## Advice for veterinary practices for dealing with behaviour cases

The current social distancing requirements due to COVID-19 impact on companion animals as well as the humans they live with. This has implications for three groups of veterinary patients in particular:

- 1. Puppies and kittens
  - a. At the breeders' premises
  - b. In their new home
- 2. Patients with ongoing emotional health concerns and associated behavioural changes
  - a. already diagnosed and receiving professional help
  - b. as yet undiagnosed
- 3. Patients at risk of developing emotional health issues and associated behavioural changes as a result of changes in social and physical environment at this time

This document contains general advice concerning how to respond to client enquiries about behavioural concerns in their pets during social distancing and the need to be mindful of their pet's emotional well-being.

## Responding to client enquiries

Behavioural change can be an indicator of compromised physical and / or emotional health and all enquiries should lead to routine veterinary triage in the form of appropriate questions and veterinary examination of the patient. In the current circumstances, guidelines produced by the RCVS and BVA regarding veterinary examination of patients should be followed. Remote video consultation is possible and may be valuable. Asking clients to film their pet at home prior to the consultation can also be useful but they should only be asked to take video of the specific problematic behaviour if it is safe to do so.

Where the expertise to offer an in depth behavioural investigation of the case is not available within the veterinary team referral should be made to one of the following:

- 1. An RCVS recognised Specialist in Behavioural Medicine
- 2. An RCVS recognised Advanced Practitioner in Behavioural Medicine
- 3. A non-veterinary animal behaviour clinician with recognised academic qualifications, who deals with behaviour issues only on veterinary referral (in accordance with the BVA guidance on vet led teams), even during this COVID-19 situation.

Veterinary referral is essential when working with non-veterinary behaviour professionals in order to safeguard both health and welfare and this requirement remains unchanged in the light of the COVID-19 situation. Only the method by which the veterinary practice processes the referral may need to change in terms of using remote consultation with the client and patient prior to the referral.

It is important for referring veterinarians to continue to recognise that they remain the individuals with a legal responsibility for animal welfare, and they should assume animals referred for the management of problem behaviour to be still under their care.

An important part of this responsibility is to consider and eliminate or address possible medical causes for unwanted behaviour. The link between problem behaviour and pain or illness is well established and the role of pain has recently been highlighted in a useful "open-access" publication (available from <a href="https://www.mdpi.com/2076-2615/10/2/318/htm">https://www.mdpi.com/2076-2615/10/2/318/htm</a>).

Non-veterinary behaviour professionals may identify the potential involvement of some form of medical issue for discussion with the referring vet. They are not, however, permitted under the Veterinary Surgeons Act (1966) to make a diagnosis, and are dependent on the judgement of veterinarians, both before and after referral.

Medical emergencies can be identified during proper evaluation of a case, e.g. cats may adopt a spray-like posture to urinate when they have a partially blocked urethra, and this can easily

be reported as a marking problem. Changes in both the pattern and levels of exercise that dogs receive during the period of social distancing, may exacerbate musculoskeletal issues and fear-anxiety related problems, resulting in a change in behaviour.

It is also worth remembering that medical management of a behaviour case, including the use of psychoactive medication is also the sole responsibility of veterinarians. This includes a responsibility for all medical prescriptions and an obligation to minimise the risk of side effects from any medication prescribed. Veterinarians will need to exercise their professional judgement concerning the cost-benefit analysis of introducing, changing the dose or altering the medicinal regime of any new or ongoing case, given current limitations on physical examinations.

Patients and clients should continue to receive appropriate ongoing care and support at this time, as is the case with any patient with a chronic condition. The added value of video to supplement phone or email support depending on the nature of the case should be carefully considered. Once again the RCVS and BVA advice regarding veterinary examination of patients should be followed. If a patient has previously been referred to another party then the organisation receiving the referral should continue to provide remote support to both the client and referring practice at this time.

The importance of client vigilance concerning their pet's behaviour at the current time It is widely recognised that the changes in routine brought about by the current COVID-19 situation can adversely affect mental health. This may also apply to non-human animals. This includes the potential for exacerbation of existing emotional health challenges and the development of new issues. Guidance for clients in relation to behavioural concerns has been produced by BVA and we encourage you to circulate this to your clients through your available media channels. Now is a time for clients to be vigilant, but not over anxious. They should report any changes in their pet's behaviour which they find concerning. Changes in behaviour may be a sign of disturbance to physical and/or emotional health, and it is the responsibility of veterinarians to make this initial evaluation in order to safeguard the health and welfare of their patients.

## References

Mills et al 2020 Pain and Problem Behavior in Cats and Dogs Animals 10:318 Available at https://www.mdpi.com/2076-2615/10/2/318/htm

Written by RCVS recognised specialists in Behavioural Medicine Sarah Heath FRCVS, Daniel Mills FRCVS, Lorella Notari MRCVS and Rachel Casey MRCVS