



## 2. Medical screening and behaviour monitoring of the dog

## **Medical screening**

- External veterinarian:
  - Preferably, a medical examination is carried out twice per year by a veterinarian who can evaluate both the dog's physical and mental health.
  - The dog must be micro-chipped and have a registered passport (Ophorst, 2014).
  - The standard vaccinations must be given as advised by the veterinarian.
  - An annual faecal screening for all types of parasites and bacteria is recommended.
- Handler:

The handler must deworm the dog four times per year. Deworming one extra time is recommended when working with a sensitive target group.

The handler must ensure the dog is treated with the standard anti-flea, anti-tick and anti-parasite products recommended by the veterinarian. When using products on the dog's skin ("spot-on"), waiting 24 hours before interacting with patients is recommended.

The handler monitors the dog's health on a daily basis. If in doubt whether the dog is suitable to participate in AAI at that moment, keeping the dog home and contacting the veterinarian is recommended (Ophorst et al., 2014).

The handler keeps a record of the dog's health (previous zoonoses, health problems, etc.) (Khan & Farrag, 2000).

If the dog shows symptoms of illness such as diarrhoea, vomiting, coughing or sneezing, then he or she cannot participate in AAI.

Not until one week after the last symptoms of illness or after complete healing of a wound can the handler allow the dog to participate in AAI (Lefebvre et al., 2008).

## Behaviour monitoring

• External dog behaviour specialist:

A specialised organisation or a dog behaviour specialist has carried out a behaviour assessment of the dog (e.g. Delta Society Evaluation Procedure). A behaviour test for dogs participating in AAA must include basic cues such as sit, down, stay and come as well as walking on the lead without pulling. The dog's reaction to the following situations must also be evaluated (preferably in situ) and take into account the situations the dog will be confronted with: strangers, other animals, medical devices, loud and new stimuli, aggressive voices and threatening gestures, a busy environment as well as being cuddled and petted in an exaggerated or incorrect manner (Deltasociety, 2012; Lefebvre et al., 2008).





The preference must certainly be given to the dog's temperament and natural reactions. Obeying basic cues is secondary.

A dog that exhibits signs of stress such as panting or frequent lip licking is best not approved for AAI by the evaluator (Ng et al., 2014; Fine et al., 2015).

During the evaluation, the dogs should wear a soft collar or harness with a lead of approximately 1.5 metres. Avoid the use of head collars (e.g. gentle leader) and absolutely never use choke chains, e-collars or metal collars (with or without prongs that pinch the dog's neck).

Preferably, the dog's behaviour should be assessed every six months or sooner if problems arise (Lefebvre et al., 2008).

Handler:

The handler monitors the dog's behaviour on a daily basis.

The dog's reaction must be predictable, friendly, reliable and without any signs of aggression whatsoever.

Ideally, the handler records the impact the AAI sessions have on the dog (Fine et al., 2013).