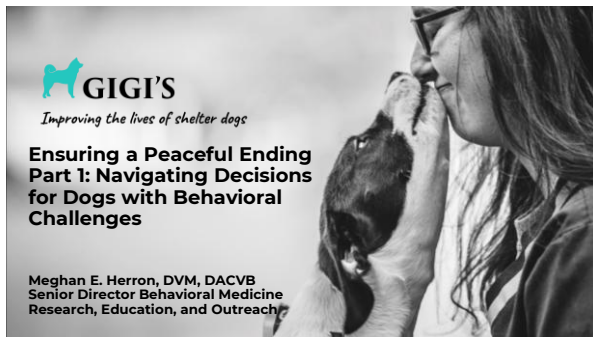
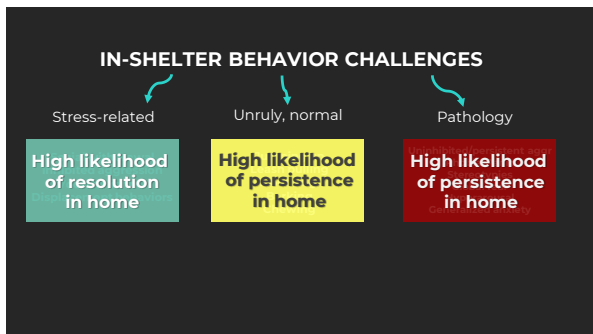




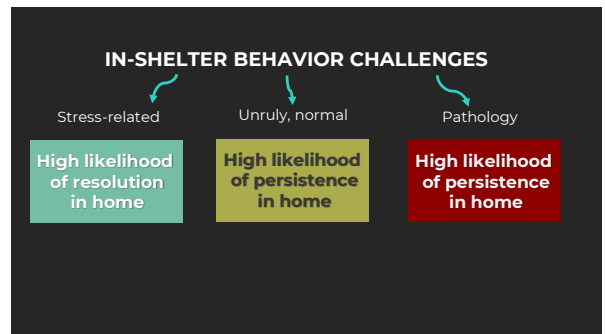
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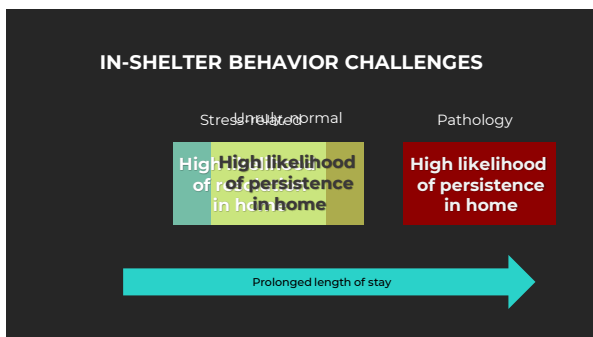
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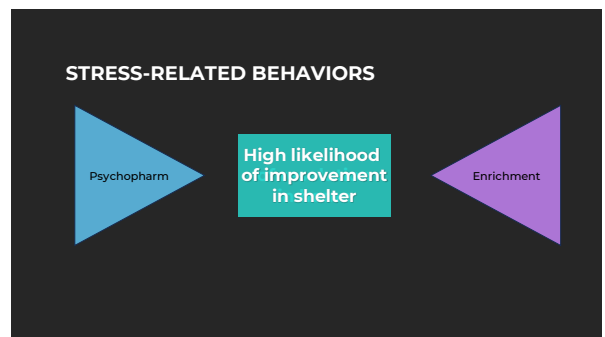
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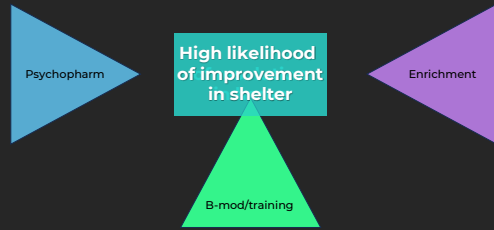


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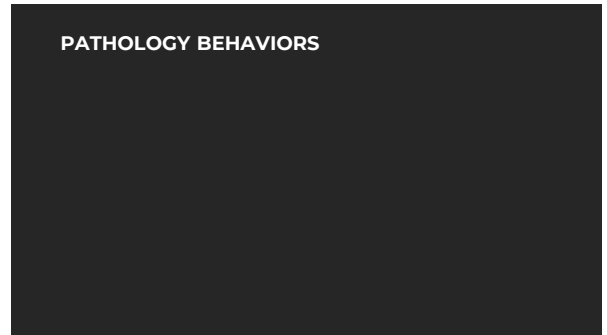
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UNRULY (NORMAL) BEHAVIORS



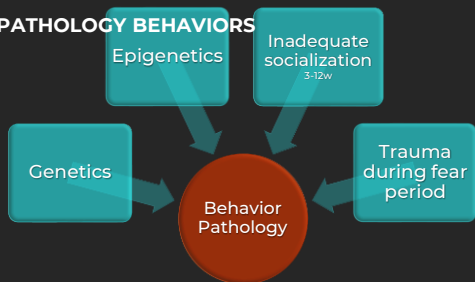
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PATHOLOGY BEHAVIORS

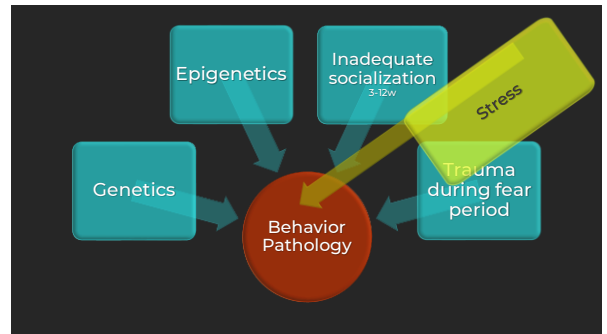


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PATHOLOGY BEHAVIORS

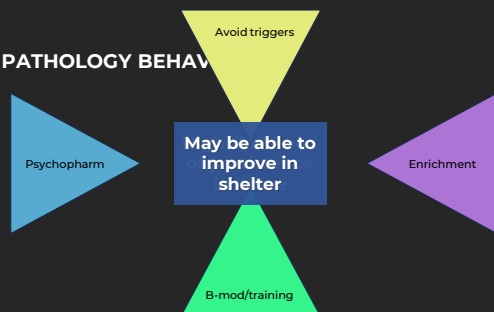


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PATHOLOGY BEHAVIORS



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PATHOLOGY BEHAVIORS



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AGGRESSION: ALWAYS A PATHOLOGY?

Inhibited aggression day 0-1 may be a normal stress or pain-related behavior

- Growl, lip curl, or air snap while retreating
- Context? Stress levels?

Persistent, delayed, and/or uninhibited aggression may indicate pathology

- Consider staff safety
- Stress may inhibit underlying aggression pathology during the acute stress phase
- Aggression that develops later in LOS is likely pathology



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EXTREME FEAR: ALWAYS A PATHOLOGY?

How to distinguish *feral* from *fearful*?

Wait 3-4 days?



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PATHOLOGIC



15

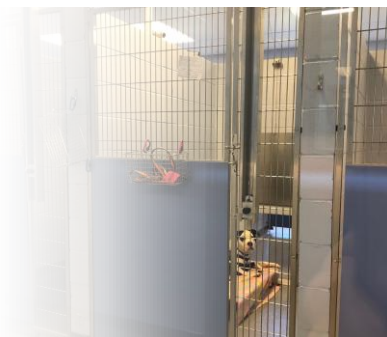


Supporting dogs with behavior challenges

16

SAFETY AND WELFARE FRIENDLY HOUSING: ROWDY/REACTIVE

- Guillotine style double kennels
- Visual barriers between dogs
- ≤5 dogs per ward/housing suite
- Quiet, single kennels for shy/fearful dogs



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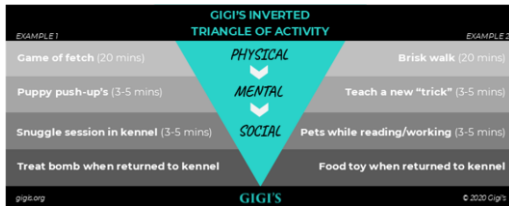
SAFETY AND WELFARE FRIENDLY HOUSING: SHY/FEARFUL

- Quiet, single kennels
- Options for treat dispersal without opening the kennel door



18

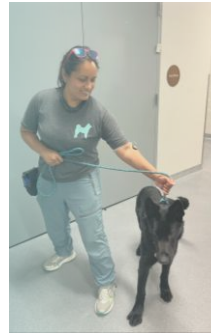
MEETING DAILY DOG NEEDS (ENRICHMENT)



19

PERSONNEL NEEDS

- Fluency in canine body language
- Trained in defensive dog handling
- Fear Free Shelter® certified
- Behavior team to provide for extra needs while in the shelter
- Behavior team to follow-up and support post-adoption

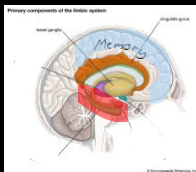


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MINIMIZE LENGTH OF STAY

Extended LOS → Emotional imprint

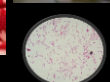


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SIGNS OF WEAR



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CHOOSING FOSTERS

- Not for first-time foster families
- Experienced, long-term foster families



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SETTING UP FOR SUCCESS

Provide training/resources on:

- Canine body language
- Aggression management/response
- Breaking up dog fights
- Who foster dogs should meet and where/when/how

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UNIVERSITY

In-home behavior professional

Partner with veterinarian for psychopharm

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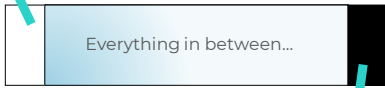
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Making difficult choices...

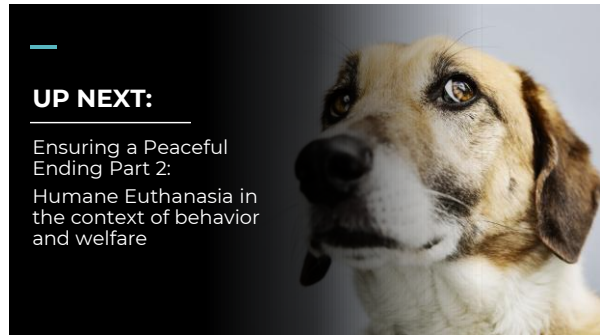
Great welfare, highly adoptable



Poor welfare, not safe to place

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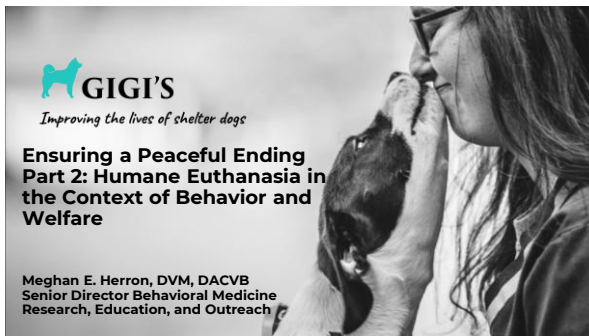
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UP NEXT:

Ensuring a Peaceful Ending Part 2:
Humane Euthanasia in the context of behavior and welfare

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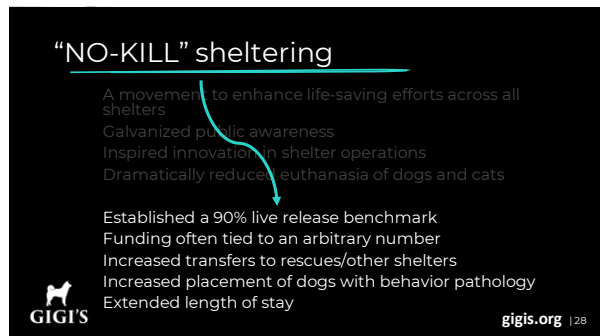


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Improving the lives of shelter dogs

Ensuring a Peaceful Ending Part 2: Humane Euthanasia in the Context of Behavior and Welfare

Meghan E. Herron, DVM, DACVB
Senior Director Behavioral Medicine Research, Education, and Outreach

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"NO-KILL" sheltering

A movement to enhance life-saving efforts across all shelters

Galvanized public awareness

Inspired innovation in shelter operations

Dramatically reduced euthanasia of dogs and cats

Established a 90% live release benchmark

Funding often tied to an arbitrary number

Increased transfers to rescues/other shelters

Increased placement of dogs with behavior pathology

Extended length of stay

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"NO-KILL" vs "NO SUFFERING" sheltering



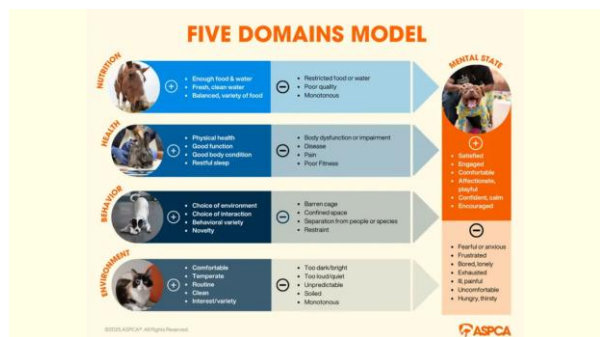
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COMMUNITY CONSIDERATIONS

- Placing dogs with uninhibited aggression puts people and animals at risk
- A home without kids does not mean other kids are not at risk
- A home without other dogs does not alleviate the risk towards other dogs in the community
- Severity and context matter

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Bite severity/inhibition¹

Level 1- Dog growls, lunges, snarls-no teeth touch skin.

Level 2- Teeth touch skin but no puncture. May have red mark/minor bruise

Level 3- Punctures ½ the length of a canine tooth, one to four holes, single bite.

Level 4- One to four holes from a single bite, one hole deeper than ½ the length of a canine tooth, dog clamped down and shook or slashed victim.

Level 5- Multiple bites at Level 4 or above. A concerted, repeated attack.

Level 6- Any bite resulting in death of a human.

¹Based on Bite Assessment Scale by Ian Dunbar, DVM, PhD

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DECISION MAKING: AGGRESSIVE DOGS



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Step 1 – Ask yourself

Is it possible that someone can **safely** manage this dog?



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Step 2 – Ask yourself

In managing this dog safely, will the dog have a humane quality of life?



35

Step 3 – Ask yourself

Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?

What about an adopter?



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Example

A dog is surrendered for attacking and killing the neighbor's chickens

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?

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Example

A dog is returned after killing a stray cat in their yard

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?



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Example

A dog that bites a child on the hand (without breaking skin) in response to the child taking away a bone

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?

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Example

A dog that climbed a fence and severely injured a neighbor's dog being walked down the street

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?

40

Example

A dog that will growl, bark, and lunge at other female dogs if they get in her face

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?

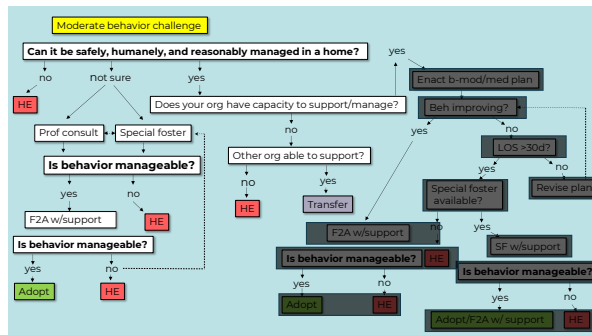
41

Example

A dog that trusts a few familiar people, but barks, lunges and tries to bite anyone else

Is it possible to safely manage this dog?
 In managing this dog safely, will the dog have a humane quality of life?
 Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?
 What about an adopter?

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Timely and mindful decisions

Weekly "Pathway Planning" sessions

- Representatives from behavior and medical leads along with key leadership personnel
- Gather information from those working directly with each dog
- Discuss community/intake needs
- Prioritize foster requests, social media pushes, transfer considerations, and keep tabs on dogs whose Five Domains may be in jeopardy
- Discuss humane euthanasia when welfare and/or adoptability are poor, +/- adopt-appeal is poor

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Timely and mindful decisions

Euthanasia "Stand-up" meetings

- For acute/urgent welfare or safety concerns
- Leadership team meets and walks through a decision-making document
- Review of Five Domains, safety, and adoptability questions

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Decision making example – ↑ fear/anxiety

1. Are we currently meeting the Five Domains for this dog?

Nutrition?
Environment?
Health?
Behavior?

Mental state? **NO**

What is the current psychopharm plan? Can it be further adjusted w/o excess sedation?

Do we have information on how this dog behaves in a home (i.e. foster info)?

- What additional social media attention can we create?
- Do we have upcoming events where we can showcase?
- Is a foster-based rescue available for transfer?

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Decision making example – medical issue

1. Are we currently meeting the Five Domains for this dog?

Nutrition?
Environment?
Health? **NO**
Behavior?
Mental state?

Does this dog suffer from a chronic or extensive medical condition that has a reasonably affordable treatment option to resolve it that will not cause prolonged physical or emotional pain/discomfort?

- What resources do we have to put towards treatment?
- Do we have a foster option for recovery if prolonged?
- Is the dog behaviorally/emotionally resilient enough to undergo the necessary treatment/procedure?

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Decision making example - aggression

1. Are we currently meeting the Five Domains for this dog?

Nutrition?
Environment?
Health?
Behavior? **NO**
Mental state?

Does this dog's behavior pose a safety risk to people or companion animals?

Is it possible to safely manage?

In managing this dog safely, will the dog have a humane quality of life?

Is the management necessary to maintain safety and QoL reasonable for your shelter to undertake?

What about an adopter?

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Decision making – additional questions

2. What is this dog's length of stay in the shelter?
 - How many adopters have considered them? How did the meet-n-greets go? What greeting behaviors can we improve?
 - If no interest, can their bio or photo be improved?
3. How does allocating additional resources to improve this dog's welfare, safety, and adoptability affect the other dogs in our care?
4. What are our current intake partner needs? Does continuing to work with this dog in our shelter hinder adoption opportunities for adoptable dogs in those shelters?

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Behavior Euthanasia – Ideal practices

Communicate with the entire team

- Option to be present, say final goodbyes, or avoid the area
- Be transparent and offer support

Determine premedication plan

Oral pre-procedure pharmaceuticals + intramuscular injectable sedatives

Give IM sedative injection in or on way to quiet area while eating

Give IV euthanasia solution when unconscious

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Pre-procedure oral pharmaceuticals

- 2 hours prior
 - Minimal handling distress – trazodone 5-10mg/kg monotherapy
 - Moderate distress – trazodone 10-15mg/kg + gaba 30-50mg/kg
 - Severe distress – above plus clonidine 0.05mg/kg
- 30 minutes prior
 - Severe distress and/or fractious behavior – add detomidine gel (oral-transmucosal)

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Dormosedan Gel®
7.6mg detomidine/ml

- Premedication for behavior euthanasia ~220-500 µg/kg OTM
- MUST wear gloves
- Preferred for dogs who don't do well with IM injections

Sedative dose shortcut:

5 kg patient = ~0.3 mL = 0.25-0.5 mL

10 kg patient = ~0.5 mL = 0.5-0.75 mL

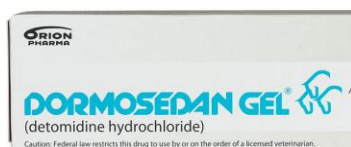
20 kg patient = ~0.75 mL = 1.0 mL

30 kg patient = ~1.0 mL = 1.25-1.5 mL

Source: Marie Hopfensberger, DVM, DACVB



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Can combine with food

Smear over larger surface area for > mucosal contact

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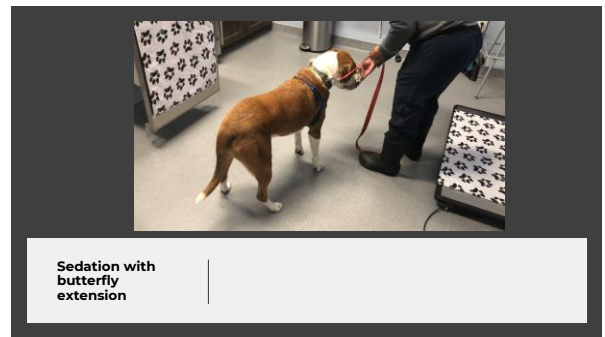
Create a calm space

- Tasty, lickable foods
- Soft blanket or bed
- White noise
- Classical music
- Appeasing pheromones

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IM Injectable sedation for canine euthanasia

Gigi's

- Minimal distress – 10mcg/kg dexmedetomidine + 0.1mg/kg butorphanol
- Moderate distress – 20mcg/kg dexmedetomidine + 0.2mg/kg butorphanol
- Severe distress – 30-40mcg/kg dexmedetomidine + 0.2mg/kg butorphanol + 3mg/kg ketamine (mix same syringe)

Alternative: Zenalpha® (medetomidine + vatinoxan) in place of dexmedetomidine dosed accord. to package insert

Lap of Love

- Ketamine 0.1ml/10lbs + 0.05ml/10lbs xylazine (100mg/ml) + 0.1ml/10lbs + butorphanol 0.05ml/10lbs (mix same syringe)

HSUS "Premix" (non-RVT/DVM, certified euthanasia technicians)

- Ketamine 1.0 mg/lbs + xylazine 1mg/lbs (same syringe)

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Euthanasia safety

- Head control prior to IV injection
 - Leash muzzle
 - Basket muzzle
- Y-pole
- Leash through door

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Animal Behavior and
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VBS 2026
SEATTLE, WASHINGTON

June 9-10, 2026

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