



the Way Home

an outreach e-communication from Papillon Haven Rescue
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Living A
Ruff Life

Above: Nora Lenahan of Pennsylvania is one of about 40 dog-lovers who has come to Pulaski County this weekend as part of the Papillon Haven Rescue organization's twice yearly conventions. With Lenahan is her Papillon, Noel.

Right: Members of the Papillon Haven Rescue organization from all across the country gathered at Lost Lodge Resort this weekend. The organization rescues Papillon dogs, a unique breed, and helps find them homes and get them well if they are sick. So far the non-profit organization has made almost 500 rescues in the four years since it was formed. For more information about the organization, visit www.paphaven.org.

Susan Wheelon Photos



PapHaven Rescue (PHR) Mingle

You missed a great time!!

Attendees to PHR Mingle came from far and wide ... Maine to Texas (35 humans & 57 dogs) ... all converging on our little Kentucky "hide-a-way" for several days of the "most fun I've had in years!"

After many months of planning, prep, arranging, and in some instances re-arranging, members of Pap Haven Rescue met for what we hope will be an annual event.

Many, MANY thanks to the Mingle Committee, lead by Liddy-Ann Everett, for a job well done! If you have suggestions or ideas for the next event, contact Liddy-Ann at liddy-anneverett@earthlink.net. The committee for the next Mingle will be formed in Jan. 2008.

Unexpectedly, Friday afternoon's festivities began with a visit from the press. Susan Wheelon, a reporter from the *Somerset Commonwealth Journal Weekender*, visited camp to see what we were all about. As you can see (left), we made quite a "splash" on the cover of the Saturday morning issue.

After the reporter's departure, Sandy Morton and her husband, arrived to pick up Roxy, their newly-adopted Pap. Roxy had made the trip to Kentucky with me, Nora Lenahan, via Paula Dane (her foster Mom) and Annie Paynter, our thoroughly helpful,

(continued on pgs. 2 & 3)

Mingle

(continued from pg. 1)

last-minute transporter! Roxy and her Momma hit it off on the right foot, and soon they were leaving for Indiana and their furever-life!

The Friday evening “Meet-&-Greet” was a very warm and welcoming way to end the first day of our adventure. This included about half of our travelers. Many of us finally got to put names and faces together – something that you can’t easily do over the Internet. And with the lovely buttons Bonnie made, it was very easy to keep up with the mounting game of “who’s who.” And as for the Paps, it was very easy to tell one apart from the others by their distinctive markings. But sometimes it became a game of “Name-that-Pap” to keep all their names straight! Several of the Minglers sat and talked for HOURS, long after the sun set.

Saturday saw Minglers venturing into the countryside to see the sites, looking around for horseback riding and fishing holes, as the remainder of our travelers found their way to camp. Many members gathered at the local WalMart as part of a presentation ceremony. We donated a set of *canine resuscitation masks* (<http://www.petsamerica.org/programs.html>) to the Pulaski County Fire Department. This brought out quite a few people to see what all the commotion was about – to learn a little more about Papillions and rescue organizations.

The afternoon and evening of the 21st saw the start of our Pap-Nic. As we waited for the cooks to complete their wonderful aromatic dishes, we had more time to meet other members that had just arrived or who we may not have gotten a chance to get to know the day before. Joan Haddock, bless her heart, came to “have some fun” and spent the entire day “slaving over a hot grill!”

(continued on pg. 3)



(Above) Minglers chat after the media departed.



(Left) Sandee Jordan and the two “Stars,” (in her arms) Peanut (left) and Whitney (right).



(Right) Kristi Hanson and Andi Watson discuss Gillee, who Kristi wanted to adopt.



(Left) Sandy & Noel Lenahan



(Above) Sandi Morton and Roxy as they departed for Indiana.

(Right) Mary Fournier and Bella.



(Bottom right) Lily deGraff

(Bottom left) Presentation of the resuscitation masks

Pg 1 (top right):
Our very own “Great Pumpkin,” Breezey Fournier.



And Liddy-Ann is eternally grateful for all of her help!

While we waited for our “chefs” to finish, we broke out the many “freebies” we received from vendors across the nation – things from Hills/Science Diet Corp. to Conair. And we saved a few to raffle off at the Spring fundraiser – you can get a goodie bag and a copy of the newspaper!

Our Pap-Nic was definitely worth the “weight!” The “5-Star” smorgesbord included fresh Wisconsin salmon, Zwolle Tamales, beer-butt chicken, potato salad, baked beans, cole slaw, pasta salad, and lots of gooey desserts! As the sun set and the temperatures chilled, several Minglers grabbed a jacket and blanket, not wanting to let the evening end too soon.

Sunday, unfortunately, brought an end to our revelry as everyone began to depart for home. Gillie met up with her new Mom, Leslie, and soon they left us with assurances of new pictures of Gillie’s furever family!

Some of our weary travelers stayed for one last lunch gathering – to finish off the tasty leftovers from the evening before – and to celebrate Bonnie Bias’ birthday!



(Top) Our welcome banner.

2nd row... (left) Nancy Sundberg & Rocky. (right) Our “Male-stripper” Bootz (the nekkid one)



3rd row: (left) Terri Kent with Cricket & Skeeter. (Center) Bonnie Bias shows off two of her girls, newly-adopted Peanut & Brigette. (Right) Kay Nacker with Sadie & Ruby. (Far right) One of Joyce & Paul Young’s crowd, Saphire, tries to make an escape

Bottom Row: (Left) Kathy Olson and Jan Jorolan discuss festivities. (Center) Lynn Grenier & Ryan – who showed everyone how well he is WALKING! (Right) The Jenkins Family.



(Right: l to r)
 Bonnie Bias, Kristi Hanson (seated), Jeanne de Graff & her hubby, Bruce (see his hat), Janice Geroni, Nancy Sundberg, Judy Geroni, Mary Fournier, Kathy Olson, Leslie Segir (looking at Kooper; her dog), Bob Olson, Nora Lenahan (half a face



behind Bob), Janie (Bob Foulks' friend) Terri Jenkins, Kay Nackers, Sandee Jordan, Rita Charvat, and Joyce Young. Front row (l to r) – Terri Kent, Jan Jorolan, and Andi Watson. **(Right)** a PHR meeting before Pap-nic. **(Far**

right) Joyce Young presented our "head-chef" Liddy-Ann with a new cookbook. **(Left & below)** the scenery in our resort. **(Bottom left corner)** Jenna Jordan and I became good friends!



Inside the Bakery Window ...



Power Pooch Smoothies

(for both dog & owner!)

Whip up a fresh fruit smoothie for your pooch ... or share the bounty!

Yogurt is good for a dog's digestion – and yours too! For your smoothie, double the honey or replace the water with orange juice and top with some shredded coconut and a cocktail umbrella. Lie down on a pool chair under the sun and enjoy!

Ingredients

Makes 4 servings

- 1 very ripe banana
- 1 mango, sliced
- 1 tablespoon honey
- 1 cup ice water
- 1 8oz container plain yogurt
- 1 cup blackberries or raspberries or 5 large, hulled strawberries
- Process all ingredients in a blender at high speed until smooth. Pour pooch smoothies into small bowls and freeze. Remove from the freezer, set on the floor, and let your pooch lick the treat.



More photos of Mingle will appear in the Dec. issue

Turkey bones spell trouble!

by Dr. Bobbie Mammato
Reprinted with permission of the San Francisco
Bay West Highland White Terrier Club

It's the day after Thanksgiving or Christmas and the phone at the clinic rings all day with calls from concerned pet owners: "My dog has diarrhea," "My dog has diarrhea with blood," "My dog is vomiting," or "My dog isn't eating." These all-too common scenarios share one cause. A few days earlier, someone threw turkey bones away in a garbage can that wasn't tightly shut, or a well-intentioned dog-lover decided to feed the bones to the dog.

Bones - scrape, puncture, or block

Turkey bones - whether they have meat on them or not - **are dangerous, and should never be given to dogs.** Any sharp point on a bone can scrape and cut your dog's gastrointestinal tract from the esophagus down to the rectum, causing damage on its way in or out. A sharp bone can even cause a perforation in your dog's tract. Bones may also get stuck in part of the tract and cause a blockage that does not allow food to pass.

If a blockage has occurred, your pet will vomit most of what he eats or drinks (if he is eating and drinking at all); he will act depressed and lose weight if enough time is allowed to pass. A blockage that is left untreated can lead to perforation or tissue death of part of the gastrointestinal tract. Shock and, eventually, death may result if a blockage is left untreated.

Even if a bone doesn't result in a blockage, it can still cause perforation of part of the gastrointestinal tract or an internal abrasion. If your pet has an abrasion, he may vomit (possibly with blood) and may have diarrhea (also possibly mixed with blood) and a decreased appetite.

If a perforation has occurred, your pet will be extremely ill - lethargic, reluctant to get up, unable to get comfortable, and

surly about being touched in the belly. Also, he will probably not eat and may have a fever. This condition can lead to shock and even death if untreated.

If you know your pet has gotten into bones, call your vet as soon as possible. If your pet is not vomiting, the vet may have you feed a high-fiber diet and watch your pet for 24 hours to see if other symptoms occur. Or he may have you come into the clinic so he can X-ray your pet's belly to see exactly where the bones are. The vet is likely repeat the X-ray at some time later to make sure the bones are moving.

Surgical removal

If your pet has a blockage, he will need surgery. Bones that are caught in the esophagus may be removed with an endoscope (a flexible, fiber-optic scope that allows for surgery without an incision) under general anesthesia. If the esophagus is damaged, your vet may have to surgically repair it. Bones in the stomach can sometimes be removed by endoscopy; more commonly they are removed through traditional surgery by making an incision in the stomach. Bones in the small intestine are always removed surgically.

If bones haven't gotten stuck by the time they reach the large intestine, they probably won't. But this doesn't mean that they won't cause a perforation. Bones that have made the trip all the way down the gastrointestinal tract sometimes get stuck at the rectum. These usually have to be removed with your dog under anesthesia, and the tissue has to be checked for injury and tears.

Dogs who need treatment for bone ingestion are often dehydrated, generally quite ill, by the time they get to surgery. They need IV fluid therapy during surgery and good monitoring afterward.

Summary

As you can see, **turkey bones and pets definitely don't mix.** So have a good Thanksgiving and Christmas and keep

your pets safe either by taking your meat bones directly to the outside garbage, or by making sure your kitchen garbage container has a tight lid. It also helps to let holiday guests know you don't feed your dog anything from the table - least of all bones.

Note to adopters:

Lassie, Cleo, Rin Tin Tin, Toto don't show up in rescue. We don't get the elegantly coiffed, classically beautiful, completely trained, perfectly behaved dog. We get the leftovers. Dogs that other people have inadequately socialized, incompetently bred, badly treated, and ineffectively "trained." Most rescue dogs have had enough. They have been pushed from one lousy situation to another. They've never had kind and consistent training, proper veterinary care, or sufficient company. They've lived outside, in a crate, or in the basement. They're scared, depressed, and anxious. Some are angry ... some are sick ... some have given up. But we are Rescue and we don't give up. We never give up on a dog. We know that a dog is a living being, with a spirit and a heart and feelings. Our dogs are not things, commodities, or garbage. They are part of sacred creation and deserve as much respect, love, and care as the next *Westminster* champion.

So please, please don't come to rescue in the hopes of getting a "bargain," or indeed of "getting" anything. Come to Rescue to give, to love, to save a life - and to mend your own spirit. For Rescue will reward you in ways you never thought possible. I can promise you this - a rescue dog will make you a better person.

- Anonymous

Save a Dog! www.igive.com

We have earned \$471.68 since Nov. 2003!
(iGive has over 560 stores to shop from. Enter the site as a Pap Haven supporter and PHR gets a percentage in return)

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Holiday
Fundraiser

www.paphavenaid.com

Event ends
Nov. 4th



Contact
Pap Haven
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Health considerations

Be an "Educated-Owner"

Cognitive Dysfunction Syndrome

Dogs in their twilight years present a true diagnostic challenge.

Not only are senior dogs more likely to develop health problems, but they are inclined to develop multiple health problems and greater variability in their responses to stress, drugs, and environmental factors. A very fine line exists between "normal" and "abnormal" for some senior dogs.



The definition of CDS (Cognitive Dysfunction Syndrome) is "geriatric onset behavioral changes (usually gradual) which aren't entirely attributable to (other) general medical conditions." Historically, geriatric behavior problems have fallen into diagnostic categories similar to those in younger dogs. Based on two studies, those include: separation anxiety; phobia; breakdown of housetraining; aggression toward people or dogs; excessive vocalization; aggression toward dogs; and night time waking where often no motivation is noted.

Very seldom will a dog have an observable CDS problem during a visit to the vet. Veterinarians must know all of the details about:

- what the problem is;
- when it started;
- its trend; and,
- any secondary problems.

To get these details goes beyond simply asking how your dog is doing. As the owners, you need to tell your vet about behavioral problems that have arisen &/or need changing. Without you, the signs of CDS may be passed over because you mistakenly assume behavioral changes associated with CDS are "normal aging," not signs of a disease. You need to carefully record what clinical signs are present. One way to do this is by questionnaire. A

questionnaire called *the Senior Dog Behavior History Form* is available at http://www.cdsindogs.com/content_o.asp.

Print the form, keep careful records, and give it to your vet when you visit next. An addition you may want to rate each occurrence of abnormal behavior as 1 thru 10, with 1 being the very mild and 10 being very severe. Write this on the form and explain it to your vet.

The Senior Dog Behavior History Form (below) categorizes clinical signs into:

- **Disorientation** (wandering aimlessly, confusion; going to wrong side of doors, appearing to forget previously learned tasks getting "stuck" in corners and behind furniture). This includes getting lost in places where your pet should be familiar, not being able to find entry/exit doors, wandering aimlessly, and staring into space.
- **Activity/sleep behavior** (Dogs often sleep more during the day, and much

more deeply; they often are awake at times they "should" be sleeping, e.g. during the night. They may act restless and pace / wander inappropriately – hence we say they have an increase in purposeless activity, and a decrease in purposeful activity). It's not necessarily that these dogs are less active – remember the character of the activity itself may be changed, *i.e. increased pacing or wandering purposeless activity and sleep is increased*, often very deep, and often at times the dog was previously awake. You may think your dog is more active than in the past (*example: my dog is now sleeping 21 hours a day, and pacing the other 3*).

- **Interaction with family members** (no longer initiating play or petting; walking away from being petted; greeting owners less (or not at all) at the door). Dog social behavior changes. They tend to walk away while being petted, and generally initiate petting and play less (or none at all). Greeting behavior is decreased or gone. If you think about it these are qualities that people value in their dogs as members of the family.

(continued on pg. 5)

| CDS (Cognitive Dysfunction Syndrome) Diagnostic Aid SENIOR DOG BEHAVIOR HISTORY FORM | | This checklist is intended to help facilitate the diagnosis of CDS and document a patient's behavior changes. If a dog (7+ years of age) shows signs in one or more categories, CDS should be considered and a complete physical and brief neurological examination completed.* | | | | | |
|---|-----------------------|---|---------|---------|---------|---------|---------|
| Client Name: _____ Patient Breed/Sex: _____ | | | | | | | |
| Patient Name: _____ Patient Birth Date: _____ | | | | | | | |
| | DATE (month/day/year) | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Visit 5 | Visit 6 |
| Disorientation♦ | | | | | | | |
| Wanders aimlessly | | | | | | | |
| Appears lost or confused in house or yard | | | | | | | |
| Gets "stuck" in corners, or under/behind furniture | | | | | | | |
| Stares into space or at walls | | | | | | | |
| Has difficulty finding door; stands at hinge side of door; stands at wrong door to go outside | | | | | | | |
| Does not recognize familiar people | | | | | | | |
| Does not respond to verbal cues or name | | | | | | | |
| Appears to forget reason for going outdoors | | | | | | | |
| Interaction with Family Members | | | | | | | |
| Solicits attention less often | | | | | | | |
| Is less likely to stand/lie for petting (walks away) | | | | | | | |
| Is less enthusiastic upon greeting | | | | | | | |
| No longer greets owners (once dog is aware owners have arrived) | | | | | | | |
| Sleep and Activity | | | | | | | |
| Sleeps more (overall) in a 24-hour day | | | | | | | |
| Sleeps less during the night | | | | | | | |
| Shows decrease in purposeful activity in a 24-hour day | | | | | | | |
| Shows increase in aimless activity (wanders, paces) in a 24-hour day | | | | | | | |
| Housetraining ♦ | | | | | | | |
| Urinate indoors (indicate # incidents per week) | | | | | | | |
| Defecates indoors (indicate # incidents per week) | | | | | | | |
| Urinate or defecates indoors in view of owners | | | | | | | |
| Urinate or defecates indoors soon after being outside | | | | | | | |
| Signals less often to go outside♥ | | | | | | | |

- **Housetraining** (inappropriate elimination by a dog previously well house-trained, or increased accidents in dogs that had occasional ones. *Example:* These dogs are often disoriented and will signal to go outdoors, stand in the yard for a while, and re-enter the house to urinate, often right in front of the owners). these dogs may soil the home but may also signal, go out and not eliminate, fail to signal or go out, not eliminate and then come in and eliminate indoors.

Other possibilities

They can be divided into behavioral and medical. Another way of thinking is to consider primary behavior problems, and those secondary to medical problems which may mimic signs of CDS.

Your vet needs to rule out medical conditions. The physical and neurological examination would be key here as with any diagnostic dilemma, since your vet would see changes in the neuro exam similar to most neurological diseases. CDS is a “diagnosis of exclusion” – it cannot be confirmed in our patients until after death, so it is important to determine other possible causes.



In fact between the neuro exam, the physical exam, the acute onset, and laboratory tests (Blood Chemistry, Complete Blood Count (CBC), and Urinalysis, as a minimum), it should be possible to rule out cognitive dysfunction in many cases. With a slower onset, a progressive condition and no laboratory tests or physical findings on exam would indicate a medical problem that might contribute to the clinical signs (behavioral), then your vet could consider CDS a diagnosis.

Stepping back to the five “signs,” is one sign enough to make diagnosis or do we need 3 of 5, or 5 of 5?

Behavioral considerations include:

Primary behavior problems in dogs – those not secondary to a medical condition – may be either new or chronic. If an old dog exhibits behavior changes in one category (for example inappropriate elimination) but lacks any other signs of

CDS, it is important to consider non-CDS related problems in your vet’s behavioral differential. Some important primary behavior differentials include:

- Obsessive/compulsive disorders;
- Separation anxiety;
- Separation anxiety with destruction of property;
- Fear biting;
- Environmental phobia (e.g. thunder);
- Inadequate housetraining (or breakdown of housetraining);
- Urine marking; and,
- Aggression of assorted varieties (fear, dominance, territorial). Determine whether these dogs are chronically predisposed to aggressiveness. Aggression is not particularly pathognomonic for CDS however.

A point about separation anxiety since it may come up quite frequently as a possible diagnosis. In old dogs as in young, separation anxiety (without CDS) is classically a problem that occurs in the absence of owners and shortly after they depart (not 6 hours later) in direct response to departure, and at exit points (doors) Most important, signs of disorientation are absent. As you look at at the clinical categories of CDS you may notice that all 4 categories involve disorientation to some degree (even inappropriate elimination in which dogs eliminate at their owners’ feet).

Your vet will consider drug side effects when looking at symptoms and responses to therapy when diagnosing CDS.

He/she me first try therapy and wait for response if you diagnose or suspect a medical problem. Sometimes he/she may even do drug trials before making the CDS diagnosis. If a pet is on drugs, he/she will also consider the side effect of those drugs. And even if a diagnosis of CDS is made, he/she will have to remember that these are older dogs and that other medical problems may soon develop.

In fact, other medical problems are LIKELY to develop, in approximately 50 percent of older dogs. Moreover, another medical disorder (other than CDS) is likely to occur within the same year.

Is it known if primary CDS dogs have a shorter life span than other geriatric dogs,

in other words can it be considered a cause of death?

Indirectly the answer appears to be yes – because untreated or unresponsive CDS appears to accelerate the decision to euthanize.

Treatment Information:

Although there is no cure, your vet can help prolong the quality of your dog’s life, and preserve hihe/her role in the family, by decreasing the behavioral problems resulting from the syndrome.

There are some simple steps to ease your dog’s clinical signs. Environmental changes (in the home or yard) can help. Examples include placing baby gates in the house to prevent injury (stairs); also using leads and fences outdoors. In the home removing clutter can ease the dog’s mobility. Dogs can be restricted to areas easily cleaned if they are inappropriately eliminating It is important not to socially isolate the dog.

We can use house soiling as an example. Even if we were to treat control or perhaps resolve an underlying medical condition such as diabetes, UTI, or CDS, the problem may persist. For these dogs we may have to alter the environment, such as taking the pet out more frequently or confinement training but behavior modification in the form of reinforcing the appropriate behavior (with food and praise) and supervision and interruption of any indoor elimination.

Although supervision and interruption with perhaps a leash and halter is important if the dog begins to eliminate indoors, punishment has no place. It causes fear, anxiety, and in these older dogs perhaps even injury.

Our furbabies depend on us to be “Well-Educated-Owners,” since they are unable to tell you what’s wrong when they feel ill.

I realize these articles are lengthy sometimes, but they are printed for your benefit. I have researched illness that can befall our “kids” and want everyone to have the details to be able to make sound, informed decisions when it comes to your butterflies.

Nora

Pap-of-the-Month: Roxy



Roxanne (Roxy) was abandoned at the Horry Co. Humane Society, Conway, SC (a high kill shelter). This Pap is very sweet but extremely nervous; but the shelter worker said that they were hoping to find this pretty girl a “fresh start.” She is very frightened of sudden movements, but once she feels comfortable with you, she is

just the sweetest girl. “Please let me know if you would be able to get her out of the shelter and I will make sure she is kept safe until you can make arrangements to get her. Thank you for your help,” wrote the shelter employee. “She is underweight, but otherwise healthy. I am going to steam some chicken for her tonight and see if she will eat tomorrow.”

The rescue

When we arrived to get Roxy, she was very skittish and scared. But happily rode the trip home on her foster dad’s lap. She even gave kisses and hugs. Yes, she hugs, it’s absolutely adorable!

Didn’t do introductions when she arrived at home because it was so late, just went to bed. She slept on the pillow or under the blankets at her new foster mom’s feet all night. Back and forth. She had an accident in the night, but it was kind of expected. She hasn’t had any other problems today.

She loves to be outside (on the leash), and is very explorative. She does bark at the kids, but when told her “NO” she looks at her foster mom, pouts a bit, but listens.

She doesn’t seem to know commands like sit, stay, etc. ... but she is very smart and will pick them up. Believed to be between 3 - 4 years old, she is absolutely gorgeous, but very, very, VERY thin. She is going to have to put on weight. The shelter said wouldn’t eat dry food, but she has been, so that’s always good.

The vet visit

Got back from the vet a little bit ago, and she is as healthy as can be, well at least with weight gain she will be. No parasites, wormies, nothing! Her skin and coat are great, her teeth are tarter free (the vet did a check up on her teeth for me), and told me that dental appointment is not needed for her because her teeth are in such good shape.

She did very well, she was scared and shaking, but she did not yip, bark, or bite. The vet seems to think she could be a Pap/Chihuahua mix. It can be seen in her face. Either way she’s a very good girl; house-trained as long as she’s not let go too long between outside visits.

She isn’t crazy about kids, but when they get on her nerves she finds another place to go or hides behind her foster Mom. She’s gets along great w/ the other animals, especially the cats surprisingly. They seem to think she’s one of them. She weighs 6.6 lbs. I think she was right at 6 lbs when rescued (but not sure).

Can you help this baby? PHR hears these stories everyday ... and they are heartbreaking! Help PHR help them ... click on the pawprint at right to make a donation thru PayPal! Thank you.



Book reviews -

“We’re All Ears!”

Help for your shy dog Turning your terrified dog into a terrific pet

by Deborah Wood

This breezy little paperback is a gem. Deborah Wood has managed to present a readable, optimistic, and practical guide for coping with a shy dog. Between Wood’s refreshingly conversational writing-style and Amy Aitken’s endearing illustrations, this is a book that any owner of a shy dog would find palatable and motivating.

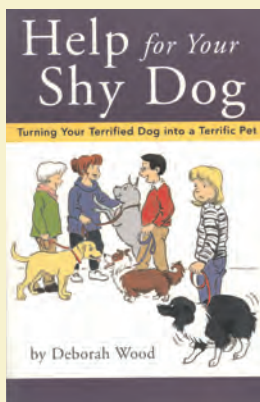
Wood uses nine shy dogs, including one of her own, to highlight the concepts she presents. Techniques work nicely to help personalize the subject matter. The reader finds oneself feeling sympathy for the dogs, as well as empathy for their owners – appreciating the long-term challenge of shy-dog ownership and celebrating hard-earned achievements.

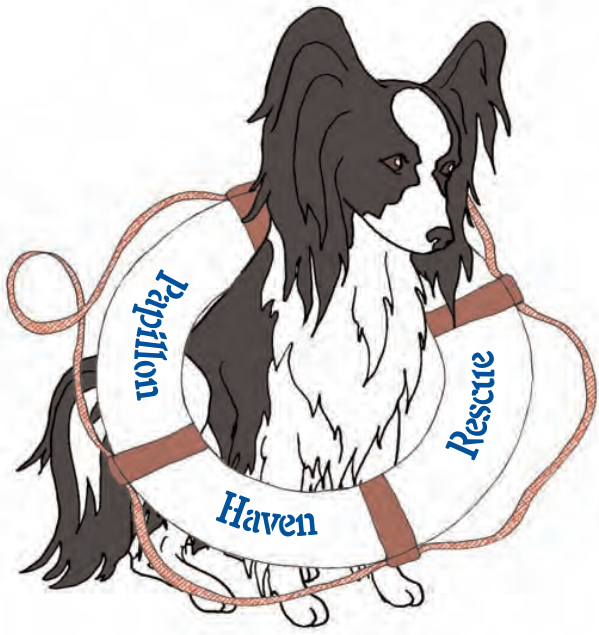
The author gives useful, practical advice that embellishes upon only a few central themes. The primary concept around which the book is structured is

that the key to helping a shy dog through life is extensive and continual training and calm leadership, “... A dog’s basic personality doesn’t change. However, a fearful dog can learn to compensate for his/her shyness. The more training received and more situations experienced, the better he/she compensates. Your goal with your dog will be to help with the compensation process.”

To her credit, Woods is not dripping in saccharine or Pollyanna wishfulness. She warns against coddling or “enabling” shy dogs, and she is adamant that fear-biting dogs are simply unsafe to maintain in a home with children. She points out that shy dogs may learn slowly and take little pleasure in being touched. I like her use of the very appropriate term “risk-averse” as a synonym for fearfulness or shyness. The author does admit that she would never recommend that anyone intentionally acquire a shy dog and that getting the fear under control may be a lifelong or long-term challenge. She matter-of-factly discusses safety issues like muzzles and management.

The book doesn’t pretend to be the final authoritative word on assessing and dealing with dog fearfulness. It is what it is – a very inviting book offering the shy-dog owner basic direction, hope, and encouragement. The author is a former social worker, and it shows in her optimism and empathy. This book sets out to offer *Help for Your Shy Dog*, and it succeeds admirably.





Local Foster Families Needed

Established in 2003, PHR has placed many Papillons into their forever homes. Many have been owner surrenders, shelter surrender as well as stray rescues. Our members pride themselves in finding the best possible homes for our Papillons.

But it's impossible to do without foster homes!

All of our rescued Paps go through a screening process, are altered, and fully vetted prior to placement. We are a national group of volunteers spanning the US who do this just because we love the breed and are trying to protect and preserve it! During their time with us in foster care, we work on crate training, socialization, basic obedience, and housetraining, so that the transition period is smoother once placed into their forever homes.

If you are interested in:

Adopting / Fostering / Volunteering

Please contact PHR at:

Office: 817-563-0650 or (501) 865-4442

Local: (____) _____

Email: jorolan@catc.net

Website: www.paphaven.org

