



Cornell University
College of Veterinary Medicine



DOG Watch

Expert information on medicine, behavior and health from a world leader in veterinary medicine

Vol. 17, No. 10 ♦ October 2013

INSIDE

Short Takes 2

Halloween hazards; researchers discover a gene related to spinal defects.

Finicky Eaters Are Born that Way 3

In other cases, infection, disease, pain and medications can cause a lack of appetite.

When a Marauding Bee Strikes 4

Your first step is to remove the stinger to stop the spread of poison in the body.

Ask the Experts 8

Did bad experiences with other dogs — or his stubby tail — invite aggression?

IN THE NEWS ...

A Simple Blood Test Identifies Intact Dogs

Surgical scars once were a good indicator that a pet had been spayed, but with the procedure performed at younger ages today, the spay scar often heals without a trace. Now a test using a small blood sample to distinguish spayed from intact pets is available from the Animal Health Diagnostic Center at Cornell. Owners and shelters interested in the service should ask their veterinarian to contact the center at <https://ahdcvet.cornell.edu>.

The diagnostic test, known as anti-Müllerian hormone or AMH, looks for the presence of a hormone that is produced only by the ovaries. A negative test indicates their removal. A positive test means the animal is intact or may have a remnant of an ovary from a previous spay. She may go into heat, but pregnancy is prevented if the uterus was removed during the spay procedure. The AMH test can help with management of cases when a remnant is suspected. ♦

The Team Approach to Success

Specialists at the Cornell referral service use the latest scientific advances to help patients beat the odds

Teddy, a Miniature Poodle mix, was hit and dragged by a car near his Larchmont, N.Y., home, leaving most of his skin ripped off. When he was transferred from his primary care clinic to the Cornell University Veterinary Specialists hospital in Stamford, Conn., he was in life-threatening shock.

"He had lost two-thirds of his blood when he arrived. His gums were white and we



CORNELL

A happy outcome for Mr. Blue, Page 6.

could not find a pulse," says Susan Hackner, BVSc, MRCVS, Chief Medical Officer at CUVS and a specialist in emergency-critical care and internal medicine. "This was one very sick dog. We had to aggressively resuscitate him."

Referral Service.

CUVS, affiliated with Cornell's School of Veterinary Medicine, opened its doors in 2011. The largest university veterinary referral service in the country, it has been

(continued on page 6)

Guarding Resources — Including You

The common protective behavior also extends to food, toys, furniture and other objects deemed valuable

Twyla the Cavalier King Charles Spaniel became furious if the new puppy came into the kitchen while meals were being prepared. The little black-and-tan dog fiercely protected her food with snarls, snaps and flat-out attacks.

Her behavior, known as resource-guarding, is common in dogs. They most often guard food — their No. 1 resource — but may also guard toys, furniture such as beds, sofas or chairs and other objects they consider valuable, even people.

Instinct Prevails. Dogs are hard-wired to guard resources, says Katherine A. Houpt, VMD, Ph.D., emeritus professor

at the Cornell University College of Veterinary Medicine and diplomate of the American College of Veterinary Behaviorists. Protecting a food source or den was critical to their ancestors' survival, and the instinct remains strong in domesticated dogs.

"The behavior has not been selected [bred] against because guarding still functions to keep competitors away and is rewarded with food," Dr. Houpt says. Successfully dealing with a resource-guarding dog depends on his size, age and the make-up of your household. "Although dogs of all sizes guard their food, small dogs may feel more threatened," she says.

(continued on page 5)

EDITOR IN CHIEF
William H. Miller, Jr., VMD,
 Dipl ACVD, Professor,
 Clinical Sciences

EDITOR
Betty Liddick

ART DIRECTOR
Mary Francis McGavie

ADVISORY BOARD
James A. Flanders, DVM,
 Dipl ACVS, Associate Professor,
 Clinical Sciences

Katherine A. Houpt, VMD, PhD,
 Dipl ACVB, Emeritus
 Professor of Behavior Medicine

Joseph Wakshlag, MS, DVM, PhD,
 Dipl ACVN, Associate Professor,
 Clinical Nutrition

Marc S. Kraus, DVM, Dipl ACVIM,
 Lecturer, Clinical Sciences

Margaret C. McEntee, DVM,
 Dipl ACVIM, DACVR,
 Professor of Oncology

John Parker, BVMS, PhD,
 Associate Professor of Virology

Andrea N. Johnston, DVM
 Dipl ACVIM
 Clinical Instructor Clinical Sciences



Cornell University
 College of
 Veterinary Medicine

For information on pet health,
 visit the Cornell University
 College of Veterinary Medicine
 website at www.vet.cornell.edu.



B DogWatch® (ISSN: 1098-2639) is published monthly for \$39 per year by Belvoir Media Group, LLC, 800 Connecticut Ave., Norwalk, CT 06854-1631. Robert Englander, Chairman and CEO; Timothy H. Cole, Executive Vice President, Editorial Director; Philip L. Penny, Chief Operating Officer; Greg King, Executive Vice President, Marketing Director; Roni Goldberg, Chief Financial Officer; Tom Canfield, Vice President, Circulation. ©2011 Belvoir Media Group, LLC.

Postmaster: Send address corrections to DogWatch, P.O. Box 8535, Big Sandy, TX 75755-8535.

For Customer Service or Subscription information, visit www.dogwatchnewsletter.com/cs or call toll free: 800-829-5574.

Express written permission is required to reproduce, in any manner, the contents of this issue, either in full or in part. For more information, write to Permissions, DogWatch®, 800 Connecticut Ave., Norwalk, Connecticut 06854-1631.

SHORT TAKES

Trick or Treat? How About Calm and Quiet?

Children may enjoy Halloween, but it's rarely fun for our dogs. The holiday can stress them and put their health at risk. Calls to the Pet Poison Helpline rose to unprecedented levels with a 21 percent increase during Halloween week in 2011. The hotline, which is affiliated with the University of Minnesota, saw the same trend last year, says Justine Lee, DVM, a specialist in emergency and critical care and associate director of veterinary services at the hotline, 800-213-6680.

The most common concern: "We see a spike in chocolate calls during the week of Halloween," says Dr. Lee, a graduate of the Cornell University College of Veterinary Medicine.

The compound methylxanthine in chocolate can be toxic to pets, especially when concentrated in darker chocolates. Just one ounce of Baker's chocolate can make a 50-pound dog seriously ill, the helpline says. Signs of toxicity include vomiting, diarrhea, lethargy, agitation, increased thirst, elevated heart rate and, in severe cases, seizures.

Candy and gum containing xylitol can also be poisonous to pets. The artificial sweetener has been linked to hypoglycemia and liver failure. And who would have thought those innocent looking lollipops tossed into treat bags could be dangerous? Veterinary Pet Insurance says lollipop sticks can cause choking and a painful obstruction or foreign body ingestion requiring surgery to remove. Plastic-wrapped candies can also cause choking or obstruction.

Other considerations: Costumes with ties, belts and sashes may limit mobility and lead to injury, including strangulation, VPI

warns. Additionally, behaviorists say it's questionable whether dogs really welcome being dressed up for the holiday.

The parade of scary bell ringers at the door and shouts of "Trick or treat!" can also unnerve them. Best to let your dog remain calm in a quiet room of the house with a healthy treat.

Genetics and Spinal Defects

Researchers at UC Davis and the University of Iowa have identified a gene related to neural tube defects in dogs that may be a risk factor for the condition in humans. The defects affect the brain, spine or spinal cord, and can cause spina bifida, which results in incomplete closure or development of the spine and skull.

As part of the study, researchers conducted genome mapping of four Weimaraners with spinal dysraphism, which causes impaired motor coordination or partial paralysis; 96 dogs without neural tube defects and 500 dogs from six other breeds. The DNA samples were from household pets rather than laboratory animals.

Identification of the breed-specific gene may help diagnose spinal dysraphism in dogs and enable Weimaraner breeders to use DNA screening to avoid the mutation in breeding, the researchers say. They also tested 149 samples from human patients with spina bifida and found six cases of the mutation but say more studies are needed to confirm if it is responsible for neural tube defects. Their findings were published in the journal PLOS Genetics. ♦

Safety issues with costumes that obscure vision aside, some question whether dressing up dogs for Halloween makes them objects of derision.



BIGSTOCK

Finicky Eaters? They're Born That Way

In other cases, infection, disease, pain and medications can cause a lack of appetite

Nutritionist Joseph J. Wakshlag has an eye-opening assessment about finicky eaters: "The reality is that most finicky dogs are the best kinds to have because they regulate themselves. They eat to meet a requirement to keep themselves alive, not for pleasure. They are lean animals and usually live longer."

Some dogs are simply born finicky about food. "Hormones control part of this. There are appetite centers in your brain, and they control your hunger patterns — what and how often you eat," says Dr. Wakshlag, Associate Professor at the Cornell University College of Veterinary Medicine. "It's part of the reason some people like to eat and become overweight and others don't. Dogs appear to have similar appetite centers, and they appear to be similar in appetite and eating patterns because their rates of obesity are the same as people."



Dogs appear to have appetite centers in the brain that control eating patterns the same as humans because their rates of obesity are the same.

BIGSTOCK

Q: *How can you determine the cause of a dog's inappetence?*

A: If the dog was born a picky eater, you know that's the cause. If the dog is on medication, it can sometimes be the cause. Inappetence is also a clinical sign of kidney disease, liver failure and infection. Pain can cause it. Dental disease can cause it, although many dogs will not become totally inappetent when there are dental problems. Dogs can usually muscle through dental disease pain.

Q: *Which medications tend to cause inappetence?*

A: A lot of different ones can. Opioids like morphine decrease the motility of the gastrointestinal system and can cause it. Sometimes antibiotics cause inappetence. Many chemotherapeutic drugs can cause nausea, which causes a lack of appetite. Non-steroidal anti-inflammatory drugs usually don't. It's generally not a problem if the dog is on a week's worth of antibiotics, but chemotherapy is a problem. If your dog is on medication for allergies, it can change the appetite: Prednisone usually increases it while cyclosporine tends to decrease appetite.

Q: *When does inappetence warrant a veterinary visit?*

A: After two days or two meals. When dogs don't eat, they are probably sick. It's one thing pets tend to do very reliably. Usually a mouth check is the most important, and the veterinarian will look for such things as an ulcer on the tongue, loose teeth or a tumor in the mouth.

Q: *What are the cautions when trying to get your dog to eat?*

A: You have to be careful of adverse reactions. I give a chemo drug and the result is you're nauseous. Here's your food, which you won't eat because you are nauseous, and now you are averse to that particular food. Change the food to a different form, and you'll know if he's not eating because he's averse to it or if he is still nauseated. Try new pet food, and if new food doesn't work, then go to human food. But we must be careful not to provide a smorgasbord of many different foods because all we may be doing is creating aversion to all of the foods we are trying to feed.

Q: *How do you make food more palatable?*

A: Use chicken, broth, cheese — dogs like salt, sweet and fat. Like people,

every animal has different preferences. Liverwurst is the stinkiest stuff imaginable, and some love it while others like things like ice cream because it's sweet.

Q: *What are long-term solutions?*

A: Some solutions are to provide energy-dense food — food with a higher calorie and fat content than you would normally use. They are more palatable and will improve a dog's likelihood of eating on his own.

When necessary, dogs can be given nutrition through feeding tubes. These tubes must be placed while the dog is under general anesthesia.

Q: *Given that diabetic dogs are supposed to have the exact same nutrition every day, what do you do when the dog won't eat?*

A: There is not much that can be done other than try to tempt diabetics with other food choices. Often when a diabetic won't eat, it means something is wrong and you should probably visit his veterinarian to make sure that your pet is still responding to insulin. He could be in a diabetic ketoacidotic crisis [a high concentration of the chemical ketones, caused by an excessive breakdown of fatty acids]. That requires immediate veterinary attention. ♦

When a Marauding Bee Strikes

Your first step is to remove the stinger to stop the spread of venom in the body

When you give your dog the freedom to romp off leash in the woods, be vigilant. You could put him at risk for bee stings, especially if he doesn't reliably return when called or has a prey drive to paw and bite at flying insects.

"Dogs can get into hives and be attacked by a swarm of bees very quickly," says Elisa Mazzaferro, DVM, Ph.D., who is board-certified in emergency and critical care at the Cornell University Veterinary Specialists hospital in Stamford, Conn. "Most bee or wasp stings occur on a dog's front paws, face, base of the back or tail."

Don't Use Tweezers. If your dog does get stung, don't panic. In most instances, mild swelling or tenderness

ATTRACTING BUTTERFLIES, NOT BEES TO YOUR GARDEN

If you love to garden and enjoy playing with your dog in the backyard, reduce his exposure to nectar-seeking bees by selecting flowers such as red roses, zinnias and jasmine that attract more butterflies than bees. That's the advice from Judy Macomber, a master gardener from Vista, Calif.

Many fruits, vegetables and flowers rely on the pollinating power of bees to thrive. Consult your county extension office or a master gardener for pet-safe garden choices that do not beckon bees. During walks, look ahead so you can steer your dog away from ground covers, typically attractive for working bees, says Elisa Mazzaferro, DVM, Ph.D., at the Cornell University Veterinary Specialists hospital.

will develop at the sting site. Your first step is to remove the stinger as quickly as possible to slow the spread of venom. The stinger, which has a poison sac with sharp lancets to deliver venom, can pump it into a dog for up to three minutes after being separated from the bee, Dr. Mazzaferro says. If the stinger is visible, use a credit card to scrape it out. Don't squeeze it with tweezers — the venom sac may rupture, further exposing your dog to poison.

Your second step is to keep your dog still to slow the spread of the venom. At home, apply cool compresses — a wet washcloth with excess water wrung out — to the sting site to reduce swelling. When outdoors, use cool bottled water. "Do not use icy cold compresses or ice wrapped in a towel because they can cause the pet to shiver and shock the system," Dr. Mazzaferro says.

Watch for severe responses to the sting, and contact your dog's veterinarian if the swelling grows and spreads. Most likely, the recommendation will be to give an over-the-counter antihistamine that contains only diphenhydramine, such as Benadryl. Keep the medication in your pet first-aid kit to be prepared for such an emergency.

Determine Dosage. Check with your dog's veterinarian for the correct dosage for your dog's weight. OTC products for people containing acetaminophen, used to alleviate pain and fever, can cause a toxic reaction in dogs. Also, do not use products containing



Local gardening experts can suggest flowers, fruit and vegetables that won't attract bees in your yard.

the artificial sweetener xylitol. "It can cause massive insulin release and low blood sugar or liver failure in some dogs," Dr. Mazzaferro says.

Some dogs, like people, are extremely allergic to insect bites. Among the symptoms:

- ◆ The area around the sting site balloons in size.
- ◆ Within 10 minutes, healthy pink gums turn white or gray.
- ◆ Dogs may drool, have diarrhea and difficulty breathing.
- ◆ They may become confused and wobble when trying to walk.

Without prompt veterinary care, severe cases can lead to anaphylactic shock and death. A pet first-aid class can teach the steps to take when minutes count and the best way to stabilize your dog to transport to the veterinary clinic. Dr. Mazzaferro highly recommends calling the clinic en route so the staff can prepare an exam room.

Dogs with serious reactions to insect stings often require treatment with IV fluids to prevent shock. They may be given steroids to act as anti-inflammatories and antihistamine injections to reduce the swelling. Expect your dog to be hospitalized for one to three days until his health returns. ♦

RESOURCES... *(continued from the cover)*

"In addition, many people have multiple small dogs, but few have multiple 70-pound dogs (think of the food bills), so we see food guarding more frequently among small dogs."

Your resources, ease of handling and family members — whether children or other animals — can all affect the management of resource-guarding behavior.

Twyla's family had two other Cavaliers. Twyla respected the older dog and left her alone at mealtime, but she picked fights with the middle dog and later with the new puppy. Her owners managed the problem by feeding Twyla outside on their balcony, where she couldn't see the other dogs eating. They didn't let her back indoors until the other dogs were finished and out of the kitchen.

"I think it's a good idea to feed dogs separately behind closed doors if you have multiple dogs," Dr. Houpt says. That prevents resource-guarding and also reduces the stress a dog might feel from having another dog watching him eat or hovering over his food bowl.

Separate Feedings. If you have young children, always feed resource-guarding dogs in a confined area such as a crate or behind closed doors. That way, you don't have to worry about the dog biting a child who crawls up to his dish and sticks a hand in it. In fact, that's a good way to feed any dog, resource-guarder or not, to ensure that he's not bothered by children while he eats.

The simple solution to dogs who guard treats such as rawhides, pig ears or real bones: Don't give those items. In any case, veterinarians advise against bones. They can cause tooth fractures



After food, toys are among the top objects for resource-guarding.

or splinter or become lodged in the GI tract. They also warn that rawhides can unravel and cause blockages. "The dog is not going to die of a deficiency of rawhides," Dr. Houpt says.

Some dogs appropriate food, garbage or personal items such as socks and then guard them, snarling or attempting to bite when you try to take them away. You don't want to encourage this behavior, and you don't want to endanger yourself trying to retrieve them.

Rather than wrestling the dog over a forbidden item and risk a bite, use cunning and diplomacy. Offer the dog something better — a favorite toy or treat, for instance. When he drops the item he has, you can then retrieve it. Teaching a "give," "drop it" or "leave it" command is also effective. Give the dog a high-value reward when he complies.

Block Access. If your dog is guarding a piece of furniture and you want him off it and he doesn't respond to the "off" command, lure him away from it with a treat or toy. Praise and

reward him when he gets off the sofa, and don't give him a chance to retake the high ground. Block his access or tether him away from the seating area.

If you want to prevent resource-guarding, teach your puppy from the beginning that all good things come from you. You may have heard that you should accustom your dog to having his bowl picked up and taken away while he's eating. On the contrary, that can trigger resource-guarding, Dr. Houpt says. "That can sometimes make the dog a lot worse at guarding because now you have shown him that his food may disappear."

Instead, walk up and drop something in his bowl that is better than what he's eating. If he's eating kibble, drop in something tastier like low-fat hot dogs, chicken or steak. Your dog learns that when you approach his bowl, good things happen.

It's also important to react appropriately when puppies steal objects. It's cute when they grab a sock and run away with it, but when you chase them, it becomes a game, one forming the foundation for resource-guarding. Don't encourage that game. Turn your back and walk away. When he doesn't get a reaction, he'll lose interest in the item and you can retrieve it. If the item is fragile, expensive or dangerous — for instance, dark baking chocolate, which is toxic to dogs — offer a trade in a low-key manner. Again, diplomacy rather than confrontation is key. ❖

TEACHING HIM TO SHARE AFFECTION

Is your dog guarding you? Don't be flattered, says animal behaviorist Katherine A. Houpt, VMD, Ph.D., at Cornell. He's treating you as if you're a giant rawhide. Don't encourage the behavior. If your dog tries to separate you from others or growls when your significant other joins you in bed, turn the person inspiring the jealousy into the giver of all good things. Treats, meals, toys and walks all come from that person. Your dog will soon learn to share his affections.

TEAM... *(continued from the cover)*

referred to as the Mayo Clinic of veterinary medicine. Twelve specialists and more than 50 staff members use the latest scientific advances in surgery, cardiology, critical care, internal medicine, ophthalmology, oncology, diagnostic imaging and non-invasive procedures.

Dr. Hackner and a team of specialists quickly worked to save Teddy's life. Aggressive treatment included multiple blood transfusions, intravenous fluid therapy, multiple surgeries and advanced pain management. Twice daily, he required flushing of the wounds to remove dead skin and prevent infection, followed by complex bandaging from his chest to his hind feet.

"We would spend about two hours a day bandaging him, always with someone kissing him on the head to comfort him," says Dr. Hackner. "This is a great and a very affectionate dog." Teddy's survival was touch and go for a month before he could go home. That was two years ago. Today the 5-year-old dog has regained his mobility, grown a new coat and enjoys life again with owner Robin Fuchsberg.

"Thanks to our cutting-edge medical procedures and team approach to care, many animals like Teddy who wouldn't have made it 15 years ago are now pulling through," Dr. Hackner says. "We are dedicated to open communication with



Specialists at the Cornell University Veterinary Specialists hospital in Stamford, Conn., use the latest scientific advances in surgery as well as in internal medicine, oncology and non-invasive procedures.

everyone — the patient's family, the primary care veterinarian and all the specialists and staff at CUVS. We ensure that everyone is working together seamlessly, the pet's family is an educated and informed member of the medical team and that the patient has the best possible chance for success."

"Courageous Companions." Teddy and more than 30 former patients

who also beat the odds — dubbed Courageous Companions by the CUVS staff — were spotlighted in a special celebration at the hospital. "It was an intimate reunion with some of our favorite patients who were incredibly sick and not expected to survive, but did so despite the odds," says Dr. Hackner. "We become very attached to these animals and many come back for visits. They remind our staff that extraordinary

MR. BLUE, THE BIONIC BOY, RETURNS TO WORK

Addie Powell has had a lifelong fondness for giant breeds, especially her 6-year-old, 130-pound Newfoundland, Mr. Blue. The therapy dog, certified by the Good Dog Foundation, regularly accompanied Powell to hospitals, nursing homes and schools to bring some cheer into the lives of people of all ages.

But 18 months ago, Mr. Blue began limping badly in both rear legs. Cornell had just opened the CUVS hospital and Powell took Mr. Blue to be examined. "We were at a crisis point," says Powell of New Canaan, Conn. "The surgeon who saw him immediately diagnosed what was wrong. We were told that he needed a complex corrective surgery known as TPLO (tibial plateau leveling osteotomy)."

An orthopedic surgeon realigned the tibia in both rear legs and fused sections with plates and screws to bypass the torn ligaments. One week later, Mr. Blue made a special appearance as a therapy dog: visiting children, teachers and staff affected by the Sandy Hook school shooting. Today, Mr. Blue not only walks pain-free but runs.

"I remember him as being a big, goofy dog and a great patient," says Susan Hackner, BVSc, MRCVS, Chief Medical Officer at CUVS. "We are so glad that he is back to work as a therapy dog."

Powell calls him her bionic boy. "Mr. Blue is a most treasured member of our family, and the caring staff at CUVS has given him a new lease on life."

CORNELL



Boo's liver cancer didn't respond to standard chemotherapy, so an oncologist used a novel approach with different drugs. Bo, who has been cancer free a year, recently visited the specialty center along with other recovered patients. "They remind our staff that extraordinary recoveries are possible," says Chief Medical Officer Susan Hackner, BVSc, MRCVS, at the right with another patient.



CORNELL

recoveries are possible and are becoming more the norm for us here."

Dr. Hackner recalls seeing a very healthy Teddy at the reunion. "Teddy's story tells me that sometimes, one of the most important tools we have is perseverance," she says. "When Teddy returned, he was ridiculously excited to see all of us, and I can tell you we were all choked up with happiness to see him looking so great."

The majority of the success cases in attendance were dogs who had undergone advanced lifesaving, critical care, surgical or oncology treatments, including:

- ◆ A Cavalier King Charles Spaniel named Henry who was rushed into CUVS in May 2012 after being struck by two cars. He had sustained multiple, severe pelvic fractures and body wall rupture, resulting in herniation of his major organs. Critical care specialists and surgeons worked together to repair his injuries and prevent wound infections. Henry spent 10 days in the intensive care unit and is now completely healed and home with his family in Stamford.
- ◆ Boo, a Labrador Retriever who arrived at CUVS diagnosed with
- ◆ Scotty, a 10-year-old Corgi who suffered from a serious abnormal heart rhythm which caused weakness and fainting. Using CUVS's advanced cardiac catheterization equipment, a cardiologist inserted a pacemaker via a catheter to restore his playful, energetic personality.
- ◆ Chino, a Great Dane who had ingested underwear and suffered a protracted intestinal obstruction that had required surgery by his primary care veterinarian. On arrival at CUVS, his vital signs were fading. He required additional surgery and endoscopy. Complicating treatment was Chino's

pre-existing hypothyroidism and Addison's disease, which had to be closely managed so as not to interfere with surgical healing.

"We definitely play pet detective here," Dr. Hackner says. "For me, as an internist and critical care specialist, it is all about looking at the evidence, real or circumstantial, to pin down a diagnosis and come up with the right diagnostic and treatment plan in a timely manner." ♦



CORNELL

To learn more about Cornell University Veterinary Specialists, please call (203) 595-2777 or visit www.cuvs.org.



Katherine A. Houpt, VMD, Ph.D., diplomate of the American College of Veterinary Behaviorists and emeritus professor at the Cornell University College of Veterinary Medicine, provided the answer on this page.

Please Share Your Questions

We welcome questions of general interest on health, medicine and behavior. We regret however, that we cannot comment on specific products and prior diagnoses. Please send correspondence to:

DogWatch Editor
800 Connecticut Ave.
Norwalk, CT 06854
or email dogwatcheditor@cornell.edu

Did His Bad Experiences Or a Stubby Tail Invite Aggression?

Q I bought Tyson, my 4-year-old Boxer, when he was 4 months old. When he was still a pup, I enrolled him at a doggie day camp. He had no issues there until he was about 1. Then the owner said he went after another dog twice. She said if he did it again, he would be suspended for three months.

I figured he would do it again and stopped taking him there. Later I learned the altercations were not my dog's fault, but the owner would blame him and lock him in a cage for a timeout.

Shortly afterward, I noticed he began having issues with strange dogs and certain women. I tried a trainer, but she introduced him to an aggressive dog, which compounded the problem. Also, while I was recently walking Tyson, a dog off leash attacked him. In another instance, a pit bull jumped over a gate and attacked him. He did not provoke either incident.

Tyson is a lovable dog, well trained in all aspects. He loves the neighborhood dogs and people except for new women. Has he been traumatized by too many negative experiences?

Also, is it true that some dogs may go after dogs with stubby tails because the tail is a sign of friendliness? Since my dog has a stubby tail, do they automatically assume he is not friendly?

A Tyson is a beautiful dog and I was happy to see that he has natural ears, if not a tail. The idea that dogs attack stubby-tailed dogs is a new one to me. Anyone who has seen a happy English Bulldog knows that when you have little tail to wag, you wag your whole hind end. Even the style of approach can convey friendliness. An aggressive dog approaches in a straight line; the friendly dog makes a serpentine approach.

The happy dog's mouth is usually open with this tongue hanging out, whereas the non-friendly dog approaches with closed mouth or with teeth showing and stiff movements.

There have been no studies on the association of attacks by dogs or development of aggression to other dogs in the victims. I tried to determine this by compiling the many histories I had of dog-aggressive dogs but found no clear cut association. One reason is that most of the

dogs I see are "second-hand," or rescued dogs. The present owners have no idea of their dogs' history.

It stands to reason that a dog like Tyson who had a definite history of abuse by other dogs would have formed an association between aggressive dogs and pain. He had bad experiences as a pup, and this association was confirmed by his recent bad experiences. Now he acts fearfully and aggressively to most dogs he meets. He is also exhibiting aggression to unfamiliar women. I don't think you can blame that on his early experience, but he is probably neophobic — afraid of new things.

What can you do? The first step is simple. Avoid places where he will encounter strange dogs. Go to places at times where there are unlikely to be other dogs. There is no point in making him miserable. Be prepared for loose dogs by carrying a citronella-based spray to direct at loose dogs.

The second step is to try to modify his behavior. Always carry a delicious treat he gets only when he sees another dog. I like squeeze cheese because you can stick the nozzle in his mouth or through a muzzle. Meanwhile, say in a happy light tone. "There is another dog! Isn't that fun!"

The idea is that he will learn to associate the appearance of another dog with good, instead of frightening, things. Then you can turn him away. You want to avoid direct eye contact between the dogs, which is very threatening or challenging. Try this first using the dogs with whom he already gets along so you can administer the treat at the right time and move him away smoothly before taking on a strange dog. Best of luck! ♦



It's understandable that Tyson's history of abuse by other dogs would have him associate aggressive dogs with pain.

COMING UP ...

CONGESTIVE
HEART FAILURE



HAIR LOSS



STRESS-FREE
HOLIDAYS



NEW GUIDELINES
FOR CPR



CORRESPONDENCE

The Editor
DogWatch
800 Connecticut Ave.
Norwalk, CT 06854
dogwatcheditor@cornell.edu

SUBSCRIPTIONS

\$39 per year (U.S.)
\$49 per year (Canada)

Single copies of back issues are available
for \$5 each. Call 800-571-1555

For subscription and customer service
information, visit www.dogwatchnewsletter.com/cs or write to: DogWatch, P.O. Box 8535,
Big Sandy, TX 7577-8535.

OR CALL TOLL FREE: 800-829-5574