Referring to Veterinarians: Best Practices for Animal Trainers and Behavior Consultants

IAABC has worked consistently to build strong working relationships between animal trainers, behavior consultants, and the veterinary community. An animal’s health can have a significant impact on their behavior, and professional trainers and behavior consultants are often in the best position to note these effects and communicate them productively.

As opportunities for collaboration between our two communities multiply, so do questions regarding professional and ethical boundaries for behavior consultants discussing medical conditions or treatments with clients. Ideally, we all do our best to stay in our own lanes, to the mutual benefit of both professions and, most importantly, to the benefit of our human and animal clients.

IAABC’s Ethics Committee created the following outline of best practices for behavior consultants and trainers navigating such health-related conversations. Our goal was to develop a set of practical guidelines that would facilitate communication, prevent misunderstanding, and could be applied to a wide range of situations.

IAABC’s Professional Ethics Code and the Joint Standards of Practice state that trainers and behavior consultants should not advise on problems outside the recognized boundaries of their competencies. In addition, behavior consultants and trainers are individually responsible for maintaining awareness and understanding of all local laws relevant to their practice. Laws against practicing veterinary medicine without a license are not uniform, and this document should not be taken as providing legal advice or protection. Keep in mind the following model neither excludes other ethical practices nor supersedes any existing laws.

**Clearly state your qualifications.**
The most important rule to follow in discussing health-related observations with clients is to avoid misrepresenting the scope of your own knowledge or qualifications. Assuming you are not medically trained, we recommend prefacing health-related observations by plainly stating you are not a veterinarian, and therefore not qualified to offer medical advice.

*Example:*

"Keep in mind that my area of expertise is behavior. I am not a veterinarian and can’t make medical recommendations. I’m suggesting you contact your vet about this.”
Share your observations.
Observations are always appropriate to share. These could be related either to an animal’s physical appearance or to their behavior. When discussing your observations, indicate the reasons why they may be relevant. Avoid drawing conclusions regarding underlying causes, even when reminded of conditions you’ve seen before in your own or others’ animals. It is not your role to diagnose medical conditions. Instead, suggest your client bring these observations to the attention of their veterinarian.

Examples:

“I notice your dog scratches frequently, and has now begun chewing on his paws. I would bring this up with your veterinarian, as allergies or some other medical condition might be in play.”

“Your dog’s potty training problems came on suddenly and we can’t find anything going on in his life that might be a trigger for this. I recommend you contact your veterinarian about ruling out common medical causes, such as a urinary tract infection or illness.”

“After seeing your cat move about your house, including her hesitancy to jump up onto furniture like she used to, I’m concerned that she may be in pain. I recommend a visit to your veterinarian to rule out any medical conditions that could be contributing to her reluctance to climb up into her litter box these days.”

“You said your horse has become progressively worse for the farrier to shoe, especially his hind feet. I recommend contacting your veterinarian to rule out physical reasons for this behaviour, such as arthritis, before we begin the retraining program. If physical causes exist but go untreated, the retraining program may not be as successful.”

“Your dog’s response to necessary confinement—intense panting, salivating, vocalizing, and repeated escape attempts—is a lot more extreme than I typically observe. It’s way beyond mild protest behavior and may put him at risk of self-injury. I strongly recommend a consultation with your veterinarian regarding the level of anxiety he is experiencing. You might ask for a referral to a veterinary behaviorist, as there may be medications that could reduce risk in the short-term and/or speed his responsiveness to behavior modification protocols.”

“Looking at my notes, it seems like some of these behavior changes coincided with a change in your pet’s medications. You may want to discuss his recent behavior with the prescribing veterinarian, in case there is a connection there.”

Refer to reputable sources of information.
Sometimes you may need to pair your observations with additional information in order to express why your observations are relevant. You may point your client to a recent article or study, share information acquired through an IAABC course, or relay advice given to you by
a veterinarian you trust. Be mindful and transparent regarding the source of any information you choose to pass along and restrict yourself to citing reputable sources. Be extremely cautious when it comes to sharing information that is mainly anecdotal or not clearly supported by science.

Examples:

“I know your bull terrier’s spinning seems like an amusing personality quirk, but I would strongly caution you against encouraging it, since spinning can become compulsive and bull terriers may be predisposed. There’s a website with some more information if you’d like me to send you the link.”

“I understand your vet warned you against socializing your puppy prior to his final round of vaccinations. This position statement from the American Veterinary Society of Animal Behavior offers a broader perspective.”

“I understand the vet wants your horse to lose weight, but long periods of imposed fasting are unhealthy for horses, who have evolved to graze near-continuously. A safer strategy—so as to avoid higher risk of gastric ulcers and other potential health issues—might be to find a lower-calorie hay that can be fed to your horse in a slow feeder hay net. I can share a great handbook recently published by The University of Liverpool on how to address obesity in horses.”

“I really can’t speak to the safety or efficacy of CBD oil, except anecdotally. A few clients of mine tried it prior to working with me, and the results—according to them—were pretty mixed. Bottom line, I can’t recommend it, but I’d strongly suggest talking to your vet before adding it to your dog’s routine.”

“Your cat’s sudden and intense response to petting is extremely similar to behaviors I have read about in cats with hyperesthesia syndrome. Here is a handout on the condition from the Cornell Feline Health Center. It may be worth capturing some video of your cat’s behavior during petting to review it with your veterinarian.”

“The housebreaking log you’ve been keeping indicates your dog is currently pooping 6-7 times per day. In my experience, this is way more often than normal, and is likely contributing to his difficulty holding himself between when you leave for work and when the walker arrives. Given your veterinarian declared him healthy and fit at your recent appointment, I wonder if a change in diet might be helpful?”

“Due to your dog’s cough, I can’t allow him to attend class tonight. Coughing is a common symptom of canine influenza and other illnesses, and we don’t want to put other client dogs at risk. Here is a handout published by the American Veterinary Medical Association that explains how illnesses like this can spread, and discusses common symptoms and precautions in more detail.”
Avoid recommending specific medical tests, treatments, or interventions. It may be tempting to insist your client ask their vet for specific tests or treatments, reflective of the choices you would make in their position. It’s important to remember your status as an animal professional may result in even casual suggestions being taken as “expert” recommendations, or being relayed to your client’s veterinarian in a manner that implies you feel empowered to tell the veterinarian how to do their job. Instead, refer to reputable sources of information, share advice received directly from a reputable veterinarian familiar with such cases, or point to the experience of other clients.

Examples:

“I’ve had several clients who have rescued off-the-track thoroughbreds like yours, whose horses also showed signs of colic and had poor appetites shortly after adoption. Their vets recommended diagnostic tests to rule out physical causes for these issues, and in some instances, medications were also prescribed. It may make sense to talk about this with your vet.”

“I have another client whose animal has benefitted from medication as a compliment to behavior modification and training to address a similar issue. I understand you are hesitant to go that route, but if we don’t see the progress over the next few weeks that I normally expect in cases like this, it might be a good idea to ask your vet what she recommends.”

“As to whether neutering will reduce your dog’s aggression, I don’t think we can predict that from the science that’s out there. The studies I’ve seen were mostly inconclusive, making it an unreliable behavior intervention. However, there may be other important factors to consider, including local restrictions, risk of unplanned litters, and potential health ramifications. In the end, it’s a medical procedure and a decision to make with your veterinarian.”

“You tell me your dog’s been pretty grumpy lately, even snapping at people once or twice. He’s also gaining weight, and his coat’s not looking as healthy as it did before. I’d suggest you go see your vet about these specific issues. There are several illnesses and conditions that can cause these things to occur both behaviorally and physiologically, including Cushings, Addison’s and thyroid diseases, and your vet will recommend which tests she thinks are important to do.”

“I’m glad that you reached out to me to help incorporate some enrichment and training into your active Bengal cat’s indoor life. However, after witnessing his voracious appetite in conjunction with his hyperactivity, I think a visit to your veterinarian is warranted. They may recommend performing some diagnostic tests to rule out any underlying medical conditions that could correlate with these behaviors.”

Offer to communicate directly with your client’s veterinarian. It’s always appropriate to offer to communicate with a client’s veterinarian if you or your client believes that would be helpful. Remember that you should get explicit permission
from your client, take care to communicate professionally, and maintain respect for your client’s right to make medical decisions for their animal.

Examples:

“I understand that your veterinarian feels your Chihuahua’s biting is simply a behavioral problem, and am of course very glad he referred you to me for help. However, in reviewing the videos you sent and observing her in person, I see behavior that is very consistent with a pain response. You may want to share these videos with your veterinarian, and if you like, I can send him an email detailing my observations.”

“I’m happy that you pursued a veterinary exam with your cat and understand that it was a difficult experience for both of you since she was so stressed and did not allow the vet to perform an entire physical. But after watching her eat, and seeing her drop her kibble, I think you should reach out to your vet again for a recheck. This food dropping behavior may be contributing to her recent behavior change. I can certainly type up a summary of my observations to supply to your vet as well. Maybe then your veterinarian can help you with a plan to make her next visit less stressful and they will be able to perform an oral exam.”

“I know your veterinarian’s impression over the phone was that your horse rearing on the lunge line when asked to go forward was probably just stubbornness. But after seeing him short-striding on his inside hind today, I think you should contact the vet clinic to book a farm call. I can email your vet a copy of my report from today before you call them if you’d like.”

Supply additional veterinary referrals when appropriate.
In some cases, it may make sense to offer additional referrals, such as to a veterinarian that you know has experience with similar cases, or possibly to a specialist such as a veterinary behaviorist. However, in most cases the initial referral should be to the client’s existing veterinarian, who is generally in the best position to determine if specialty services are needed. Some veterinary behaviorists offer remote consultations, but these are typically vet-to-vet, meaning they would be arranged through your client’s local veterinary clinic.

Examples:

“It sounds like you have a great relationship with your vet and that he knows your animal really well. If he’s not comfortable discussing behavior medications, perhaps you and he could discuss the possibility of a remote consultation with a veterinary behaviorist. I know of one who offers this and it was helpful in a previous case. You can find more information about board certified veterinary behaviorists, including a directory, at dacvb.org*.

“Your vet sounds keen to do what she can to help resolve your horse’s behaviour problem. That’s great! Some of my other clients’ veterinarians have consulted with veterinary behaviorists to come up with a treatment plan. If you think that would be of
interest to your vet I am happy to provide her with the contact info for several veterinary behaviorists who do work with horses.”

A Team Approach
Developing strong professional relationships with veterinary colleagues ensures the best possible outcomes for shared clients with health or behavior related problems. Timely and appropriate referrals to specialists, including behavior consultants, veterinarians and others in our field, allow us to deliver specialized, comprehensive care and consideration. Together, we can provide expertise and insights that make life changing and life saving differences to the animals in our care.

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*Some international referral resources include:
Latin America: avlz.blogspot.com
Europe: www.esvce.org
Chile: www.asecvech.cl
Germany: www.gtvmt.de
Spain: www.gretca.com