs out here and we go to touch them. And if we had done a b-val, we would have known that about them. That just never fleshed out as being a problem.

Nothing we had to sit back down at the table and say, "Wow, we had an incident today. Had we done a b-val, we could have avoided that

problem." So I made the decision, okay, we don't have to have the b-val first. The first thing that the dogs did was come out to play groups because we saw a measured result from the benefits of play groups. Okay.

*Dr. Crawford:*

So what are our guidelines, and just what do the guidelines say about potential value of quarantining dogs from play groups during the first week of admission? So animals experience a variety of stressors starting at intake. The stress may delay or prevent acclimation to the shelter environment, not allow it to adjust to the shelter environment. Actually, delays or even prevents adjustment coping. It prolongs or intensifies anxiety and mental suffering. Actions should be to respond promptly to behavioral needs. The behavioral need starts the day the dog walks into the shelter.

*Aimee Sadler:*

Yeah, what they said. Everything that I've been trying to say and what they said right there. There it is, in writing. I love that. Puppies.

*Dr. Crawford:*

All right, so here is a very controversial one [*coughing*]. What do we do about puppies? It's a much different ball of wax than adult dogs because this is the age group, as we all know, that's so exquisitely vulnerable to disease. These are – this is the age group that is most likely to get sick in our care, but unfortunately this is the time of the dog's life that is so critical to learning social skills. And certainly if they do not have proper socialization, here is a list of outcomes that have been shown over and over again that are realized because of lack of socialization during the critical socialization period.

Fear, avoidance of both people and, um, dogs, generalized anxiety, aggression, whether it's animal or human, very destructive behaviors. So we're talking about the generalized anxiety state that – and that can lead to separation anxiety and all the destructive behaviors that come with separation anxiety. And any of these behaviors that result from lack of socialization lead to surrender to the animal shelter. So behavior is the number one reason dogs end up in the animal shelter to begin with. It's the number one reason they're euthanized and it all starts with the first four months of life.

*Aimee Sadler:*

And in my presentations, typically when I don't have a vet standing next to me, I do talk about the parallel to remember in the day at however many years ago when the veterinarians on the whole would advise people that had either purchased or adopted a puppy to keep them under lock and key and not take them out. Make sure they had no exposure, um, to any feces anywhere and then it was determined how many behavioral problems resulting from the dogs not being properly socialized. These are owned dogs, and so there was some modifications in response to that, to those protocols that right there was already the living example of merging

medical and behavioral to treat the whole animal to get the best outcome for the animal moving forward. So everything that we're talking to me – talking about, that is like the greatest example that we've already lived with.

*Dr. Crawford:*

So we all have puppies come into the shelter and we recognize that they, out of any of the life stages, has the most critical need for socialization. So what is the best practice to meet the social needs for puppies is really just to keep them out of the shelter, if we can. Um, because the shelter is a high risk environment for them with regard to infectious disease, and we are – as an industry, we are moving forward with greater speed and devising ways, strategies to keep puppies out of the shelter initially. Or if they must come in, how to get them – how to turn them around within hours and get them right back out the door into a safe environment.

So we've all – you've all heard about eliminating stray hold periods for litters of puppies because I doubt there's a citizen in the community that's running around, trying to locate their lost litter of six puppies. So likely litters of puppies that come into the shelter are not going to be reclaimed. So why have a hold time for them? Why mandate them staying three to seven days in a high risk environment that's not going to meet their medical needs and it's not going to meet their behavioral needs. Transfer them out to a foster home or, a well-managed rescue group that can provide a safe environment, that protects them from exposure to infectious disease while they're building their immunity that also meets their socialization needs so that you don't have a healthy grown up puppy that has very poor behavior and ends right back up in the shelter where it came from.

*Aimee Sadler:*

And the funny thing is if any of us had a lost litter of puppies and the person showed up to say, "Okay, I'm here to find my – to reclaim my lost litter of puppies," none of us would want to give them to him anyway, right?

*Dr. Crawford:*

Hopefully they're already gone –

*Aimee Sadler:*

Right.

*Dr. Crawford:*

– *[laughs]* by the time the owner shows up. So obviously we all have great concerns about play groups with puppies and the top three reasons or our top three concerns are parvovirus, by and large. And then distemper and then there's some concern about some transmissible intestinal parasite such as coccidian and giardia and environmental contamination. So definitely parvovirus and we've all been burned by this. And I'm sure that play groups for puppies have been conducted and then there's been this massive outbreak of parvovirus. But how often does that occur? What is

the frequency? What is the risk for that occurring? Or can we manage them in a way that reduces their risk for exposure and transmission of parvovirus that then puts the whole lot of puppies at risk for death?

*Aimee Sadler:*

And this is an example too, when you come into shelters. Let's say if we go and do a seminar and there are these sweeping, operational changes that start to happen to start making this a part of our daily life so that systems about how you're – how dogs are identified or what's going on for them, how people can walk through and not make a mistake of oh, we didn't know that that dog was, you know, positive for this, or that, or whatever. So you have to sit down at the table and say, "Okay, now that we've got this thing going on, how is our communication system going on?" We don't want any oopsies that don't have anything to do with play groups in particular or any new and other new enrichment program.

You know, kids coming and stuffing Kongs. It just might be that you have to set up some policies and protocols to support that so everybody knows – the right hand knows what the left hand is doing, right? And sometimes that's part of your risk/reward discussion, but that doesn't have anything to do with the – that the programs aren't worth it. It just means you've got some other work to do to support it correctly. So that – from a behavioral perspective, okay.

*Dr. Crawford:*

Right.

*Aimee Sadler:*

This is, for me, again, when I don't have an amazing veterinarian standing next to me, and I'm doing these seminars. I always talk about on this slide, collaborate with medical. That was most important, but you know, it would be remiss of me as an expert in behavior if – Dr. Newberry asked me this flat out. She said, "Okay, so if you have a litter of puppies come in, most, you know, adoption centers or whatever can turn those animals around like this. Would you still risk them going to play group if they're going to be in and out within two, three days?"

And I agree that maybe not. Maybe not in that situation, but oftentimes, boy, do I hate the idea that for some reason we have a litter of puppies that stay with us and then they've become ruined in our care because of that critical socialization period behaviorally. So you have to weigh this, or you have a couple of singlets that come in, or a pair of puppies that don't have the rest of their littermates. For example, and those are the dogs that maybe you end up with a little bit longer, and again, do no harm while they're with us. Let's not ruin the puppies while they're in our care.

So I would say to Dr. Newberry when I answered a question, in those situations I think it's very important for those puppies to get socialized with appropriate healthy adult dogs. And apparently, from a medical perspective, letting puppies play with vaccinated, healthy adult dogs is

safer, right, than with other puppies and intermingling. And then from a behavioral perspective, you let the little kids just running around with no adult supervision, it's like sending our elementary kids out to recess with no teachers or adults on the playground, right? There's some bad behaviors that might happen out there with those kids. So I'm, from a behavioral perspective, loathe to only letting puppies socialize with puppies. I want – this is where they're going to learn about their bite inhibition, play behavior, responsiveness to adult dogs, their manners, and everything else. I want them with adults. For example, this was Wuppy Puppy [video plays], this little one here.

*Dr. Crawford:* It came in as a singlet.

*Aimee Sadler:* It came in as a singlet. She'd been visited with multiple times by families and they kept giving her a back. You'd think that she's a puppy, she'll go out the door. She was so obnoxious. She was a mouthy, jumpy dog. Um, terrible bite inhibition, you know?

She had broken skin a couple of times with her little needle teeth and so that was part of the reason why she was with us, because she went on quarantine for that. And, I was like, "We've got to get her in play groups." So I went to the medical team and said, "Come on. You've got to," and she was younger than what our protocols allowed for at that time.

And they said, "Okay, okay. We'll let you do with it her." And then we discussed puppies and socialization moving forward, but some people would even look at – well, why would you let her in with a dog that large? That large dog could hurt her. Because I believe in animals and I believe that dogs know how to be dogs and I have faith in this dog's social ability. And he might step on her by accident, but you know, she might twist her paw walking on the ice too, you know? Stuff happens. So to me, risk/reward, this social interaction, the benefits way far outweigh the risks for that puppy as a result.

*Dr. Crawford:* So how can we balance the risk for potential parvovirus exposure against the reward of proper socialization through play groups? And what can – what evidence do we have to make some sound decisions about our management of this high reward activity, but also high risk activity for puppies. So there's been some discussion. Okay, let's accept, yes, puppies. They really need to have play groups in order to establish good behavior for the rest of their life that will keep them out of the shelter.

So should we wait, though, until they – a week after their intake vaccine? It's the same sort of argument that we just discussed about quarantine periods. In order to let the mount a protective immune response, also this one week after admission is the typical parvovirus incubation period. So

maybe we would be safer. Maybe it'd be safer for the puppy if we just let him sit in the kennel and respond to their distemper/parvo vaccine and then we'll monitor them carefully to see if they came in infected with parvo and look for the vomiting and diarrhea.

And that way, we didn't risk anybody else, but studies have shown that yeah, more than 75 percent of the puppies that come into a shelter, whether it's a, um, um, a managed admission or, um, open admission. 75 percent of them come in without any immunity to distemper and parvo and only 10 percent respond to that initial vaccination by day 7. And 50 percent respond by day 14 and then we're going to give them another vaccine to keep increasing the proportions with protective immunity.

So does it really make sense to hold them hostage in their run for seven days, all the while their critical socialization clock is ticking and even puppies are under stress in an animal shelter with all the activity and noise. So, well, if it's going to take two weeks or so for them to – for most of them to get some protective level of immunity against the things that we fear the most, distemper and parvo, should we wait until they complete the vaccination series? The recommendations are to vaccinate every two weeks until they're four to five months – five to six months old. Do we wait?

*Aimee Sadler:  
Dr. Crawford:*

And how many shelters do they stay with you for that long? So, well – so that's the point is we don't want them there to begin with, and the goal is to get them out of there as quickly as possible, eliminate all the barriers to transferring out of the higher risk shelter environment, which is more difficult to manage. But if they have to stay with us for a week before they're adopted, why not make the best of this opportunity to provide them what they need with regard to being a completely healthy puppy when they go into the home environment and having some social skills already established. And then they don't come back at age 10, 12 months because they're a jumpy, mouthy dog. Because once those dogs end up in the shelter, they get moved up on the euthanasia list. So what are – so no. We shouldn't wait till they complete their vaccination series.

That would be devastating to the puppies. But can – are there some tools that we can use to assess their risk to infection by distemper and parvovirus. Well, we could measure their antibody titers. If you have the resources, the money to draw a small blood sample and use one of the in-shelter kits, such as Canine VacciCheck or the Synbiotics Antibody Titer test. You could find out which proportion of the puppies already have protective antibody titers to these, viruses and which ones don't.

\$11.00 per puppy, \$13.00 per puppy, but is that going to give you any more useful information to determine whether they're going to go into play

group or not? After you spent all that time and money, what are you going to do with the answers? Well, we could test them all for parvovirus first before they go into play group using the IDEXX SNAP Test or some equivalent. What do you know about that test? How accurate is it if you're screening otherwise healthy puppies? Do you trust the negative result? It's not sensitive enough to trust the negative result when used for screening healthy puppies without any compatible signs of parvovirus.

*Aimee Sadler:* We have five minutes.

*Dr. Crawford:* So let's go.

*Aimee Sadler:* Is that it total? Five minutes?

*Dr. Crawford:* Yeah.

*Aimee Sadler:* Oh, gosh. *[Inaudible]* skip one?

*Dr. Crawford:* So here is a position statement from the American Veterinary Society of Animal Behavior regarding puppy socialization. It is the belief of this society of experts that the standard of care for puppies should be to receive socialization before they are fully vaccinated. They further state that socialization, participating in puppy classes with puppies coming from all over can be started seven days after the first distemper parvo vaccine and deworming. So there's some evidence that may – you may say that I want to wait seven days before I start out puppies, but here is another recent study that sought to determine if puppies attending social classes are really at increased risk for parvovirus infection compared to puppies that are kept under lock and key and isolated on a home environment.

And this study involved more than 1,000 puppies, 8 to 16 weeks of age, and they all had at least 1 distemper/parvo vaccine on board. And, um, 800 plus did not, um, attend classes. They were in the lock and key category and then 200 plus attended classes. And the results from the study that I'm not going to go into a lot of detail on is that they found that puppies that attended puppy socialization classes were not at increased risk for parvovirus infection compared to those that did not attend classes.

As a matter of fact, out of this 1,100 plus group of puppies, the only puppies that got parvovirus were the ones that were under lock and key in isolation. None of the puppies that participated in play groups. So what can we do to get our puppies into play groups immediately while they're in our care, all the while striving to get them out of the shelter as quickly as possible? What can we do to address their critical social needs? We can put them in play groups, but put them in play groups with well vaccinated

adult dogs with appropriate behavior to teach the puppy manners, but not scare it.

Or injure it, but we don't want to mix litters up. I still don't agree with putting different litters in a play group with these well vaccinated social helper dogs. I do – we were talking about grass, putting puppies on grass. And your puppy was on snow.

Snow, I'm fine with. They're not going to be *[laughs]* – but, so here in the south we worry about contaminating our play yards with parvovirus, since it's so durable in the environment. We can never put puppies in there again. So why not consider having small play groups for a litter of puppies with appropriate adult helper dogs on a non-porous surface, not just concrete. It has to be sealed concrete that is non-slip. And then –

*Aimee Sadler:* A lot of the shelters that I go to have incorporated exactly those protocols.

*Dr. Crawford:* Mm-hmm and this gives us a disinfectable surface that we can treat with trifactant, bleach, WYSIWASH, Accel, before the next litter of puppies come out and participate in the play group with the adult helper dogs. And then staff need to be very careful. The staff and the volunteers, that they're not serving – they need to be careful about their clothing and handling the different litters of puppies.

So the next group that's of concern to veterinarians or the number one disease that occurs in dogs in shelters, and that is kennel cough or canine infectious respiratory disease. And here are the concerns that are expressed, initially by me. Gosh, you know? This exercise is just going to make their disease much worse. They're going to cough their heads off because of the irritation to the respiratory tract. What about pathogen swapping? Are they going to start sharing all different kinds of pathogens and become superinfected and super sick?

And then, the thing that we worry about with infectious respiratory diseases in a shelter of course, is it really distemper and not Bordetella, parafu antivirus, pneumovirus, influenza virus, and the list goes on and on and on. Could it be distemper? So if we think, what would be the benefits of play groups to a dog that has a cold?

*Aimee Sadler:* Technically.

*Dr. Crawford:* So is it fresh air, sunshine? Does that help them recover more quickly? Does it increase their ability to fight the infection off? Does it reduce their stress level to the point where they're now at a healthier place, at least mentally and emotionally that – when it allows their body to heal more quickly? So those are some arguments that would be presented for play groups.

And so how – if we wanted to do play groups for dogs with kennel coughs, since that could be a significant percentage, what is their eligibility criteria? Well, obviously the ones that are standing in the kennel, wagging their tail or eating, have no indication of a fever. They have sneezing, runny nose and eyes but they're not coughing that much. You could consider them going into play groups, but certainly not the ones that have more, um, systemic signs of illness such as fever, not eating, very copious, purulent mucal, uh – mucoid nasal discharge and very frequent cough. So let's look at the ones with kennel cough that could go into play groups. You certainly don't want to put them into play groups with healthy dogs, uninfected dogs, so let's make a kennel cough play group and many shelters are making kennel cough play groups.

*Aimee Sadler:* That's what we did.

*Dr. Crawford:* Yep, and obviously these are run separately from the healthy dog groups and not right next door in the yard next to the healthy dog group. Should we restrict this to adults only with kennel cough and not do the puppies that have kennel cough? That's a consideration, but, I would put in the puppies with the appropriate adult dogs that – or they have kennel cough too, but they're good helper dogs. Should dogs be rested and treated with antibiotics for seven days first before they go into the kennel cough play group? Well, most of the pathogens that cause kennel cough are viral, so antibiotics are really something we do to prevent secondary bacterial infections.

Also it makes us feel like we're doing something for the dog. Do they really need antibiotics? Probably not, but we do it for pre – more prophylactic reasoning. And so they really don't need the antibiotic treatment for seven days first, since it's not addressing the cause of infection anyway. And in reality, all the respiratory pathogens, by the time the dog shows clinical signs, they're – the shedding period is already waning and they're only shed for a total of seven days.

So the benefits of play groups or the – okay. Heartworm infection. That's another huge category we talk about, particularly in the southeast. Is there any benefit to putting heartworm infected dogs in a playgroup? Now, this is interesting because I've been in many shelters here in Florida and elsewhere where, um, heartworm infected dogs are restricted from any leash walking even. They're not under treatment.

It's just the mistaken conception by the management team and possibly the veterinary service group that, um, any exercise for a dog infected with heartworms could be potentially harmful. There's a risk. Unfortunately, heartworm infection is a huge euthanasia risk group for shelters. They

don't have the means or resources to treat heartworms. And if they can't get a rescue group to take the dog from the shelter for treatment and placement, um, these are the dogs that will end up in the euthanasia room because there's nothing else to be done with them supposedly by that shelter, but even if that's true, they still deserve considerations for quality of life while they're in the shelter, waiting their turn, whatever that turn is going to be.

So put them in heartworm play groups and these should be asymptomatic dogs. They can be dogs that haven't started on treatment for adulticide treatment because the shelter doesn't have those funds to start any treatment, or they can be dogs where the shelter can invest in doxycycline treatment for 30 days and starting monthly prevention as recommended by the 2014 American Heartworm Society, um, um, guidelines that just came out. Now, you will see in the guidelines that says, "Dogs on doxycycline treatment before Immiticide need to have rest. Their exercise should be curtailed." But is there any evidence that being in play groups or exercise is going to increase the risk for some heartworm related incident? No.

So why keep them in social isolation for 30 days if they're asymptomatic? That would really, um, mess up their behavior. Now, of course, dogs that are symptomatic of heartworm disease, not heartworm infection itself, but of disease or dogs that have already had immiticide treatment should not be included in play groups. And there's all – there are categories of dogs that for some reason that are eligible for play groups, at least temporarily, and those were the ones with contagious skin disease such as ringworm and scabies, not demodex. There's no reason demodex infected dogs cannot go into play group.

Dogs with acute injuries, not chronic, manageable injuries. Of course, post-surgery. Dogs with diarrhea should not be out in the play yards until that's resolved. And then dogs with, um, signs of fever. So really, as veterinarians, let's look at all of our guidelines that we have available to us and put together by expert groups on best practices to manage the health of our patients.

One is vaccination of all dogs on admission and repeat at two week intervals for puppies and consider repeating for adults too, at least once after the first intake vaccine.

Parasiticide treatment for all dogs to eliminate the roundworm, the hookworm, other intestinal parasite contamination of the play yard. Do daily medical rounds. Know your patients that you are in charge of and that way you know whether they are a candidate for play groups based on medical reasoning. Same for behavior. We need to have the behavioral rounds to know that they are deteriorating in our medical – in our care,

and that we need to adjust the balance between our medical concerns or behavioral concerns.

Prompt poop pickup. Hire me. I can do it well. I love that job in the play yard. We need to keep good records about the dogs that are participating in play groups. This needs to go in their medical record. The notes from the behavior – the volunteers that are observing their behavior need to be recorded. This is information that's valuable for making decisions about dogs. Also valuable for owners. Go ahead.

*Aimee Sadler:*

So moving forward, we're going to close this up. I apologize that we're behind. So as we're striving to save more lives, we have to consider the damaging effects of our longer term sheltering and we have to make appropriate adjustments in our protocols. And more shelter vets are talking about the benefits of play groups like this one right here in reducing stress, keeping them healthier on the whole. We are recognizing the programming, also the positive really effects staff and volunteers, better equips people to take care of animals.

And as our life saving increases, how we do business should reflect the new age of sheltering considering our people and our pets. And the longer we're in sheltering, the less confident we are in predicting regards – with regards to behavior. I don't know how many of you feel that way. I can't predict squat anymore from what's going to happen here to what's going to happen there. We're big believers in that you never know until you try, and we have learned a lot about behavior when we let the dogs show us. And we don't know what could happen if they were allowed another context or relationship. We also, once we kill them, we cannot be proven wrong, which I think gives us a really false sense of security and I think that we have to keep needling ourselves about that. Um, we've worked on reallocating resources to support adoption. It feels better than euthanizing just in case. Most shelter dogs love play groups.

We want you to take all of this into consideration. Understand your mission of your shelter. Understand your resources and your context. Identify what your biggest obstacles are to saving lives. Identify what your strengths and weaknesses are and how you can exploit your strengths, do well with them, and kind of get past your weaknesses.

Question your protocols. Don't get entrenched in, well, "this is how we do it." This is the way we do it. Every day you need to be hungry for what's next, what's next, what's next? Be tenaciously fluid and flexible. Merge your best practices and measure your work continuously. Don't just do it because this is how we do it. Strive to treat the whole animal. We've talked about all this. Don't forget the people part. Take care of

yourselves in the process as you learn how to move forward and save more lives. That's it. Bang. Thank you *[applause and laughter]*. Sorry.

*Facilitator:*

That was really a wonderful and inspiring presentation and I hope all of you look for opportunities to go to the play group training sessions. They're always preceded with a seminar for three hours that go into the real details, nitty gritty of how to start play groups, and then followed by hands on experience. There's several of them happening in Florida over the next few months that you might be able to join and I really encourage you to try to integrate this in some form into your shelter.

We won't have time for questions, unfortunately, at this time, but maybe we can catch some questions later in the meeting and lunch, sponsored by Animal Farm Foundation, will be in the room next door. It's a buffet, so please help yourself and we'll see you back at 2:00. Thank you *[applause]*.

*[End of Audio]*