



## ***Helping Shelter Pets Find Health, Happiness and Homes with Fear Free***

Webcast Transcript

December 2016

This transcript has been automatically generated and may not be 100% accurate. This text may not be in its final form and may be updated or revised in the future. Please be aware that the authoritative record of Maddie's Fund<sup>®</sup> programming is the audio.

*[Beginning of Audio]*

*Jessie Guglielmo:* Good evening, everyone. Thank you for joining us tonight for our webcast, Helping Shelter Pets find Health, Happiness and Homes with Fear Free. I'm Jessie Guglielmo, Education Specialist with Maddie's Fund. Our speaker tonight is Dr. Marty Becker, who is known as America's veterinarian. He has developed a fear-free initiative that aims to take the pet out of petrified by promoting a considerate approach and gentle control techniques using calming environments.

By attending this live webcast, you will be able to register for the Fear Free course with a 50 percent discount. The discount code will be e-mailed to you tomorrow along with instructions on how to sign up. Please check your spam folder if you don't receive the discount code by the late afternoon. This discount will only be available to attendees of the live event and will expire on December 14th. Fear Free has also graciously offered ten free scholarships for those attending tonight. A random drawing will be held to choose the winner. The winners will be contacted by e-mail tomorrow morning.

Before we start, let's talk about a few housekeeping items. Please take a look at the left side of your screen where you'll see a Q&A window. That's where you can ask questions throughout the presentation. Keep in mind that questions submitted late in the presentation may not be processed in time for a response so please get your questions in early.

If you need help with your connection during the presentation, click the Help widget at the bottom of your screen. This presentation will be available on demand within 24 hours for online viewing. Dr. Becker, thank you for being here tonight.

*Dr. Marty Becker:* Oh, thank you, everybody. Here I am up here, I have to say it, I have to say it, in northern Idaho-ho-ho, where it is a blazing cold 7 degrees tonight, but I've been white hot excited about having the opportunity to talk to you and I thank all of you that care about pets, people, and those of you that are in the veterinary profession. You know, I was born and raised in southern Idaho. When you think of Idaho, you think of Idaho potatoes, and yes, we grew Idaho potatoes.

I remember early on, when I was very young, when the first time I got to bring a dog inside the

house, it was a black Labrador Retriever named Luke, and I asked dad if we could bring it in and it was a bit snowstorm and the snow was blowing horizontally across the frozen potato fields of southern Idaho, and he goes, "Oh, that's what these breeds are made for, you know, he can take the weather." Well, he resisted and I persisted and finally, Luke, the Labrador Retriever, came in the house.

It was like he was on ice skates, he was on the linoleum of the kitchen floor but his tail started wagging and it was hitting my – he did the lab leaner thing and then he jumped up on the couch. He ran in the room, jumped up on the couch like a crazed animal and his little tail was beating this beat on the side of the sofa, boom, boom, boom, boom, boom, boom, boom, boom, boom.

Well, Luke, like many pets that you remember, he made this migration from the backyard – the barnyard to the backyard to the back door to the bedroom. If you didn't grow up rural like I did from the Sunday project doghouse to the back door to the bedroom or putting it another way, from outside to inside to underneath.

So I went to veterinary school, believe it or not, to become a dairy practitioner, and the first hour of the first day of veterinary school, Leo Bustad, the dean of Washington State University's College of Veterinary Medicine, gave a talk on the human-animal bond, and I found myself, at the end of the welcoming remarks, going from the back of the room to the front of the room to volunteer for the People-Pet Partnership that matched elderly people with homeless pets. So out went the dairy, in went companion animals and not just companion animals but working to place shelter animals. That was in 1976.

When I graduated in 1980 and started practicing in southern Idaho in Twin Falls, the very first week of practice – some of you remember, back in 1980, the parvo epidemic hit, and there were people – there were lines of people to come in to be vaccinated. And my partner hadn't had a vacation in five years, so he left and went on vacation so I was by myself. But a gal came in and she – she got very close to me and says, "You've got to help me stop, Dr. Becker, what's happening in the local shelter." This lady was an ex-flight attendant named Bobbi Wilburton and she said they're gassing dogs to death down there. I didn't even know what it meant but there I was in 1980 and I went down to the shelter and saw them gassing dogs to death with carbon monoxide and decided, you know, this can't stand, we need to at least do this humanely.

So in my career now, since 1980, I've been involved with shelter medicine. Every veterinary hospital I've had has had an adoption center for shelter pets. We'd work with the local city or state or county to showcase their pets. I'm on the board of three national organizations. I'm on the board of three local shelters. And I applaud you, any of you that work in the shelters for the incredible work you do.

So let's talk about Fear Free, and you know, my slogan for Fear Free is to – you know, "if a pet could talk what would she say right now," and the pet might say, you know what, I have arthritis, give me something to knock me out before you stretch me out to take radiographs. Or you know what, I am terrified of dogs, can you put me in a place – can you have me in feline only hours. Or that my stomach's upset because I'm so nervous, can you give me something for an upset stomach.

And so when you have that kind of mindset, the fact is they are talking, they're just not talking in English or Spanish or German, they're talking with their vocalizations, with their body positioning, with the way they're holding their ears or their tail. So you have to learn the signs of fear and anxiety and stress, and you realize you can move to reduce or remove fear, anxiety and stress and increase calm and happiness.

Those of us that are in the veterinary profession tonight, that are veterinarians or technicians or work in the veterinary part of shelter medicine will know this. We've had four previous major transformations in veterinary medicine; the first one was feline medicine. Literally, it used to be dogs only, and you know, we started seeing – finally seeing cats in practice. So they weren't – cats aren't just small dogs, you know, they're different procedures, different medications and so on.

The second transformation was dentistry, and you see this cat here, you know, licking this toothbrush. When I was in veterinary school, graduated in 1980, we basically did ultrasonic cleaning and left this pitted teeth and now we're going Rin Tin Tin, you know. We're doing braces for malocclusion and root canals and crowns. You know, periodontal disease is the number one thing we diagnose in veterinary medicine, so it's very, very important that we do that.

Third thing was preventative care. Rather than treating accidents, actually to prevent things with parasite control, vaccinations. And the last one is multimodal pain management. So I was actually taught, believe it or not, in 1980, graduating with the understanding from my professors that pets didn't feel pain and if they did it was good because they were less mobile and not going to chew the stitches out or walk on the leg we'd fixed. Boy, oh, boy, can you believe it. How could we believe that? Of course, pets – animals have the same neurologic pathways we did but we were taught they didn't feel pain.

So if you're looking at the discussion tonight: do pets have emotions, do pets feel fear, anxiety and stress, do pets feel happiness, do pets feel love? Of *course*, they do. And this is kind of inside the dog and cat's mind starting out, and we're figuring out that we have a major part to play if they're going to be emotionally happy or be emotionally damaged.

Now, if we go to sheltering, you know, we've had three great revolutions in animal sheltering, and the first one was cruelty prevention, and this is the earliest days of the modern humane movement were about protecting animals, primarily horses and dogs, but other animals as well, from abuse and harm. I'm on the board of the American Humane Association and was involved with getting these cattle that were abused going from the trails from Oregon – or excuse me, from Oklahoma and Texas up to the slaughter yards of Chicago, also bringing war horses back in World War I. But think back to the book *Black Beauty* and that's part of that early revolution, cruelty prevention.

The second revolution was spay and neuter. The huge decrease in shelter intake and euthanasia we saw from the '70s until the early 2000s was driven by this second revolution, the widespread routine spaying and neutering of companion animals. The third one, and you have a lot to say about this, is no kill. Eventually, some enlightened leaders realized that it's ethically unacceptable to manage pet populations by killing animals that we just saw as excess, not enough homes for all the animals. And they began to reexamine the programs and policies of the past and pave a way to the future where all healthy and treatable pets would live and thrive, out of the cage, onto the couch.

Well, I'm gonna tell you the fourth revolution in animal sheltering is here and it's Fear Free. It's the next frontier, and for the same reasons why it's the next revolution in veterinary medicine. When you look at this slide, I want you to think of that boy in Aleppo that was sitting on the back of that ambulance. That boy that was covered in dust, that seemed to be almost like one of the people you find in Pompeii that's cast in ash, not moving.

That boy in Aleppo is the same as the dog that walks into the exam room and lays down and acts like it goes to sleep, or is in the shelter and it comes in and it lays down like it's going to sleep. Or it's the cat that's frozen in the cage or frozen on the exam table. That is not relaxed, that dog that is sitting there with its eyes closed, seeming to go to sleep when it comes in, I used to think that was relaxed. Actually, that's what we call “collapsing immobility.”

Now, evolution has endowed humans and other mammals with the continuum of an innate hardwired, automatically activated defense behaviors which is termed the defense cascade, and the defense cascade includes arousal. If you were to hear a gunshot now or I even go ah! is arousal. Next is fight or flight, then tonic immobility and finally collapsing immobility. That's the response of last resort to an inescapable threat when active defense responses have failed. So no – the cat that's frozen, the dog that's in there that seems relaxed is the same – think of it as that poor boy, that I can't get that image out of my mind from Aleppo.

So how this got started for me – listen, I'm not Temple Grandin. Temple Grandin is on our Fear Free Advisory Panel. There is almost 200 people on the Fear Free Advisory Panel. It happened to be a boarded veterinary behaviorist named Karen Overall that I heard talk about fear was the worst thing a social species could experience and it caused permanent damage to the brain. And Karen went on to talk about the development of maladaptive fear, how in animal care we were causing repeat severe psychological damage to pets. This was in shelters, this was training, this was grooming, this was in the veterinary hospital. And in talking about this, you know, none of us, nobody that's hearing this or is going to view this later, gets into taking care of animals because we want to make life worse for animals.

I was sickened that day in 2009 thinking about that we were causing repeated severe psychological damage to pets. And in that time, you know, I'd look back at my experience with veterinary medicine and we just auger pets through the system or auger pets through the shelter, get them in, get them out, do the treatment, get them out, find them a home – you know, bring them in, make sure they're healthy, get them back out without regard for their emotional well-being. So that's basically what Fear Free is, in one hand you have physical well-being, in one hand you have emotional well-being, and coming down the trail in a little bit, we also got to start looking at enrichment activities for these pets.

You know, when you talk about what is fear, anxiety and stress, it's kind of the thing, even veterinary behaviorists – so on this Fear Free Advisory Panel, there are 40 boarded veterinary behaviorists. There are an amazing group of people, ranging from the head of animal cognition at Duke, the head of animal cognition at Columbia University, Temple Grandin, medical minds in veterinary medicine. Because besides being the right thing to do, to look after pets' emotional well-being, we can practice a lot better medicine.

There are five boarded anesthesiologists. There are 14 boarded behavior techs in behavior. So I'm not Temple Grandin. Temple Grandin is a savant, she's got a special gift. I am a popularizer, I am an evangelist, I'm a gatherer of resources. I'm the most doggedly determined person you'll ever meet but I've really been able to showcase the breadth and depth of this incredible team.

So basically, anxiety is a nervousness about what might happen. When you see this slide, there's no specific trigger, ooh, that dark alley causes me to be anxious. Fear is to be afraid and worried in response to a specific threat. When I look down that dark alley, when I saw the people at the end of this dark alley were carrying guns, I became very afraid. Now, fear can be in response to something painful or disturbing. Painful can include getting a flu shot or a blood draw, being stung by a bee or hitting your finger with a hammer. Next time you do a hammer – you hit your finger on a hammer – you have fear that you're gonna hit your finger again.

Examples of disturbing would include seeing somebody beaten up, witnessing a fatal car crash, seeing the body of that little Syrian boy floating in the waters of grief or that little boy that was sitting on the bumper of that ambulance in Aleppo, or I think for us, any kind of animal abuse that we have witnessed. And fear can be life-saving in the mode when you're flight, fright, frigid or freeze.

When fear is bad is when it becomes maladaptive fear and then you have even more fear and anxiety in response to the same set of circumstances and you don't even have to experience them. Let me give you an example of that. My older sister, Cheryl, used to have her ponytail jerked by the dentist, Stan Kern in Buhl, Idaho to get her to keep her mouth open. My sister became a physician and a very well-known physician, a graduate of Yale, but didn't seek dental care her whole life because of the fear that she had, that maladaptive fear.

But guess what, my sister Cheryl could decide she didn't have to go to the dentist. She didn't have to face the fear trigger. Pets are like children: they don't go to the dentist by free will, they don't go to the doctor or the veterinarian by free will, so they can't escape the fear, anxiety and stress. For humans, if you like scary movies or scary rides, you go on them, if you don't like them, you don't go on them. I like doing crossword puzzles, my wife likes Sudoku, and you know what, if you get too anxious or fearful you can put it down, but when a pet is feeling fear, anxiety or stress because they're coming in, you know, not on their own volition, they can't get out of the fear.

This probably sends shivers –. Matter of fact, let's do a little poll here, send a pulse check. How many of you, it sends shivers up your spine thinking that you're going to go to the dentist, I'd like you to hit the thumbs up, and those of you that don't mind going to the dentist, you can hit the thumbs down. Well, you can see here, there's not too many of us that are hitting the thumbs down here. Most of – oh no, it's catching up here now. So there's – gosh, we've got a nice crowd on the line here. So it's about – it's getting close to half and half. About half don't like to go, a little more than that, and half not mind.

Well, I tell you what, remember my sister Cheryl that got her ponytail jerked, she sat in this little room with the little sink with swirling water, she listened to the drill, the belt-driven drill, she – there was the doctor hovering over her, the dentist with no assistant. Contrast that with my

granddaughter Reagan, she goes to the dentist and she sits in something that looks like a heated catcher's mitt. She can have a heated blanket on her if she wants. She gets to pick the color of the LED lights that are above her area. She gets to choose what's on the video screen, *Sponge Bob* or *Frozen*. And then she has noise-cancellation headphones, antiglare glasses. When she gets done she goes to an area that looks like Oriental Trading Company has set up a retail outlet for toys; not the little tube of toothpaste or floss and a toothbrush of our past. And while she's getting it, my granddaughter Reagan gets – or my daughter, Mikkel, gets complementary neck and shoulder massages. So what a difference.

So what is this amygdala anyway? It's a small almond-shaped body part. It's situated right in front of the brain's temporal lobe, and scientists have associated the amygdala with negative primal behaviors such as fear and rage. And once something gets in the amygdala it never, ever leaves. I'll give you an example. I told my son, Lex, the talk about – at about age 10, I said, "Listen, if a female ever asks you do I look fat in this, your response is never yes because they're going to remember that."

I remember my knee getting crushed in football. I remember my heart broken by a girl in college. I remember facing a youth mob in Spain. I remember my granddaughter with RSV virus. I remember my mom and dad arguing about getting divorced. Matter of fact, I remember this Thanksgiving, because we totaled our Subaru hitting a deer, so I'm never going to forget that as well. So the things that happen, a dog that gets its nails trimmed too short, a cat where a vaccination goes wrong, a pet that is not put in the proper cage or treated for fear, anxiety and stress, somebody that tries multiple times to do a blood draw and misses, a dog that has a sore ear that's not treated, all those things go into the amygdala and cause fear, anxiety and stress.

Now, I want to – it's really funny in a veterinary crowd, we ask if you'd rather have permanent physical or permanent emotional damage of your pet. So this pet here, you can't tell by the picture but this dog has one eye and three legs. There is always somebody in the veterinary crowd that has a one-eyed, three-legged dog, almost always if you get over 100 people. I'd be interested to see, if we took more time, how many of *you* have a pet that has physical damage. We don't care if one of our pets lost an eye. We don't want them to but if they lost all of their teeth, lost their eye, had one ear bitten off, had lost a limb, that's okay, you know, they don't mind it, but permanent emotional damage, that's what we don't want. Extreme separation anxiety, extreme fear of going to the veterinarian.

And what happens is the pet just doesn't go to the veterinarian, instead they go to the pet store and will buy \$100.00 bag of food thinking it's going to take care of skin problems, ear problems, anal gland problems, tear staining, dental problems, even cognition. Because the pet likes to go to the pet store; they like to take it to the pet store but the pet doesn't want to go to the vet and the people don't want to take it to the vet.

So you know, those of you that are watching this right now, you look at that, you know the saying, the music's already started in your head. You're on the boat, you're going to this nation and going to that nation. You don't have to think about being happy, you don't have to think about smiling. Every time I type a smiley face on a text message or something, I smile just typing the smiley face. Dogs don't have to think to wag their tails or cats to purr. You know, when we're happy the corners of our

mouth turn up, a dog's tail starts moving from side to side and a cat's diaphragm starts moving at 25 times per minute in a percussion.

I think about what makes humans happy. Being at Disneyworld with a child or grandchild, school plays, snow days where we live, grandma's favorite dish, fishing with grandpa, ice cream, chocolate, candy stores, toy stores, ooh, family reunions (or not). And one thing to think about is that postures change emotions. Smiling has been shown to increase positive emotions. There was a book by a Harvard professor talking about the Wonder Woman pose. It's what we talk about in having a happy childhood, a happy marriage, living in a happy home and loving what you do at work.

This was one of my – dad's favorite sayings, You can't wake up on both sides of the bed. Another one, example also, You can't love your neighbor as yourself but ignore the hobo that lived in an old school bus near our family farm. So we learn in church, Love your neighbor as yourself and there was a – they were called the hobo at the time, you know, somebody that's basically homeless that lived in an old school bus, basically in a junk yard up by our house, but we did love him and ask him over for Thanksgiving.

In animal shelters and community outreach and in veterinary medicine, you can't proclaim, we care for pets and people, we love animals and then ignore the emotional trauma that we know that we have been causing by what we've been doing or not doing. You know, simply put, and you look at this photo, this image, you're gonna choose the upper path and that will require acceptance, training, commitment, compliance, focus and fervor. It's not the easiest path. It requires – it's requiring a new skillset to be learned and implemented, but it's going to take you – it's going to take the pets under your care, it's going to take the people that work with you to the sunshine side of the mountain.

And one thing about Fear Free, I'm here to tell you, it's not easy. We're taking what 200 experts know. We distilled it down into these eight online modules. You go online, you can start or stop, you can go through one and a half and stop. You have to pass each module to go to the next module. So you can take two this weekend and wait and take three next weekend, whenever you want. But once you're through all eight modules, then you become Fear Free certified. It takes 9 to 17 hours. So it's not like some programs that I support, like Cat Friendly, it's much more in depth than that.

But, you know, we had hoped – we launched this thing April 1st (2016) and had hoped to have 1,000 people become Fear Free certified by the end of the year and we're on track to have somewhere between 5 and 6,000 people registered for Fear Free certification. We're already over 5,000 right now.

So I look at this image and I think about my north star. Remember, I went to veterinary school to be a dairy practitioner but I got touched by Leo Bustad, when Leo talked about the human-animal bond and he'd been a prisoner of war camp in World War II and, man, I was in. So based on his mentorship, his friendship, his teachings, I always wanted to celebrate, protect and nurture that special connection between pets and people we call the bond.

Also, Leo Bustad was the first person to really look at the human-animal health connection or the

healing power of pets. That's one of the 25 books that I have written. But those – the bond, I love the bond, the celebration, protecting, nurturing the bond. I so appreciate the human-animal health connection. But there is a new star in the sky and that's the emotional well-being of pets and even pet owners.

I think of fear, anxiety and stress almost like a new disease that's been discovered that affects practically every pet and it's up to us to learn the symptoms, to learn the proven treatment plans and always have it in your peripheral vision, always have physical well-being of a pet in one hand, emotional well-being of the pet in the other hand. And luckily, these experts that we have, the bedrock of Fear Free is boarded veterinary behaviorists and we're so lucky to be able to hitchhike on their education, their training and their experience.

So those of you that have a knowledge of veterinary medicine, whether as a provider or a consumer, I was taught in veterinary school, 1976 to 1980, that pets didn't feel pain and if they did it was a good thing because it kept them immobile. Oh my gosh, I think back of all the pets over this career now, so I'm up 36 years this year, all the dentals, all the tooth extractions, the ear crops I did, the tail crops, those things without any pain medication, are you kidding me? It just – I'm a guy that if I got a cold sore on my mouth it drive me crazy, and I think of all these pets that didn't have it, and we now know that train of thought was completely bogus, that pets have the same neural pathways as humans and very much experience pain.

Well, once we accepted pain is real and damaging, we worked to prevent it from occurring and treat it if it occurred. We embraced a multimodal model of pain management. For example, with hip dysplasia, we might use a powerful analgesic, joint supplements, joint diets, products to improve joint health like Adequan, laser treatments, stem cells, physical therapy. You know, I've done stem cell therapy for hip dysplasia.

And Fear Free too is multimodal. It might include reducing visual stimuli for the pet, using pheromones, having the pet owner bring the pet in hungry, playing a special calming music on the way to the vet or in the shelter, giving chill pills or prescription sedatives for pets that have fear, anxiety and stress. Use the new gentle control techniques. Multiple, many ways to remove or reduce fear, anxiety and stress.

*Jessie Guglielmo:* Thank you, Dr. Becker. It looks like we have reached our first poll question. Which of the following do you do in your shelter or practice? Please check all that apply. We'll give you a few more seconds to answer that question. I just want to remind everybody to get your questions in early in the Q&A box on the left side of your screen and please answer this question on your screen and not in the Q&A box. And here are our results. Isn't this interesting, Dr. Becker.

*Dr. Marty Becker:* That is really interesting, wow. So there's a lot of veterinary healthcare professionals on here. You know, the part that's not applicable is very few, but, you know, 77 percent for vaccinations, 71 percent blood draw, 85 percent nail trims, 85.7 percent other procedures. Well, let's look at nail trims. What happens at a nail trim, typically? There's 250 to 500 pounds of people holding down a 10 to 30 to 40-pound animal to do a nail trim. Imagine you have an ingrown toenail, can you imagine, Larry, Tim, Jim, Sarah, get in here, let's hold Teresa down here and take care of this ingrown toenail. Oh, my gosh. Think of the fear, anxiety and stress you'd have before

the procedure even started.

And remember, fear can be caused by something painful or disturbing, you know, that is both. Now, at the hospitals that are Fear Free, we do things completely differently. It may be a compression garment like a thunder shirt that works. It may be having pheromones that we wear on our uniforms that works. It might be a chill pill that we use, like Solaquin or Zylkene or Composure Pro at the right dosage that works. And once you go through Fear Free certification, two of those modules, two full hours, are on sedation protocols. We have the best sedation protocols in the world for pets now, and most of them are very safe, very powerful, very inexpensive.

And so now at North Idaho Animal Hospital, where I work as an associate veterinarian now, most of the dogs that come in for – that already have damaged, so you know, we don't want to start puppies and kittens off there because we can work with them to maybe never have to use sedatives, but most of the ones that are already damaged come in on trazadone, if they're a dog, or gabapentin if they're a cat, and rather than the cat being F'ed, you know, fight, flight, freeze or fidget, it's, like, hey wow, far out, man, wow, I like this place. It's like your college roommate that comes in that's gone for an hour, you don't know what he's on but man he looks happy and calm.

And it makes such a difference for these cats. The cat is happy, the pet owner is so happy they could eat – smiling so wide they could eat a banana sideways. You don't get the injuries and you just feel so good because that pet is not stressed out. That dog might be on trazadone and rather than taking them to the same door, to the same spot with the same group of people that pile on that poor dog, we might have one person just go out, while one person's trimming one nail at a time, the other person is shoveling in food rewards.

So we have pets in Fear Free come in hungry so they respond better to food rewards. You're going to learn about a reward ladder in the Fear Free certification. You start out with things that are soft and chewable, like Beggin Strips or Pup-a-Roni or freeze-dried liver. If the pet doesn't want to take it or starts to slow down, you move right up to soft and chewable. When I worked at North Idaho Animal Hospital last week, it was hot baby shrimp, it was hot deli turkey, it was hot albacore tuna. And then the next step up the reward ladder is moist and lickable, that's peanut butter, that is Easy Cheese cheddar and bacon. That's what's in Heaven, by the way, is Easy Cheese cheddar and bacon, I think that's what dogs find there.

You know, when I was a little kid, I remember getting shots by something that looked like the tailpipe on a '57 Chevy. Oh my gosh, I remember the doctor telling me to stand on that little step that was the end of an exam table. There were metal drawers on one side and a drawer on the end that had a handle. He pulled it out, it was a nonskid place to stand up. Told me to pull my pants down and lean across the table on that white paper that was on there, and he came at me with a glass syringe filling it full with some white fluid with a needle that looked like a tailpipe, and pushed me down with his left arm, hit me in the butt cheek with his right arm, injected this stuff and I started screaming, it burned like fire. And my mom goes, "Shut up, Marty." That's the comfort I got in 1960, shut up, Marty. You know, mom didn't want to embarrass herself, she didn't want to embarrass the doctor.

So I, like many of you, as part of the human hell care system, not healthcare, hell care system of the

'50s and '60s, when we as the dependent beings in human healthcare, which is children, were manhandled, manipulated, threatened and abused. Our opinions were not asked nor was our comfort a concern. And when my daughter, 6-year-old – or 7-year-old granddaughter, Reagan, started getting vaccinations, the only positive thing was letting her pick out the image of the Band-Aid. Now when Reagan has vaccinations or blood drawn or is vaccinated for overseas travel, one, they ask if you want to use a topical anesthetic. She doesn't even have to feel the needle. Two is distraction, three is the promise of a really tasty treat, such as a cake pop, a deluxe sucker or a box of animal cookies.

So they use distraction, they use things so you don't feel the needle. They use a very sharp needle so they draw the vaccine up with one needle and change it with a – and then deliver the vaccine with another needle. Those of you that are doing vaccinations, there is a study in human healthcare, the number one things people hate in human healthcare are needles. So this is vaccinations, this is blood draws, this is IV catheters.

I have to get a blood test now for cholesterol and heart medication. In fact, I'm going in tomorrow to get a blood test. And so when you go to the hospital now in my little hometown, you're sitting in this area where there's, it looks like leather wingback chairs with plants in between, and some happy person comes in and gives a talk and says, "Okay, boys and girls, I know some of you don't want to be here but let's make it a great day today and I'll tell you what to do." And she basically says, listen, for all of those who don't want to feel the needle, we can put a topical anesthetic on now and you won't even feel the needle, you know, how many want that, and everybody raises their hand.

Two, when you start, those of you that get a little squeamish when we get you in the chair, just start humming Happy Birthday to yourself. Let's practice, so she had us practice. And then she recommends, you know, you don't look at the needle, you hum Happy Birthday to yourself. If you start to feel anxious or you think you're going to be anxious, they'll give you something called Panic Pete, which is what kids of all ages use, and you squeeze it and the eyeballs pop out, like, owooga, owooga kinda eye thing.

So in veterinary medicine, you know, let's look at what we can do for pets. Don't think that pets do not dislike needles as well. For 30 years, I was the veterinary Darth Vader, I wielded this light saber in the form of a syringe to frighten and attack – of course, pet owners don't want to give their pets vaccinations, so I wielded my needle and syringe full of vaccine to project authority and to protect the pet. I'd draw the vaccine up in front of the pet owner. I'd tap the syringe to get rid of those deadly bubbles. I'd even squirt a little bit of that vaccine out for emphasis. Meanwhile, the pet would be watching the display like seeing a six-inch long bee stinger coming right at them.

Now, the last seven years, we are providing a more comfortable vaccine experience. We use a line of vaccine Boehringer Ingelheim's half-volume vaccine line, and oral Bordetella vaccine. We use two needles, one to draw up the vaccine and a new one to deliver it. The pet never sees the syringe or the needles, they're covered up under a towel that's impregnated with pheromones. So while somebody is using a distraction technique, for example, a pretzel stick dipped in peanut butter or a pretzel stick that's covered with a little Easy Cheese cheddar and bacon. One veterinarian I know writes the pet's name on the exam room table or the easy mat, writes the pet's name and lets the pet lick its own name off the pet vet mat while they're delivering the vaccine. So pretty amazing.

The only problems I've really had now is people sometimes think you don't even vaccinate their pet because there is no reaction. I've even had people say, you – are you gonna vaccinate my pet. I said, I did vaccinate it. Well, no, you didn't. Yes, I did. And finally it goes back and forth and I said listen, I can't vaccinate it again, and so I'd actually had to have them fee the lump on the pet because they couldn't believe that we had vaccinated them.

The other thing that we've routinely done in veterinary medicine that showcases for all to see the very worst of emotional trauma that we can afflict upon pets, and I think of nail trims and blood draws, and I'm going to add vaccinations because that's something shelter teams do a lot of, both in the shelter and in their community outreach programs. We can't have 500 pounds of veterinary team members or shelter team members holding down a 20-pound dog or a 15-pound cat. That dog or cat's in the fight or flight mode. They have super hero strength and they're fighting for their lives, so glands are expressed, bladder is empty, bowels evacuated as the pet struggles to breathe with gauze or a muzzle taped around its snout or wrapped in a towel.

Imagine if you went to your local zoo and you got a peek through an opening in a door or a gap in the fence and saw the zoo personnel wrestling with an animal obviously in distress. The smartphones would come out, you'd put it on social media. It'd end up on the *Nightly News*, it'd end up on *Huff Post*. There would be an outrage to close the place down, to fire somebody, to have their heads. But in fact, we do that with nail trims in shelters and veterinary hospitals all the time.

When it comes time for a phlebotomy or a blood draw, we have a rookie or someone who's not very good at the task at hand attempt over and over, vein by vein, sometimes limb by limb to find a "good vein" to draw blood. Listen, my wife can hear me now and she hates it when I say this, but in the exam room I'm gonna give myself a 10. I love pets and people, I'm a good diagnostician. I give a good physical exam. I know how to do Fear Free. When I walk out of the exam room and go in the back of the hospital, I'm a 5. I'm average. When I go into the surgery room, I am a 2. So I don't do surgery. And so you want to have people in the hospital or people that work in the shelter that are the very best at doing blood draws to do the blood draws. It's not something that's just done by anybody, kind of a democratic basis.

And I should have done this sooner but I want to ask a pulse check here. How many of you, by a thumbs up, hate to take your own pet to the vet and how many of you, by a thumbs down, like to take your pet to the vet? I'm going to add myself to the – so if you like to take your pet – if you hate to take your pet to the vet, thumbs up. If you like to take your pet to the vet, thumbs down.

I ask this in veterinary hospitals all the time, 80 or 90 percent of people hate to take their own pets to the vet. This is not something nebulous, this is not something we see every once in a while. We don't even want to take our own pets to the vet. And this is also one of the reasons why people hesitate to visit shelters because they see what they determine to be obvious fear, anxiety and stress.

So I was taught in my veterinary training in '76 to '80, I was taught how to restrain horses, cattle, pigs, dogs, birds, even primates. Restraint was designed to prevent movement and protect us at all costs. Any of you out there that are technicians, protect the vet at all costs. And I know today that restraint is a very poor word and attitude to have. In Fear Free, we use the word gentle control, the

specialists, we use low-stress handling.

Did you know, we even know that dogs wag their tails higher to the right when greeting their owners and people they know very well. When dogs wag their tail to the right, they engage the muscles on the right side of their body more actively than those on the left. The left hemisphere is activated when the brain is processing positive experiences associated with emotion, such as happiness, affection and excitement as well as something familiar.

So it's kind of interesting, if you have a dog, whether it's coming into the shelter or one you've been working with at the shelter and it's wagging its tail more to the right, that's a good sign. On contrast, the right hemisphere takes precedence when processing sadness, fear and other negative emotions in novel situations, and so you want to make sure that if you're doing something that's wrong, they're going to have more of their wagging their tail to the left.

By the way, there's also, you'll learn in the Fear Free online certification, dogs that are right-paw preference – and the way you can tell a right paw preference is by filling a kong toy with food and seeing which foot they hold it with while they lick. Dogs that are right paw preference are actually easier to train, easier for more successful adoptions and need less special care than dogs that have a left paw preference. But again, more of that is learned in the Fear Free certification.

*Jessie Guglielmo:* It looks like we've gotten to our second poll question. Did you have something else to say, Dr. Becker?

*Dr. Marty Becker:* Nope, I don't.

*Jessie Guglielmo:* Okay. So before I launch into this question, I just want to remind everybody, I know some of you have been submitting questions, but make sure to get your questions in early, as questions coming in late might not have a chance to be processed in enough time to be responded to. Now let's go into our poll question. In your shelter or practice are cats ever kept on the lowest level of a bank of cages? Please answer this question on your screen and not in your Q&A box. Now, just one more time, in your shelter or practice, are cats ever kept on the lowest level of a bank of cages? Now, let's take a look at the results. Well, what do you think, Dr. Becker?

*Dr. Marty Becker:* Oh, well, I'm a little concerned. So this is saying, in your shelter practice are cats every kept on the lowest level of a bank of cages. So almost a quarter yes or usually or always on the bottom, no, never is 7 percent, only when we don't have room above, that's encouraging because that's 50 percent. And some are not applicable.

But I'll tell you what, cats are – we have a thing on this next slide that really kind of tells us about this, that cats, they love to get high, and by the way, you're going to think this is funny, like I did. We have learned so many little things in Fear Free that change everything. I learned six years ago that I was petting dogs wrong. How can somebody that Dr. Oz calls America's veterinarian, somebody that has loved pets his whole life, how could you possibly pet a dog wrong?

But what I was doing in the exam room was bending down, hey, Sparky, how you doing. Would get them up on the table. I'd pet them on the head. I might stroke them down the dorsal midline. They

don't like that. They like to be kind of scratched or petted on the side of the neck and the side of the chest. Cats, unless you're engaged or it's the third date, don't go below the neck, under the chin, the lips, the hairless areas above the ears. There's special places that they like to be touched.

I used to go into the exam room, I made the Walmart greeter seem like he was depressed. I was so energetic, I was taught this by my mentor, show excitement. So I'd come into the room, hey, Sparky, how you doing, boy, good old Sparker, come see Dr. Becker, Sparky. I had – even had a think called a kitten mitten that looked like Edward Scissorhands that I'd go in there and try to engage a little kitten with. And the deal is, I was freaking these pets out now.

Now, they have to know ahead of time but they're saying that, you know, the nurse or the receptionist will say, listen, when you see the veterinarians here, they're going to act very subdued but don't think that means they don't like them. So they're probably going to do a very brief hello but then they won't have interaction with your pet until your pet is ready to have interaction.

So now, Sparky's in the exam room, I walk in quietly, hey Sparky. Then I introduce myself to the mom or dad or the kids. And then I just throw a little piece of deli turkey down, and then I'm talking about why they're in to see me and I throw another little piece down. Now that dog is right there on my feet with its tail wagging, wanting interaction or that cat is looking at me and has got that relaxed face and now you can have interaction, but always in the right places.

So a lot of things you learn, I have been in so many veterinary hospitals where the top small cages are filled with towels, paper towels, supplies like IV fluids, and the cats are in the middle, even the lower cages to their detriment. Listen, cats have a weird ecological niche in when they're both predator and prey, and in that dual mode they like to be up high to either look for supper or be safe from becoming someone else's supper. There's been study after study after study, cats want to be – the most prime real estate is the penthouse in those cages.

And there are, if you have Schneider cages in your shelter or in your – not – Shoreline, excuse me, Shoreline cages in there, there are some great cage covers that they have that are very inexpensive that slip right over the cage so it can be like privacy curtains or blackout blinds, and you could open up a little corner to watch them or anything.

But, you know, dogs in nature, they're never elevated off their feet or put up on a surface that's slippery, and as such, most dogs like to be examined on the floor of the exam room or in a lap unless they've been conditioned to be on top of the exam room table. I'll give you a little primer here. There is a new exam room table that is a Fear Free table from Shoreline, listen to this. This table has a built-in set of nonskid stairs. So on the end of the table is a little handle, you pull it down and these stairs come down. The pet walks up the nonskid stairs onto the table.

The table has a stainless steel top with a slight rim. And you think, well, that doesn't sound Fear Free, that's cold, that's slippery, it's stainless steel. Well, hey, the whole surface is heated and it has the ability to take a standard sized bath towel and clamp it down on the table. So now it's nonskid, it's soft, it's warm, it's impregnated with pheromones and the dog can walk up and walk down. So now when we use it, we got a new puppy, like I saw two of them last Friday, we just put a little trail of treats and the pet just walks up one to the next to the next and now it's up on the table. The

second time we see this pet it's going to run up on the table. Even for dogs that are terrified of the table, if we have them come in hungry and they don't have fear, anxiety and stress, we can counter-condition them to walk up the table.

Now, here I am, and one of the things that I want you to notice here, we have learned so much about Fear Free. When I was practicing last Friday, I didn't look anything like this, and here's why I look different. You see that white lab coat, that causes fear, anxiety and stress. I used to tell people to wear a white lab coat with a stethoscope around your neck because there was an increase in perceived client satisfaction. We knew that, it made you look like a doctor.

Here is the problem. White is seen as a different spectrum by pets. It flashes and it causes fear, anxiety and stress. You see that blue shirt I have on, that's a perfect Fear Free color. The problem is, it has stripes or checks on it. There is a term in the animal world called aposematism and aposematism is the fear of stripes. Tigers have stripes, coral snakes have stripes, caterpillars have stripes. There is nothing in nature in stripes that is nice to them. So now, I wore a blue shirt last Friday practicing but it was a blue shirt that was just colored with no pattern whatsoever on it.

But here is this dog, it's nice and relaxed on heated little towel there. You've got your Beggin Strips, we got a product called Sense of Security. This is a product that Temple Grandin told me about. So a new puppy comes in for vaccinations, we give them one of these toys as part of the vaccine package. The first time, it's filled with lavender but after that, this is Linus' security blanket. We want the pet owner to take that with them to boarding, to the groomer, in the car when they go to pick the kids up from school.

And it – what Temple Grandin has told me through Fear Free is that we're stripping familiar scents away from pets. And so I think a thing, even when pets that are – you know, I've been in the most sad situations, to be in the shelter and watch that pet that was sleeping on the couch last night that's going to the cage at the shelter, to take their bedding, take their bed that they often get and put it in there with them so that they don't have so much fear, anxiety and stress.

I don't wear any cologne. You'll get a kick out of this. I saw these two puppies last week and before I went in to see them I took a shrimp, I took some turkey and I rubbed it on my neck, I put it inside of my wrist there, like you ladies put on cologne, and I went in there to see this one dog, his name was Angel, a little miniature schnauzer, cutest little thing, and I avoided eye contact, I bent down – you know, I threw some turkey down there and then I bent down sideways to reduce my profile, wasn't looking at him, but he hit me so hard that – and he knocked me off of my feet. And oh my gosh, I'm sorry, Doctor, are you okay, are you okay, and I said, oh, that's okay, I says, I sure love your little dog and she said, well, I've never seen him act that way before. It's amazing. And I didn't tell her that I had – was wearing shrimp and turkey, that's why the dog liked me so much.

On needle size, I want you to draw the vaccine up with one size needle, we use a 22 gauge, and then we delivery the vaccine with a 25 or 27 gauge needle. You remember the super soaker days, when you use the super soaker what do you do, you want to squirt it as fast as you can to make it spray far. When you're giving a vaccine you want to go slow not fast, so you don't tear as much tissue.

So if you were telling a diabetic that needle size doesn't matter, you know, again, you want to make

sure that you're using a new needle to deliver, a sharp needle. You want to make sure that you're using a distraction technique, it's hidden under a pheromone impregnated towel.

We see a pet coming in that's got a torn nail or a pet that has a bad reaction to vaccinations or IV catheter placement, we use a lot of lidocaine and prilocaine because we want to – there's no reason for that pet to have fear, anxiety and stress from doing it. I'm going to skip this slide.

You'll notice I am using a product there called Zoom Groom. That product is created by the Kong Company, and you notice I'm using it on the side of the chest there, side of the neck. There is my nurse giving an oral kennel cough vaccine. I'll tell you how you can either make this. If you want to see what fear, anxiety and stress look like, I tell people, listen, go to one of the chain pet stores and look in the window of grooming. Those pets are so stressed and they're looking at all these other pets coming in and these people coming in, and you know, if you want to see fear, anxiety and stress, give an inner nasal Bordetella vaccine.

You know, last Friday, I have some great pictures of two little puppies that I gave an oral Bordetella to. Not only am I using the oral Bordetella, we put a little Easy Cheese or peanut butter on the end of the syringe. You don't even have to hold it, the pet will just grab the syringe and suck the stuff right out of there because they're so excited about tasting that Easy Cheese.

What do you use for treats, by the way, for cats? Surprisingly, a lot of cats like green olives. We'll find about 20 percent of cats love green olives. We give Bonito fish flakes. We give freeze-dried chicken hearts and green mussels, albacore tuna, fresh chicken, deli turkey, bacon, turkey hot dogs, Gerber Graduate meat sticks, Easy Cheese. And one that's really surprising is vegemite. So I have to ask this. How many of you have tasted vegemite and liked it, would you put a thumbs up? If you've tasted vegemite and liked it, give me a thumbs up. If you have no idea what vegemite is, you can give me – or hate the taste, you can give me a thumbs down.

We're now at the point where Alana Rodan, a feline expert, she has 85 percent of the cats in her practice take treats now. At the practices that are Fear Free, I would say, like, about 60 percent to 70 percent of the cats take treats. How is that possible? First of all, you don't have fear, anxiety and stress. Oh, I love the results of this poll; 158 people either didn't like vegemite or didn't know what it was. Only 18, and they must be from New Zealand or Australia, that is – it's a fermented kind of a yeast and boy, it's a desired taste. Just like, they don't like peanut butter and they like vegemite, and we don't like vegemite and like peanut butter.

But now I'm letting this little pet just lick something off of my finger. You notice in the background there's a music player there that's doing this calming music called Through a Cat's Ear. It was developed by a veterinary neurologist, a bio acoustic expert, and a Julliard trained musician. There are the heated pads underneath that little baby blanket and that baby blanket is in the colors that cats like. It's so much easier get these pets to want to come into the veterinary hospital. And actually, we get now to where we have dogs – most of the dogs want to come in to the hospital.

Two of the patients that I saw on Friday, they actually – I got done and I went to the end of the – to the counter to check them out and I turned around and they weren't there, and I thought where'd they go to, and I looked and the leash – they were standing outside the exam room and the leash

was going into the exam room. They couldn't get the dog out of the exam room. Now, some of the dogs coming in, you know, at one speed and going out at another speed, it was – went in at warp 10 and wouldn't leave the exam room and was looking around for another shrimp, another piece of deli turkey, some more Easy Cheese cheddar and bacon, or for the cat, for another olive or some vegemite.

I am going to go ahead and skip this one and go to our poll.

*Jessie Guglielmo:* Thank you, Dr. Becker. So our next poll question is what methods do you use in your shelter or practice to control or restrain pets? Please check all the answers that apply. As we wait for you all to answer, I am going to repeat that question one more time. What methods do you use in your shelter or practice to control or restrain pets? Again, please check all the answers that apply to you. And now I'm going to share everybody's results. And we have our results, Dr. Becker.

*Dr. Marty Becker:* Wow, there we go. PiloTex. You know, if we were to take a bus, a tour bus and just pop into a veterinarian hospital or shelter, so many of us would see multiple staff members in the PiloTex. I was in a hospital two days ago and we walked in the back. The veterinarian was very proud of his place, and then all the sudden, I heard a technician go, "Watch it, he's gonna bite, watch it, he's gonna bite." And then another technician runs over. You know, firemen aren't the only one that run into a fire. In the veterinary profession we try to run in and help restrain the struggling animal when, unless they're going to get loose, just let them go, let them catch their breath, you know, don't traumatize them.

So about 50 percent do PiloTex, 19 percent catchpoles, 67 percent use the Purrito wraps. Again, we have a lot to thank Sophia Yin for, and you're going to learn a lot more of these when you take your Fear Free certification. And the muzzles – and the one thing I want to stress here, you can have a muzzle in a Fear Free exam. A muzzle doesn't equal a herd exam. Matter of fact, we encourage the use of basket muzzles. So the pet can still breathe, it can still drink, you can still give – use a pretzel stick and give food rewards and stuff. So nothing wrong with a muzzle.

And 55 percent here are using sedation and this leads us right to our next slide here. I used to think that – there's an old saying, if you can't abate you must sedate. The amount of sedation, prescription sedatives that we used before Fear Free, I could have put in a thimble. Now, I could people put it in a 55-gallon drum. And the veterinary – remember, we have over 50 boarded veterinary behaviorists and we have 5 boarded anesthesiologists, and what they say, think of sedation as a first option not a last resort. Sedate early and often. If you can't abate and that's the anxiety and fear, you must sedate.

You know, it's so much more important now to work together as a team, to have a knowledge of the science, the skill of recognition and response, and medications to overcome the neurochemistry in situations that can't be controlled, and the commitment of belief in Fear Free, that is unshakeable.

One of the things you're going to learn in Fear Free is you're going to learn a lot of Fear Free, the sedation options, and they are exquisite. We have, again two hours, you're going to learn. And one of the things that I would suggest to you is have somebody go through it really quickly and become Fear Free certified, and then take it as a team. So I like to have you take it as a team so you could do it one hour once a week or one every other week and take it together, then you can talk about – you

know, module one, by the way, is how to get a pet from the living room at somebody's house to the front door of the practice, whether they're walking there in the city or driving there. It involves them getting the carrier out a week before for a wellness visit. It involves a magic carpet ride of pheromones from carrier to car.

Up here in northern Idaho, where it's 7 degrees tonight, if I had to take a pet in or tomorrow morning when it's, I think, a high of 13, I don't take a cat from 72 degrees or a dog and then take them out to 7 degrees or 13 degrees, you preheat or precool the car. You have them come in hungry so they respond better to food rewards. You have the carrier flat and covered with a sheet or a towel to reduce visual stimuli. You not only don't baby talk the pet on the way in, you use the special calming music.

When you get to the clinic, if it's a busy clinic and you can't be put in the exam room immediately, you can ask ahead of time or we'll tell you, in Fear Free, come check in and then go back outside and wait with your vehicle in the parking lot. So that becomes the de facto waiting room, it's just in your vehicle. And all those things definitely reduce fear, anxiety and stress.

Now, I want to ask you – I want to do a poll here. How many of you use a stethoscope in work? How many of you use a stethoscope? If you don't use a stethoscope in work please do thumbs down, the red one. While you're answering here, we did an event – yeah, I told you I'm on the board of three local shelters, I love our local shelters. I love the work that these people do. And we do something called Halloween Town every year, it's a fundraiser for them. And two kids came dressed as veterinarians. What do you think they wore? They wore a white, kind of a lab coat looking, and they had a stethoscope around their neck.

So it's almost equal here, 80 of you – 84 use a stethoscope, 103 don't use a stethoscope. But do you know a stethoscope, if you think of veterinary medicine, the exam room, the exam room table and the stethoscope are the most iconic items that you have in veterinary medicine. Think of this stethoscope and most – I ask veterinarians, where do you keep your stethoscope, it's on a hook, it's in a drawer, it's in their box, it's laying on top of their desk. And guess what – and I'll ask them, who is in charge of cleaning your stethoscope, everybody laughs. Unless it was a communicable disease, if it was influenza or it was parvo, it gets cleaned, otherwise never cleaned.

Guess what's on that stethoscope, fear, anxiety and stress pheromones. And so it'd be like you'd had a – somebody use a stun gun on you and all the sudden you hear or see a stun gun. I mean talk about triggering fear, anxiety and stress, in the worst possible way. So now these pheromones, when I get ready to leave to go to work, I spray myself with Feliway and Adaptil, the dog pheromone and the cat pheromone. The cat can't smell the dog one, the dog can't smell the cat one, and the humans can't smell either one.

But now what we do is I take that stethoscope and after every exam, it's wiped down with a product called Rescue, and I know a lot of you use Rescue or Excel inside the shelters, which I'm really glad of. And then we wipe back across it with a species specific pheromone. So no more fear pheromones on it, all they smell is their mother, like oh wow, you know, oh gosh, I love mother.

Another thing is thinking about the otoscope. So a lot of practices, you know, the otoscope, they

clean the cone or use new ones but nobody ever cleans the battery pack. So now on the otoscope, the ophthalmoscope, after every use it's all wiped down with Rescue, this accelerated hydrogen peroxide, and then we wipe back across it with a pheromone. It makes such a difference.

I had a pet last Friday that was a momma's dog, if you know what I mean, and before Fear Free that dog would have struggled like a 30-pound salmon on six-pound line when she got ready to leave. But I know this pet's sensitive, and so the pet came in on a chill pill and it was doing pretty good. But I went in the back and I reconned the route. I went back and I said, hey, Rocky Hays is coming back and you know, that's that little Bichon that gets so anxious when it's back here. Where is a quiet place that we can put it. Let's get the cage ready. So they got out of – a towel heater, towels that are already heated and impregnated with pheromones. They made the cage, they put the Shoreline cage cover on and said I'm going to go get it.

So when I went to pick it up, we know through Fear Free through our considerate approach and gentle control and gradient touch, we knew to have her set it on the table and turn it backwards to me. I picked it up. I said let's walk to the door together and then you just stop. So we walked to the door together, and when I got to the back - no clippers, no movement, no staring at Rocky Hays. We put it in the cage, it's bathed in the pheromones, there is the reduced visual stimuli because of the cage cover and the dog was just fine. Some of these things are so simple that you learn as part of Fear Free.

So what are happy sounds? I don't know if any of you grew up rural like I did, but I loved baby chicks in the spring. I love a gospel choir. I love cheering at a game, a slot machine paying off, a baby oing and ahing, their children laughing, a cat purring, a dog playing, the sound of your own name. What are unhappy sounds for humans? Screams, wailing, gunshots in an unexpected place, the crack of thunder that's too close, a siren, a whistle when you're in play, painful moans, whimpering, a viscous growl.

For me, the sound of that airbag going off on Thanksgiving night when we totaled our car on this poor deer, I feel for it. But – and some sounds, it can be positive to one person and negative to another. I'll use a term right now you probably haven't heard for a while, a wolf whistle. Matter of fact, we just as well ask it if we're going to have a little fun. How many of you, tomorrow, would like to go to work and hear a wolf whistle? If you want to hear a wolf whistle, give me a thumbs up. If you don't want to hear a wolf whistle tomorrow or any time the rest of the year, give me a thumbs down.

So we're at about 50 percent of the people answered and 48 wanted a wolf whistle and 108 don't, so about two-thirds don't want it. So you know what, that's what you find out about Fear Free, you try what you learn in Fear Free that works best and then you start personalizing it to the pet. Okay, this dog does better if it goes straight into the exam room. This cat – or this dog gets freaked out when it gets weighed so we're not going to weigh it. This dog gets freaked out when we take his temperature. If he's in for a wellness exam, we're not going to take his temperature.

This is the hospital team of the individuals the pet likes best. This is where it's examined. This is the treats it likes best. This is the medication that works best. And so now you start to get an emotional record and a medical record, and Fear Free is working with a major software company so next year

it's going to be very easy to have those things in place, where right now you have to put them in special notes.

One thing you'll have to do, you know, we're working and our goal is to create a Fear Free shelter. Next year, our focus is out to the public on creating Fear Free homes. We're working now on creating Fear Free veterinary visits. We have some incredible sponsors that we're working with to bring this message –. You know, the old commercials for Dell computers, when you say Intel inside and you hear the da, da, da, da, or SC Johnson, a family company, where the screen wraps up on TV in the bottom right-hand corner. We're going to have that with fearfreepets.com. People will be coming there to find a Fear Free veterinary hospital, a Fear Free veterinarian or technician, a Fear Free shelter, a Fear Free groomer.

And with the – I'm not going to mention – they're very large consumer companies that are going to be doing advertising on our behalf and helping us to promote. And the largest companies in the veterinary professions, Zoetis and Boehringer Ingelheim and Virox and them are all sponsors. So we really want to tell people, listen, if you're going to do this, you don't have to remodel your practice, you remodel your voice and your animal handling procedures.

All that we did at North Idaho Animal Hospital, we changed out the fluorescent lights for LED lights. There is a harmonic in a fluorescent light that's disturbing to pets, and we just changed the colors of the exam rooms, and I'm going to talk about that in a minute.

When you look at what's happy – you know, we talked about what's happy sounds for humans, you know, slot machines paying off, applause, what's happy sounds for pets? It might be their buddy down the street barking hello, shoes going on feet and the leash coming off the wall, food being prepared, the refrigerator or treat door being opened, dishes set for a meal or hearing prayers, the can opener, the whoosh of a pop top can, mice of squirrels. What do they not like? Thunder, Fourth of July, gunshots, almost any sound at a veterinary hospital. So we have to work at removing or reducing as many fear and anxiety triggers as we possibly can.

One of the things you've learned – and we've learned as part of Fear Free, tell you what, white is terrible, stripes are terrible, black is not well. Dark colors, if it looks good on an Easter egg, it looks good to pets. You want to have pastel blue, pastel green, pastel purple, even have a pastel orange or pastel yellow. You definitely don't want to have those other kinds of colors, because we've always picked stuff up in the past, we just wanted something that we thought was durable and looked good to humans.

And one of the things you've got to do is you've got to have a coordinated effort. You can't have one person doing the splits while another team member is doing a high kick. Everybody must be using the same playbook when it comes to creating a Fear Free veterinary visit or a Fear Free shelter experience. For example, you can't have the receptionist and the technician speaking with their inside voice and a very nice, calm manner and then have the veterinarian burst through the door, march right up to the pet and start bending him like she was going to do a chiropractor maneuver or a Cirque de Soleil move on Fluffy.

Every team member in the shelter, every team member in the hospital just make Fear Free a

priority. They must understand what a calm, anxious and fearful pet looks like. They just understand what a calm and happy pet looks like. They need to speak softly. They need to minimize chaos. They need to feed treats freely. They need to hold gently. And always keep the pet moving away from turbulence and towards calm water.

When we practice at North Idaho Animal Hospital – again, I've owned or co-owned seven veterinary hospitals in my life and now I work as an associate veterinarian. But at every moment of truth, we think let's practice like the pet owner is right there looking over our shoulders. And I think in a shelter, let's run this shelter like the adoptive pet owner is right there looking over our shoulders. If the pet owners could watch us live, if the potential people adopting pets could watch us live, what would they think? How would we take that pet out of the cage? What would we do if a pet was in a mess? If a pet was crying with fear, anxiety and stress, and it was their pet or the potential adoptive pet, would we ignore that? And we talked about this earlier, if a pet could talk what would she say right now?

When I talk to you about Fear Free, I want you to just do one thing different for a week. When I first started this with Fear Free, there's been two times – I'm a person of faith and there's two times when I just had to thank God. One was when Temple Grandin joined. I have learned so much from her through this. Of course, the Board of Behaviorists, of course the animal handling experts from zoos that taught elephants to present their ear for an ear exam or rhinos to present their feet for a huff trimming or orangutans to present their cephalic vein for a blood draw. They're teaching us how to teach dogs to present themselves for an otoscopic example.

Those two dogs I saw last week, a little Lab puppy and a little Schnauzer puppy, both of them I let them sniff the otoscope, and remember it was wiped down with Rescue and wiped back off with pheromones. Got a treat. Put the stethoscope by the ear, treat. Insert it into the ear, treat. Do the same thing on the opposite side. Took 30 to 45 seconds. When we see those pets again and they see that otoscope, they're going to sit there and line up to have the otoscope used.

Now when puppy classes, and if you're teaching any of those in the shelters, not just basic behavior and socialization, sit, stay and play, let them smell a thermometer and they get a treat. Now, lift up their tail, get a treat. Work in pairs and you touch their anus with a Q-tip, treat. You dip it in KY Jelly and insert it, treat. You let them smell the syringe, treat. You pull up a folded skin over the shoulders, treat. You switch out for a ballpoint pen and put pressure, treat. And then you dip it in KY and insert it and they get a treat. And then they're on the scale and they get a treat.

And so you start to condition or counter-condition these pets to want to have their temperature taken, to want to be vaccinated. And I misspoke a little bit on the vaccinations. Again, after you do the – you pull that scope over the shoulders and give them a treat, you switch for a ballpoint pen and give a treat, then you lift up the back leg, treat, put pressure with the ballpoint pen, treat. Now they're conditioned to want to have the thing done.

But, so don't get overwhelmed with what I'm talking to you about tonight. When I met – there's a person named Steve Ettinger, and let me do one last pulse here and then I'm going to wind this thing down so we can answer your questions. How many of you know how Dr. Steve Ettinger, the veterinarian is? If you know who he is do thumbs up, if you don't know who Steve Ettinger is, you

put thumbs down. So about one-third of you know how Steve Ettinger is, now it's getting close to half of you know who Steve Ettinger is.

Steve Ettinger is the most widely known veterinarian in the world. I was recently at the World's Small Animal Veterinary Medical Association, in Cartagena, Columbia. There was veterinarians there from 60 countries, and most of the people in the room, when I asked knew who Steve Ettinger was. He is the author of *Veterinary Internal Medicine*, and when Steve –

I talked to him about five years ago, Dr. Ettinger, and he got really moved when I told him about Fear Free, and I couldn't figure out why it was emotional. And he told me for the last year he had been working in a facility in California that had a veterinary rehab facility in one area and a traditional veterinary hospital in the other area. When people pulled in, if they went to the traditional veterinary hospital, the resting heart rate of the dog was 140 to 150, if he went to rehab, it was 90 to 100. Here was 50 to 60 percent higher with fear, anxiety and stress just going to the traditional veterinary hospital. He called it fear you can hear. And so guess what, there's an activity tracker called Voice and they have 2 to 300,000 dogs, the average resting heart rate at home is 50 to 55, that's all. So 50 to 55. So we know it's fear you can hear.

Let's go to – real quick, we're doing a book. You know, Fear Free program is going to become like the Susan B. Komen, it's going to be a very well-known consumer brand. It's going to bring a lot of people in. It's going to really increase adoptions and it's going to increase visits to veterinary hospital. I'm sitting here working – we're working right now on my 25th book, it's called *From Fearful to Fear Free*. I'll let you read this slide while I'm talking. *From Fearful to Fear Free* is written with two boarded veterinary behaviorists and my daughter, Mikkel, who is a well-known trainer. But we need your help.

We've got to get these people when they – you know, first of all, I want to seek our help in making a shelter experience better for pets, that you too don't just look at physical well-being but look at emotional well-being. That you learn the signs of fear, anxiety and stress, you learn what some of the fear and anxiety and stress triggers are in the shelter and move to remove or reduce them. That you learn different animal handling procedures.

You learn how to do considerate approach, where you don't walk up to a pet and bend over it, that you turn sideways and you offer your hand. That you – when you go to touch a pet, you don't just pull up a fold of skin, you do what we call gradient touch. You touch with one hand, tent the skin and touch it with the other hand, tent the skin. The second or third time you tent the skin, that's when you deliver the vaccine.

So you're looking at Fear Free, again, you get nine hours of R.A.C.E. approved CE, you get an implementation guide. You know, I don't need to go through all these things, but I think some of the really cool things is we have a toolbox. Once you become certified, once you do those 9 to 17 hours of – and become Fear Free certified, there is a rich area, it just opens up to you. So if you have any kind of questions on how to implement this, how to do – how to handle aggressive patients, how to change the setup in your cat ward, that stuff is all available there.

There is also an implementation guide that covers leadership and operations and human resources.

There is an educational library that has videos and articles and scientific publications. We add resources weekly. In this toolbox are client education tools, social media marketing tools, press release templates, training materials. We have monthly podcasts that feature Fear Free professionals with topics that include Fear Free in Your Practice or Shelter, Client Communications, Marketing Tips. We have an online community with a private Facebook group. We have a monthly e-newsletter and a list of certified professionals.

Again, this thing, when we started this, we were hoping, hoping, hoping to get 1,000 people to become Fear Free certified by the end of this year, in nine months, and we're going to end up 5 to 6,000 individuals. This is the greatest transformation in the history of veterinary medicine. And you know, I thought this was starting out just being Fear Free veterinary visits, but I realized as I got into this that really none of the people looking after animals knew enough about emotional well-being. They were being traumatized in shelters, being traumatized just going to Starbucks if they were fearful and anxious to go, there was not a treat for this dog.

These trainers that, you know, anybody could say they're a trainer but some of these trainers were causing fear, anxiety and stress. So in the dream of this group of 200 plus people, in the dream of the allied partners like Maddie's Fund, in the dream of the animal training community, we want to have pets adopted from a Fear Free shelter, that live in a Fear Free home, that go to a Fear Free veterinarian, that are referred to a Fear Free groomer, Fear Free trainer.

And I tell you, the greatest things are yet to come. All of us that often got into this profession, starting out when we were very, very young, are going to find a new kick in our step, we're going to find a new level of energy we thought we never had when we look at creating Fear Free life for all pets. So I'm going to end there and take a few minutes –.

We have six dogs, by the way, now. We just drove to Rapid City, South Dakota and picked up two dogs that were adopted from a shelter in Kansas City. So we may have to change animal – Almost Heaven Ranch to Almost Hoarder Ranch, but we love all of these pets, and I really hope that some of you were moved like I was when I first heard this message from Karen Overall, that your life was changed and you now have a commitment to helping pets live happy, healthy, full lives.

*Jessie Guglielmo:* Thank you so much, Dr. Becker. That was a fabulous presentation. I know that we are running up on the end of the marked time but we do want to go over just a few minutes so that we can try to answer as many questions as possible. So we hope that all of you can stay with us for that time. So let's start with our first question. Does Fear Free taking longer in the exam room? How do you balance this so your practice can make money?

*Dr. Marty Becker:* It takes longer for the pet owner and the pet but the same amount of time for the healthcare team. So at North Idaho Animal Hospital, where I practice, cats – we put cats in the room, we put the carrier on the floor, we put a little piece of honeysuckle wood down there and a little catnip toy, and maybe some tasty treats, and we leave for ten minutes. And so they're listening to this calming music, they're taking in the pheromones, they're relaxing into the room. For dogs, we do it for five minutes.

But then when we come in, the technician and the veterinarians, it's still – I'm still in there 15

minutes. And it actually takes less time because there's not so many struggles for – there's not restraint. These pets are calm, these pets are happy. Like Ettinger found out, you know, next year Steve Ettinger is giving a bunch of talks on why Fear Free is better medicine. The TPR is more normal, the blood pressure is more normal, the physical exam is more normal, the blood chemistries are more normal.

So these practices that are – there's three reasons to do Fear Free, number one, it's the right thing to do. You know, we took a pledge to prevent or relieve animal pain and suffering not cause it. Number two, it's better medicine, it's better for the physical well-being of pets and our job, as veterinarians. And number three, it is financially rewarding. The practices that have been doing this are seeing significant growth.

*Jessie Guglielmo:* Great answer, Dr. Becker. We're going to be moving on to our next question now. Can treats be used before surgery?

*Dr. Marty Becker:* Oh, I love this, I love this, I love this, because we're working on this right now. We were taught – remember, I was taught in 1980, pets don't feel pain and if they do it was good, but, oh, I just think back of all these different things these pets have suffered. Okay. We were taught don't have pets eat or drink after midnight and now we're finding out that that is wrong.

On the human side there's a whole bunch of studies that show that people shouldn't fast, they should have a small meal. Remember, we have over 40 boarded behaviorists and 5 boarded anesthesiologists, all 5 of the anesthesiologists say it's okay to give treats before surgery. And in fact, with a lot of these pets that are coming in that we know are going to have surgery, we actually have the pet owner give a small amount of food. Say a cat with a little tiny package of Fancy Feast, you know, those little foil packets, with some FortiFlora, with some gabapentin, or for the dog, a tablespoon or two of food with Fort-Flora and trazadone. And most of us are now using Cerenia to stop vomiting anyway.

But even if you have a pet come in for a wellness visit and you give some treats and then you sedate them or do anesthesia, the five boarded anesthesiologists are trying to get that where we just – we forget about the starvation thing and realize that you can give treats, you can give a small amount of food and actually have a better anesthesia experience than having them coming in fasted.

*Jessie Guglielmo:* All right, thank you again. We're going to be moving on to our next question. I had a very frightened and aggressive 14-year-old kitty that I saw for the first time last week and I wanted to send her home with Gabapentin to make future visits less stressful but the owner said no. What do you do?

*Dr. Marty Becker:* Well, when you start Fear Free, I will tell you – let's say at North Idaho Animal Hospital, now, that if it's a new puppy we don't use trazadone. If it's a dog that has been traumatized before, at our hospital or somebody at home with the nail trim, they're going to be on trazadone. We try something more simple first, and for this pet owner, rather than Gabapentin, we might try Solaquin or we might try Zylkene or we might try even a thunder shirt. Thunder shirts work on a lot more cats than you would ever think. Just don't put them on too tight to start with. The calming music really helps.

But you're going to have people that you say, listen, we're not going to have five people hold your dog down anymore to trim its nails. You'll have some people go, well – and we need to sedate it or we need to give it a chill pill and need it sedated, and they'll go, no. Just like this cat owner, I don't want to do it, I've never had to do it, Doc blank didn't do it, I am not going to do it. Well, I used to do convenience euthanasias, and for the people that don't that, when I first started practice people could just bring a dog in and want it euthanized and we'd euthanize it. I did ear crops and I hate the fact that I ever did ear crops. We used to not give pain medication and we give pain medication now before, during and after surgery so we've changed.

The good news is that for every one that leaves, that has that kind of attitude, there is 50 take their place that had stopped coming to the veterinary hospital because it was so stressful for the pet. There is a study out what shows the number one reason people stopped – are taking pets to the vet less often is stress to the pet. Number two is money and three is stress to the owner taking the pet to the vet. So be prepared to lose some people, be prepared to gain a lot of people, but even for that cat you could try a calming diet or try one of the more natural products or approaches.

*Jessie Guglielmo:* Such great questions we're getting. Okay, so next. I work at a shelter. Most of the pets that I handle we don't know medical history and they may be dangerous. Can Fear Free help them also?

*Dr. Marty Becker:* Again, I can't thank you, and I mean this, I would give all of you a hug, however many hundreds of people that are on here that work in shelters. I love you people. I support you every way I can. I pray for you, I love you. One of the things you're going to learn about this program, you're going to realize there's a whole different world out there that you never know existed.

I'm not – ever want to act like I'm talking down to people or that I have some special gift. I don't. I had that awakening in 2009, and I had to learn the signs of fear, anxiety and stress. Now, it's just second nature to me. I can see it – you know, when dogs have a yeast problem in their ears, you can – it smells like left over popcorn at a movie theater, you know. When a dog has ear problems they have their ears tipped down to one side usually. You see if they've been licking their paws, it's saliva-stained.

You will get so good at knowing the signs of fear, anxiety and stress, and you've got to learn the things that you have to do to change it. You can't have a smock on or a coat on that has an animal pattern or a lot of stripes on it. You can't have a cat – exam room in the clinic that has a lot of pictures of cats on it. You need to be wearing pheromones. You need to be using gradient touch.

And so on the medical things, there's nothing wrong with a basket muzzle. If a pet comes in to me and we didn't have the advantage of them getting the lecture ahead of time about what they need to do and just shows up and I'm worried about it being aggressive, we will take steps to protect ourselves as well, and it's probably going to be put in a basket muzzle on but it's going to be lined with Easy Cheese.

And the sedation protocols that are part of Fear Free, the things that we use, there is every – it's like,

you know, A to Z, there is every kind of sedation protocol you can think of including some even with an unknown medical history that are very, very, very safe.

*Jessie Guglielmo:* All right. Let's take our next question. Our shelter transports many cats in a van to the spay and neuter clinic. Any recommendations on how to reduce stress when there are many animals together in kennels in a van?

*Dr. Marty Becker:* Yeah, the first thing I would do is try to reduce visual stimuli. So I would just use towels or sheets to cover each cage so that you reduce visual stimuli. I would have a pheromone dispenser in there if you could, if there was a plug in, if not, there – the Ceva rep, the company Seeva has these things that are – you can actually buy them like at CVS or Amazon, they're like a incontinence pad for humans, but you just spritz it with the species specific pheromone and have it at the bottom of the cage.

And there is a new product out by Ceva – and I want to tell everybody, there's nothing I have mentioned tonight that I have a relationship with, a product that I have a relationship with. So Ceva has a new product called Feliway Multi-Cat. Adaptil, the dog appeasing pheromone, is what the spit secretes in this line of sebaceous gland by our nipples, that's why puppies lay so calmly together when they're nursing. For a cat, Feliway is the cheek pheromone. The cats rub you, rub the couch, that's a synthetic version of the feline cheek pheromone which is kind of like the feline version of the Good Housekeeping seal of approval. It's been tested and approved, whether it's you or the corner of the couch. Feliway Multi-Cat is the cat appeasing pheromone, so it's what the queen has by her nipples that causes the kittens to be calm. That one, in particular, works much better when there's multiple cats. So Feliway Multi-Cat, reduces visual stimuli and if you have that music playing on that portable player that's even better.

*Jessie Guglielmo:* All right. Thanks, Dr. Becker. Here is our next question. What can we do to help a pet that comes into the hospital already terrified, as they might be after a trauma?

*Dr. Marty Becker:* Well, there's two times I can think of when you don't put emotional well-being first. If it's an emergency, that pet comes in, it's bloated, it's been – you know, suffered a mauling or things, you have to do triage first. But for most pets, we look at – you know, it's almost like the more – people ask me, like, in an emergency hospital, how do we do it, we don't know these pets, they can't give them any – you know, they're not going to come in hungry, they're not going to get a chill pill. Well, what you tell people like that is, first of all, keep yourself calm and don't baby talk to the pet. In fact, you know, if it's my son or daughter and they had an accident, we'd send them an MP3 file with the music to play coming in.

When they came in, on the table there would be a pheromone impregnated warm towel or pad for the pet to – whether it's on the exam table or on the floor. And we would use our things about, you know, averting gaze and how we interact with it. And I had a dog last Friday that came in and it was doing find until there was a clank in the back, and then all of the sudden it was just *[fast panting sounds]*, just panting and pacing and circling.

Well, in the old days, I would have just got two more techs and we'd have got it done. We'd have woman handled it and got it done, but I had three choices for the owner here. One, we can call it a

day, let's just retreat, and there's some people that love to go to the vet and love to spend time, and for them there is no problem with them – you know, they want to come back another day because they want another excuse to come in and visit. This individual wasn't that person. You know, they'd taken time off work, they had – you know, it was a big deal to come in.

So now I'm left with two options. One is to go straight to sedation, you know, get the Dexdomitor out. The other one was to give it an anxiolytic orally and see if they could wait 15 to 30 minutes for it to take effect. So I gave some Alprazolam, some generic Xanax. I went and saw another patient, and when I came back the dog was just fine. So you know, it's – once you have the knowledge of this, you're going to find that so many of these dogs that were aggressive, so many of these cats that we had labeled a bad actor, they're just scared. And once you reduce fear, anxiety and stress – I can tell you so many cats that they used to get a cage – a sign on the cage that said “Caution: fearful cat.” You know, we had a saying of fractious cat, excuse me, “Caution: fractious cat,” and somebody would get the welding gloves out and a big Costco towel to throw over it. That means there's a battle to be fought to protect us. And now it says, “Caution: fearful cat,” that means there is a battle to be fought to protect this cat. That means it may come in on something, it may need to be put by itself with a pheromone in the bottom. It may be listening to this music.

I can think of these cats that everybody would see it on the appointment schedule and go, oh no, not *that* one, and now we'll have them in on the exam table and the cat's purring and rubbing up against you. It's pretty amazing. And there's still some that are inherently dangerous and it's not like you're never going to have a dog that you have to muzzle or you're never have to – going to do a real tight Purrito on some cats just to get necessary treatment in. But the vast majority, it's no longer a rodeo, it's no longer judo throws, it's just more well-choreographed dance of physical and emotional well-being.

*Jessie Guglielmo:* It looks like we have time for just one last question so here it is. What Fear Free methods would you recommend for a Beagle who dreads his thyroid blood draw from his neck?

*Dr. Marty Becker:* Well, I can tell you how we've changed a bunch of these. Remember the – I talked about at a zoo, you can't get six people to hold a rhino down to trim its feet. You can't get ten people to hold an elephant down to do an otoscopic exam. You have to teach them to present themselves for services. That's one of the things we've learned from the zoo people is how do you teach an animal to present itself for service.

So what I would do for this dog is, we'd have to counter-condition it. You'd have to touch its neck, get a treat. Touch its neck again, get a treat. Hold the syringe up by his neck and get a treat. And then do that over a period of time to where the whole thing, everything becomes – every part just getting up on the table - treat or just sitting on a towel -treat. And then doing the touching and then the thing and so you counter-condition them.

There is very few animals that we have that used to be terrified of nail trims, terrified of blood draws, terrified of getting down and having the ultrasound done that now it's become something positive. So we've learned from these experts and are bringing that to bear for all these pets in shelters and hospitals.

*Jessie Guglielmo:* And with that last answer, we will be ending our event. We want to thank all of you for your time tonight and also a special thank you to Dr. Becker for a wonderful presentation. Don't forget to keep a lookout for the e-mail to get a 50 percent off discount code and please check your spam folder if you don't receive one by tomorrow evening. You will have until December 14th, exactly one week from today, to use this code to register for the Fear Free course. The ten lucky winners of the free scholarships will also be notified by e-mail tomorrow morning.

Make sure to save the day for our next webcast, *The Breed ID Game* on January 19th with Kristen Auerbach. This webcast will be available on demand shortly and we hope you will share this presentation on social media. Thanks again for joining us this evening and goodnight.

*[End of Audio]*