

EUTHANASIA

the guide for loving
pet-owners

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We who invite animals into our lives welcome the warmest happiness and the deepest sorrow. Our relationship with these animal companions has evolved over thousands of years of increasing entanglement until they rely upon us, and we upon them. In some ways, they are as people; in other ways they recall us to a simpler state of being.

Pets anchor us to the uncomplicated goods in life: straightforward devotion, the pleasure of placid rest in a sunny spot contrasted with rambunctious play, the tranquility too often absent from our lives. We must lose these dear pets to death, but they have true immortality in the way which they have touched us to a depth beyond our humanity, and changed us for the better.

Introduction

The only thing that can be guaranteed about life is that it will end in death. The more I see of life and death in my work as a veterinarian, the more I realize that it is terribly important to pet owners that their pets' lives end in comfort and with the best possible timing. This ability to do something when all else in medicine and surgery has failed sets us apart from our colleagues in human medicine.

Even in my early twenties, when career choices loomed on the horizon and many of my friends became physicians, I knew in my heart that I could not stand by and watch my patients suffer uncontrollably. I knew I had to be a vet.

I have been a veterinarian for over thirteen years now, and much of my practice experience is in emergency medicine. This puts me in a position (unfortunate, some would contend) of having had plenty of experience with death and euthanasia.

Some of my experiences with euthanasia have involved my after-hours emergency work. Clients who didn't know me and were functioning under tremendous time pressure made difficult decisions about patients I had never seen before. I have also performed innumerable euthanasias for dear, long-term clients who were able to gradually come to a decision about patients whom I had doctored since puppyhood or kittenhood.

At my first job, our client base had more limited financial resources and more animals ran loose, exposed to trauma and infectious disease. On average, I'll bet that I had one euthanasia or death every shift I worked. You either learn to deal with this effectively, wall it off, or change professions. I like to think I've done the former.

Now it is time for me to widen the circle of people whom I can help beyond that of my personal clients. Many veterinarians are desperately overworked (50-60 hours is our profession's typical work week), leaving us unable to find time to process the emotional aspects of our jobs, and sometimes unable to assist our clients in an ideal way.

In this book, you will find an utterly honest discussion of what therapists call “end of life issues.” This turns out, either beforehand or afterwards, to be extremely important to most pet owners. It has been my experience that those who are willing to face these issues in advance end up with a better experience, less regret and more positive feelings about the pet’s life. Many of my clients seem hesitant to think about their pet’s death in advance, as if doing so would somehow hasten the inevitable, or prove to the world that they are morbid or negative people.

I saw a client just this week whose dog has been treated for cancer with radiation therapy. The oncologists had given her very realistic expectations regarding her dog’s prognosis, but she was reluctant to discuss euthanasia options. She said to me “I know I’m not being rational, but she’s just such a wonderful dog...the best I’ve ever had...she should live forever.”

Most of us feel this way about our pets. Why would we have them otherwise? The important thing to realize is that this love we share with our pets is exactly why we should think about how their lives will end.

I’ve had some rather frank discussions over the years with my clients about how we humans would like to die. Most people put emphasis on not being in pain, not being frightened, and on being in a familiar or comfortable environment with people who love us. We have an opportunity to create exactly this for our pets, so why wouldn’t we?

Don’t be afraid to address these issues now. You don’t have to create a detailed plan. As a matter of fact, I suggest that you not specify every little detail in order to avoid disappointment. There may be circumstances you cannot now foresee, which would make certain elements undoable. Just know your options, and have a general idea of what will be meaningful and appropriate in the context of your relationship with your pet. You will appreciate yourself for it later, and so will your pet.



EUTHANASIA

Making the decision

Probably the first thing to realize is that you are likely to have to make a decision regarding euthanasia and its timing. We all have this fantasy that, before they are suffering, our animals will go to sleep on their favorite bed (perhaps ours?) and simply not wake up in the morning.

Modern medicine has rendered this somewhat unlikely, because we are able to spare our pets an earlier death by managing chronic diseases, and avoiding much of the contagious disease and trauma that claimed pets at younger ages in the past.

This is, as many things in life, both for good and for evil. It allows us to do more prior planning, but it also allows more room for indecision, conflict and guilt. I tell my clients that your pet knows that you love him, and he trusts you to do your best under the circumstances.

Now you must similarly trust yourself. You cannot hold yourself to standards of perfection regarding choices made during such an inherently stressful time. Do the very best you can at the time, and congratulate yourself for honoring the loving bond between you and your pet.

The most common question I am asked regarding euthanasia is “Doctor, how will I know when the time is right?” Most veterinarians dread this question, because the decision is so personal. We know that we cannot make the decision for clients, yet we feel foolish telling them “Oh, you’ll be able to tell” or “He’ll let you know.” What clichés. For years I struggled with how to help owners with this question. I have finally settled upon the following: “When you think that, most days, she gets up thinking, ‘Oh no; I’m still here. Do I have to drag through another awful day?’, that’s it.”

Look at the things that give your pet joy—eating, being petted, playing ball, going for a walk, watching the birds at the feeder. When he either doesn’t care or is no longer able to engage in these activities, ask yourself about his quality of life.

I don't mean when he can't go with you on your marathon training run, but when it hurts so badly to get up that he's soiling himself. I'm thinking of the cat who always adored sitting in your lap being petted who has become a recluse under the bed.

You know what constitutes a meaningful day for your pet. When he rarely has these days anymore, it is probably time to consider euthanasia.

It is always important to understand the expected progression of your pet's medical condition. Many problems are very difficult, painful or stressful early on in their treatment. Some tests, most surgeries, the first several days or so after trauma, chemotherapy treatments or the initial regulation of hormone disorders like diabetes can make for some rather rough times.

If these times are expected to be temporary, that is different from chronic pain or disability. It is very important to discuss the anticipated course of your pet's disease with your veterinarian. Also remember that we are having to rely on what is typical in order to answer your questions here. Remember that we all have had patients who have beaten the odds.

I remember one cat for whom euthanasia had been suggested by her original veterinarian. I was consulted for a second opinion, and gave only a slightly less dire prognosis. I felt that we might be able to buy the cat weeks to months by administering several days of intensive IV therapy in the hospital followed by additional fluid treatment at home. The owners were not comfortable with this, and chose to skip the hospitalization, and to treat the cat at home with fluid injections under the skin. If she really were going to die soon, they wanted her to do it at home, not in the hospital.

The cat lived for over a year and a half, and I still believe I can hear her snickering at the pessimism of me and my colleague from beyond the grave. That cat was an exception, however, and you need to know the typical course for your pet's disease.

While it is important to discuss life expectancy, it is also important to understand what will happen as the disease worsens. Will the nosebleeds return? Will she have increasing difficulty breathing? Will his appetite decrease? Will the changes be gradual or sudden? Do these cases ever die quietly and comfortably at home? What would happen if that were to occur? Would the death be peaceful, or stressful, or painful?

I've included a list of questions for you to take to your veterinarian's office to assist you in getting this important information. Don't be afraid to use it; most of us appreciate an involved and organized client. Perhaps your veterinarian will want you to leave it so he can fill it in thoroughly when he gets a chance, or he might have his nurse go through some aspects of it with you. Nonetheless, get yourself honest, accurate answers.

Another reliable source for veterinary medical information is the public website www.veterinarypartner.com. Many of us veterinarians utilize the professional site VIN (Veterinary Information Network) to search for journal articles and post difficult cases for specialists' review. The associated site is written for the layperson, giving an accurate description of many common diseases and problems. Of course, information from your veterinarian specific to your pet's unique situation is ideal.

Questions to ask the vet at the time of diagnosis

What is my pet's disease called?

What does that mean, in plain English?

What signs and problems does the disease cause?

Can this disease be fatal? How?

What is the expected course of the disease?

How do you propose we treat the disease?

Are there any other treatment options?

How long do patients with this disease usually live without treatment?

What about with the treatment you propose?

What about with the other treatment options?

What are the complications or disadvantages of these treatments?

How expensive are the different options?

What would be a typical end for this kind of case (e.g. peaceful death at home, euthanasia due to recurrence of disease or increased suffering...)

Could there be complications or death that would be difficult to witness?

What will happen during euthanasia?

You should be familiar with what will happen during the euthanasia itself, especially if you choose to be present. Readers who do not want to know what occurs can skip this section, but I wholeheartedly encourage you to read it. There is nothing scary about euthanasia.

In nearly all cases, the doctor will give your pet an injection (usually IV) of an overdose of anesthetic agent.

Because the dose of anesthetic required to cause anesthesia is less than that required to cause death, your pet will be entirely unconscious and pain-free when his heart and breathing stop. What he senses is no different from what he would feel if being anesthetized for a biopsy or other surgery.

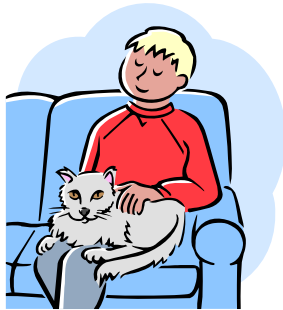
Most animals will relax or slump down as the injection is being made, especially if the drug is a barbiturate (most are), which is quite rapid acting. They usually will not close their eyes, as they go from fully awake to anesthetized so quickly. Some pets will look around as they lose consciousness, and some even vocalize or move around a little.

I assume that this is because they are feeling the same light-headedness that we feel when being anesthetized. I can remember being anesthetized as a child; I first felt warmth, then a sensation of floating before I lost consciousness. None of the sensations was unpleasant, and I believe that the same is true for my patients.

Once the pet is unconscious, he can feel no pain and has no awareness of his surroundings. He may urinate or defecate as he loses conscious control of these functions. He may also take some irregular breaths, which are prompted by the lower part of the brain (brainstem) and do not arise from a conscious desire to breathe. The high dose of anesthetic depresses the brainstem, which controls heart rate and respiratory rate. Ultimately, your pet's breathing and heartbeat will stop.

The doctor will then listen to your pet's chest with a stethoscope and let you know when death has occurred.

Even after death has been declared, you might see some muscle twitches. These are akin to the uncontrolled twitching of an eyelid. They are due to local electrolyte imbalances, not to any conscious effort. The pet's body will remain warm and relaxed for some time after death, as rigor mortis generally takes one to eight hours to set in.



OPTIONS FOR EUTHANASIA

How the injection is given

That is the scientific, medical aspect of euthanasia. Now comes the other part of veterinary medicine--art--that means the most to me. This is where I can personalize the euthanasia to best suit the owner, the pet, and myself. I will tell you what I do in the course of the euthanasia itself, and also what I know other practitioners do.

I always talk to the owners just before the euthanasia—what they should expect, how the drugs work, how they will know the pet is dead, etc. I give them an opportunity to ask any new questions which might have occurred to them.

Some veterinarians use tranquilizers or sedatives prior to the IV injection. Depending on the drug used, these injections may be given anywhere from a few minutes to half an hour before the anesthetic. This can make the final injection go more smoothly. Personally, I prefer that the pet be fully aware and able to interact in his normal way with the owner just prior to the injection. I don't want the animal feeling fuzzy in the head for a prolonged time prior to the final injection, but this is simply a preference.

Some aggressive or fractious animals will need sedation (which can be given under the skin, or occasionally even orally) so that we can make an IV injection. In other cases, the owners will request it. Just remember that your pet doesn't have the cognitive ability to anticipate that this is the last shot he will receive, so there is no need to sedate him to prevent him from fearing that final injection.

I always place an IV catheter to make my injection. I do this for three reasons. Number one, we vets are human, and none of us has hit every vein he's ever tried for on the first stick for his entire career. Most pets brought to us for euthanasia are older and ill, and have veins that may be difficult to catheterize (either due to poor blood pressure or repeated blood draws or chemo).

I do not want to have trouble securing the vein as I make the injection. Also, if the animal moves that leg while losing consciousness, it could cause the needle to come out of the vein.

Of all the injections I give in a day, this is the one that absolutely must go as well as possible, so I use an IV. I know practitioners who don't, but I can't face having a euthanasia go less smoothly because I didn't place an IV.

The second reason I place IV catheters is that it allows the owners to be closer to the pet. I don't need a nurse restraining the leg; as a matter of fact, I can use an extension of IV tubing, and be several feet away from the pet, allowing every family member to be close and touch even the tiniest of patients.

Finally, I want there to be no pain or pricking sensation associated with the final injection; with an IV, I put the needle through a rubber cap on the IV, not into the patient directly.

I recently performed an euthanasia on a medium-sized dog with six adults present. Only because of the IV extension tubing was I able to back into the periphery of the situation and allow everyone else to feel close to the dog and involved.

Some veterinarians will use an injection of sedative or anesthetic under the skin or into the muscle. In some cases, these can be given in doses that are fatal. Other times, an additional IV injection or an injection directly into a body cavity (remember, these patients are anesthetized) must be given to stop the heart.

I have used this method for wildlife and for very small patients (such as rodents) or those with absolutely impossible veins. It is still quite painless, although not as fast as an IV injection that gets directly into the bloodstream.

In some cases, anesthetic gas may be used for euthanasia. The animal (often a very fractious one or a small pet like a mouse) can be euthanized without the stress of handling the animal at all by placing his cage into an airtight induction chamber. A mixture of oxygen and anesthetic gas is then allowed to flow into the chamber, gradually inducing anesthesia and then death. I have used this method for hopelessly injured wildlife and small, nervous rodents.

What to do before the actual euthanasia

Many of my pet owners come to a euthanasia ready to proceed, largely because they were able to spend some special time with the pet just beforehand. If conditions permit, I encourage you to set aside time with your pet before the euthanasia in order to feel that you were not rushed, and to create positive, meaningful memories of your last time together.

Clients whose pets are at home have the luxury of spending this time in familiar surroundings. When the pet's condition permits it, my clients have taken the dog on a favorite walk. One client with a paralyzed chow took him on his favorite route in a little red wagon.

Lots of clients admit to taking their dog out for fast food, or to see his favorite drive-through bank teller (loved, no doubt, for her supply of biscuits). One client whose cat loved to bat at flowers brought home a bouquet for his orange tabby to joyfully mutilate.

Patients who are hospitalized with terminal illness, but who are stable, can be sent home for a day or an evening, as long as their pain, if they have it, can be controlled.

I have been surprised at the lengths to which my patients' owners will go in order to have this time with the pet at home. I've had owners manage IV catheters and even obtain oxygen from a home medical service in order to have their pets spend a little time at home with the family.

Don't assume that this has to be done at home, however. Sometimes the patient's condition simply will not allow transport, the amount of medical support required is just too complex, the owner has no interest in having the pet at home in his current condition, or the owner is afraid of the possibility of the pet dying at home (or even on the way back and forth in the car). Most veterinarians would be willing to allow you to visit (cage-side or in a separate room) in order to have this special time.

If you visit at the hospital, remember that the hospital will probably still be open and busy despite the fact that your world has come to a screeching halt. It might not be as quiet nor private as you would hope, but the presence and silent support of the other animal lovers (veterinary staff and other clients alike) may be of some comfort.

Veterinarians are realizing the importance of having a quiet space set aside for just such stressful times. Many clinics have a room where clients can visit ill pets, be with a pet during euthanasia, or talk with the vet and family members about difficult decisions.

During this time, consider telling your pet how much his life has meant to you, why you feel that euthanasia is the best choice, and what he can expect to happen. Many of my clients feel better about their decision when they feel that they have shared it with the pet in this way.

I have also heard clients giving their pets instructions about what to do in the afterlife (greeting deceased human or animal family is common, along with pursuing the animal's favorite activity). Owners will often spend some time grooming, petting and feeding the animal. Nearly all do a good deal of crying. Do not be inhibited about crying, even if your visit is at the hospital. We love your pet too, and there's a good chance that members of the staff are choking back tears over him as well.

To be there or not to be there

Consider whether you want to be present during the injection or not. There is no right way to handle this issue; it is strictly personal preference. Do you feel that you want to hold your pet during his final moments? Or do you prefer for your last memories to be of him alive? Do you think that you will be a comfort and a strength to him, or do you think you will transfer apprehension to him? Some options to consider include:

Be there during the entire procedure. If you are going to be there, be sure to ask the doctor to explain what he'll be doing. For instance, he may inject saline flush (to be sure that the IV is running properly) into the IV catheter before injecting the overdose. You'll want to know the difference.

The most common comments I get from owners who are present at the time of euthanasia are "That was so peaceful." and "Gee, that was a lot quicker than I thought it would be."

Join your pet after the placement of the IV. This way you are not associated with the discomfort involved (although it is minor, it is the only uncomfortable aspect). You can also avoid seeing needles or blood.

Do not witness the injection, but return to the body afterwards for a final goodbye. This can help tremendously with closure.

Do not witness any of the procedure, leaving your pet in the capable and loving hands of the veterinary clinic staff and remembering him as you last saw him alive.

Have some family members there during the procedure, and some either in another room, waiting in the car, or at home. This is what happened when I was in college and we euthanized my childhood dog. I went into the veterinarian's and held Chipper while the doctor made the injection. My mother didn't feel comfortable being present during the injection, but she came along in the car, and waited there. My father stayed home with my grandmother, who was terminally ill and unable to be left alone.

This empathetic grandmother actually strengthened my resolve to enter veterinary medicine. When I took Chipper to her room to say a final goodbye before heading to the veterinary clinic, she held his head gently in her hand, her limpid eyes melding with his in a gaze that betrayed the communion of the elderly. She said to me "I'm going to miss this dear soul. It's really ironic, isn't it, that we treat our animals more humanely than we treat our people?" I have never forgotten that wisdom.

It is very common to have family members with different wishes regarding a pet's euthanasia. Unless these wishes conflict, try to satisfy them all without dismissing or belittling anyone's differing opinion. Just because your sister doesn't want to be present during the euthanasia does not mean that she loved the cat any less. Each person is entitled to whatever will help him have the best possible memories.

Location

At our hospital, we have a separate room in which we perform euthanasia. It is larger than a regular exam room, and has none of the clinical feel. The exam table folds into a cabinet styled as a wall unit. It has a bar sink with glasses so that clients can have some water, a phone with a dedicated line, an area rug, comfortable chairs, non-veterinary art on the wall, and a fabric valance over the window.

It feels like a den, and that's what we call it. Clients feel less rushed here, perceiving that they are not occupying a regular exam room, and they can exit the building without returning to the reception area.

We have a code (an angel's wing) to make our staff aware of when the room is occupied. We are as quiet as possible while the wing is out, but it is a veterinary hospital, and silence, of course, is impossible. Many veterinarians are trying to create a more homey atmosphere like this somewhere in their clinics for just such stressful times

Ask your veterinarian if he has such a room. If not, your asking will let him know that his clients wish he did.

The other option at our hospital, weather permitting, is an outdoor euthanasia. Many clients like this option, as it seems less clinical and less stressful for the pet, who does not even have to enter the building.

This is an especially wonderful option for dogs, for whom being outdoors is usually a fun activity, and who love to sniff every little molecule in the air. Cats who are accustomed to being outdoors and who can be safely and comfortably restrained are also candidates for an outdoor euthanasia.

One of the sweetest euthanasias I recall involved a little lhasa apso. The dog was cuddled contentedly in her owner's arms, so that is where we decided to leave her for the injection. As I began to inject the anesthetic, she turned to look at her owner. The dog gave the woman a reassuring lick on the cheek, then straightened her head, placing her chin gently on the owner's forearm, and died. The obvious bond between the two was beautiful.

It is also important to discuss with your veterinarian exactly where the pet will be during the injection. Will he have to be on a table? Could he be lying in your lap or held in your arms like the lhasa? On the ground or floor, surrounded by family? Remember that he may urinate or defecate, so delicate surfaces (like your lap, the sofa or a carpet) should be covered with plastic (trash bags work fine) and towels, or incontinence pads.

You can ask these questions about where your pet will be even if you do not plan to be present during the euthanasia. If the owner chooses not to be there, I always make an effort to have a nurse assist me who has treated the patient in the past and has a special attachment to him, or one who likes the breed or has some other connection with the pet.

In the owner's absence, we strive to help the pet relax by holding him in a comfortable way, talking to him gently using his name and even feeding him. I had a euthanasia week before last where the dog had a voracious appetite (we suspected due to cancer) and we gave him a handful of M&Ms (chocolate can be fatally toxic, so this is the *only* time dogs can enjoy it!) and a plate of yummy canned dog food. He lost consciousness between bites.

What to do before leaving the house

When you are getting ready to go to the veterinary hospital, think about whether you want to gather the pet's belongings and put them someplace special now. Some people don't want to return to a now useless food bowl, while others cannot handle putting the pet's things away while he is still alive. Do what is comfortable for you.

Know that you can usually donate pet supplies to your local animal shelter, or often the veterinary clinic as well. In this way, they do good for other ill or homeless animals.

Consider having someone less emotionally involved do the driving. Ask a friend or relative to do this, or even hire a cab. Nothing ruins a good driver faster than emotional stress.

Tuck some tissues in a purse or pocket. The veterinarian will probably have them too, but there is no such thing as too many tissues, trust me.

Be sure you know how you and the veterinarian are going to handle payment. You probably do not want to spend any time at the front desk writing a check, so know whether you can pay from the privacy of the room you're in, pay ahead of time (using a credit card over the phone), be billed (although you might not want to be receiving a bill several days from now) or later if you will be picking up your pet's ashes. Discuss this with the veterinary staff ahead of time to make it work for you.

If you want to trim a lock of fur, or make a paw print (on paper or in clay), either do so now or take the equipment with you. If your pet hates having his paws handled or his hair cut, consider doing these afterwards, or asking the veterinary staff to do this for you.

Body care

Your veterinarian will probably have several options for body care. Others may be available directly through local cemeteries and crematories. Most veterinarians are willing to coordinate with you for home burial or other outside services.

In my experience, cremation is the most commonly chosen body care option. Most veterinary hospitals have an arrangement with a veterinary crematory for this purpose. Two options are usually available: communal cremation or private cremation with the ashes returned to the owner.

With a private cremation, the animal is cremated individually, and the ashes (sometimes called “cremains”) are returned to the hospital, where the owner picks them up. The owner can then scatter them or keep them. With a communal cremation, a pet may be cremated with other pets (especially if he is small), and the ashes are typically scattered at the crematory, or a portion of the communal ashes are returned to the owner. Generally, a communal cremation is less expensive than a private one.

A variety of urns, wooden and pewter boxes are available for temporary or permanent storage of ashes. Some can be engraved, others hold a photograph. The crematory may offer these, or may return the ashes in a simple container such as a cardboard box, allowing you to transfer them if you wish. Your veterinarian probably knows of companies that sell urns, if the crematory doesn't carry one you like. The advertisements in pet-oriented magazines are another resource.

Some owners prefer to take the pet's body directly to the crematory or cemetery. I have had owners who wanted to witness the placement of the pet's body into the crematorium, and have heard of others who have stayed throughout the entire cremation. If you want to do this, work with a crematory that permits it.

Most crematories will allow you to include items to be cremated with your pet such as collars, toys and blankets. They may track your pet's remains with a special tag, or may give you a certificate documenting the cremation.

The ashes (which are mostly bone fragments, as the rest of an animal's body composition is largely water) will probably be less fine than you imagine—they will not be as fine as fireplace ashes. They may contain melted metal if tags (or surgical implants) were cremated.

Many crematories also provide burial services. As with humans, a variety of casket and marker options are available. I have seen stone and bronze markers designed especially for pets, and I assume that human marker companies would be willing to adapt a marker for your pet. There now are a few companies making pet-specific markers, so check the pet magazines or ask your veterinarian about this option. Some people like to have a marker in the pet's favorite spot in the yard, regardless of whether the pet is buried or scattered there or not.

Home burial is an option in many locations. Call your local city or county government offices to find out if it is permitted where you live. This used to be a very common method of body care, although it seems to be becoming less popular as our society becomes increasingly mobile. In suburban Kansas City, some family is living with my childhood pet seahorse buried in a matchbox in their backyard.

If you are burying your pet at home, you might need the veterinarian to keep the body until the grave is ready, or to dig the grave ahead of time. I have not had an owner pursue this, but I imagine that if you were having trouble with frozen ground, a cemetery (animal or human) might be willing to help you, as they have equipment for warming the ground so that it can be excavated. Remember that graves sink considerably if a concrete vault is not used, so mound the earth accordingly.

There are two other options that I have not yet had a client choose, but you should know that they are possible. Your pet can be preserved by freeze-drying or by taxidermy. When treated in one of these ways, your animal will look much like he did in life. Roy Rogers' famous horse Trigger was preserved by taxidermy.

Dispelling a myth

There is a myth that I have found to be frighteningly pervasive, and we are going to lay it to rest right now. Veterinarians do not pretend to euthanize an animal, only to subsequently wake it up in order to experiment on it or study its disease. I have no idea how this absurdity got started, but it seems to have joined the ranks of urban legends.

Let me debunk it now.

For starters, as a profession, veterinarians are the most caring, empathetic group of animal lovers you could imagine. I have had contact with hundreds of my colleagues, and cannot even imagine them being deceptive like this. We just don't have it in us.

Secondly, we have all been extensively (nay, ruthlessly) schooled in the scientific method. We fully understand that worthwhile research must be conducted under controlled circumstances. Even clinical trials must have matched controls (animals not treated or treated with placebos) and large numbers of cases in order to be valid.

We also realize that the best way to study an individual patient's disease is to gather a detailed history and perform thorough examinations and testing while the patient is alive (obviously hoping to fix or treat the problem) and, if we cannot succeed in providing a quality life, to consider a post mortem exam. A great deal can be gained by performing a necropsy (an animal autopsy), so your veterinarian may ask for permission to do one. Still, I would never consider a necropsy without getting the owner's permission first.

I have a most distressing story to illustrate the damage that this illogical rumor can create. Several years ago, I euthanized a Samoyed on a Saturday morning, with the owner present. I had never seen this client before, but the dog was very old and crippled. I had no doubts that the woman was making the best choice, yet the owner was having some difficulty coming to grips with her decision.

Immediately after I made the injection, the woman began wailing “No, no! Don’t die! No!” and looking at me imploringly. I reassured her that her decision to end the dog’s suffering was a loving and humane one, and asked questions to prompt her to recall some fond memories. I told her to take as much time to say her final goodbyes as she wanted, and left her to have some private moments. With this sad woman fresh in my memory, I was in the hospital the following day for emergency duty.

About mid-morning, she called, noticeably upset. A friend (and I use the term loosely) of hers had told her the veterinarians-as-bizarre-animal-experimenters rumor. I reassured her that this was bunk, reminding her that she was a supportive witness to her dear dog’s passing, that I listened with my stethoscope before pronouncing the dog dead, and that she had time alone with the dog after I left the room.

No amount of rational discussion could undo the damage her friend’s comment had done. She was inconsolable, certain that I had her dog, magically restored to life, there at the hospital with me.

Well, obviously I had to do something for this woman. Maybe it would help if she were to come back in to view the body. I asked her if she wanted to do this, if she thought it would allay her fears. She agreed, and I told her that we were racing with emergencies, but when it quieted down in the afternoon would be a good time for her to return to the hospital.

Not only did I want her to have some privacy, but also I needed some time to ready the dog’s body. I will be brutally honest here. . .bodies cannot wait for the crematory service at room temperature; they must be refrigerated or frozen. I needed to let the body warm up a little, and overcome the rigor mortis so I could curl the dog up into a cozy sleeping position. In a few hours, I had the dog on a blanket in a private room (we didn’t have the den room back then), and the owner came in.

Even to her very stressed and less than rational mind (entirely normal at a time like this), the dog was definitely dead. I did as much damage control against the rumor as I could, and encouraged the owner to do some more reminiscing about the dog's life. She left feeling greatly reassured, her mind at ease that her beloved pet had truly died in her arms.

This is what we veterinarians *really* do—everything in our power to take care of animals, and often quite a bit to take care of their owners.



*SPECIAL
SITUATIONS*

Home euthanasia

In our practice, we have several doctors who offer house call euthanasia. We often schedule these calls before or after our regular office or surgery hours. I find home euthanasias to be quite fulfilling, and I'll tell you why.

Typically, the animals are more relaxed. They are in a familiar setting, with familiar odors, and have not had to ride in the car. Even if going to the hospital is not negative for a pet, it is usually exciting. Stop to think about how routine your pet's life is; and how much of it is spent in the house, yard, and nearby neighborhood. Going anywhere in the car is worth getting worked up over.

Not long ago, I performed euthanasia at home for a cat that was so aggressive that she had been "fired" by her previous veterinarian for good reason (I think he liked his skin intact!). I had seen her once at the hospital, lived to tell about it, and thus, when her kidney failure worsened beyond treatable, I was called upon for the house call.

I managed to get an enormous dose of sedative under her skin while she clung (and I do mean clung) to the owner, screaming cat obscenities at me. She had always been terribly aggressive with the owner as well, but he was able to hold her on his shoulder and face her away from me, so we had the element of surprise on our side.

Only after she was nearly anesthetized, limply lying in his lap with her eyes closed, was I able to make an actual anesthetic injection, and still she growled roughly under her breath when she felt my unfamiliar hand. At the hospital, I doubt we would have even been able to make the initial injection. We likely would have had to put her carrier into a gas anesthesia chamber, further frightening her and depriving the owner of an opportunity to hold her at all.

At a home euthanasia, the owners are also more relaxed. There is no car ride with a yowling cat or panting dog, no busy reception area. They feel less inhibited about doing whatever makes them content about the euthanasia process.

I have been impressed with the meaningful locations that owners select for a home euthanasia. I have euthanized dear pets on their beds, on the owner's lap on the sofa, and in the backyard. I have also had owners who elected to put their little old Yorkie on the dining room table because "All his life, he has wanted to get up on this table. . ." One lady had her dachshund on her bed since "This is where he sleeps every night."

Once I injected a sizeable Airedale in the doorway to a tiny basement bathroom, with me, my assistant, two adults and two teens jammed in between the dog, the toilet, the tub and the door jamb because this was where the painfully arthritic dog had chosen to lie down just before we arrived, and no one had the heart to move him. An old grandma tabby cat was curled tightly in her bed atop the dryer "since it's so nice and warm up there".

One golden retriever lay serenely on the front porch of her bungalow, because that was where she always liked to be that time of afternoon. We had to get an extension cord so we could shave her leg for the IV, but she was patient about that.

After a home euthanasia, unless the owner is burying the pet there, I bring the body back to the hospital with me for the cremation service to pick up. You could also take the body to a cemetery or crematory yourself.

Emergencies

A life and death emergency is one of the best reasons for thinking ahead a bit about your pet's death. When things are going at light speed in the emergency room, you have very little time to be contemplative. If you haven't thought through what would be meaningful to you and your pet, you are unlikely to be able to do so in the ER.

One of the decisions that you may be called upon to make in a critical situation revolves around cardiopulmonary resuscitation (CPR). If your pet's heart or breathing stop, do you want the doctor to take over these functions? In what situations would you deem it worthwhile?

Much will depend on the doctor's assessment of your pet's chances of quality life if he recovers, and on your beliefs. If the veterinarian has told you that your pet may die, discuss CPR with him. If you do not want CPR performed, let him know.

Once a pet arrests, there is little time to think about whether or not to perform CPR. Making a choice ahead of time (an "advanced directive") allows the veterinarian to help the pet most effectively. A decision to hasten death with anesthetics if arrest should occur or if suffering should become unmanageable can also be made in advance.

There are two factors that make a huge difference in whether a CPR patient has a good outcome: his underlying disease, and the number of times he arrests. The more chronic and serious his disease (an elderly poodle with congestive heart failure versus a young dog hit by a car), the worse his prognosis. The more times he arrests, the worse his prognosis.

I have yet to save a patient that has had multiple arrests. I might get them back once or twice, but the risk of re-arrest and unsuccessful CPR is astronomical. All told, the chances of a patient walking out of the hospital after being resuscitated (even once) are in the single digit percentages.

This being said, I was involved in CPR on a young, healthy Gordon Setter that had been hit by a car. It was payday in the days before auto-deposit, and another doctor and I happened to be at the hospital picking up checks. The dog arrived, deteriorating rapidly due to a tear in his lung that was leaking air out into the space between the lung and the chest wall (a tension pneumothorax). Air was accumulating there with every breath, leaving less and less space for his lungs to inflate.

He quickly decompensated and went into cardiopulmonary arrest. When we heard the doctor on duty yelling, we ran from the office to the treatment area to see what was going on. We bolted into action, along with the nurses, breathing for him, doing chest compressions, administering adrenaline and draining the free air out of his chest. His heartbeat and breathing resumed, and I practiced for years with the satisfaction of knowing that the dog was still alive out there somewhere, playing fetch!

It is very important in an emergency situation to balance the need of the owner to be with his pet and the need of the emergency team to be able to treat the pet. You can ask to stay with your pet, but if your request is denied, it is so that your pet can get the best possible treatment. In addition, there are plenty of emergency procedures that anyone would want to avoid watching. Fainting or vomiting is not going to help your decision making nor reassure your pet.

Try to give the doctor as much historical information as you can, listening carefully to his questions. Then reassure your pet in your calmest possible voice, and collect yourself. Decisions about what treatments to pursue are likely to start coming fast.

If you end up having to euthanize your pet, the veterinarian may still be able to offer you some private time by using pain control and sedative drugs. If not, remind yourself that the most important thing to your pet was that you were there with him to get him to a hospital, and to end his suffering when you had to.

Time to say goodbye afterwards is particularly relevant in the emergency setting. Don't hesitate to ask for this option. Because many deaths like this are unexpected, you might actually need more time to process this sudden loss.

It is also common for family members to be scattered at the time of an emergency, so we often end up waiting for additional family members to show up for a visitation. I have even held some patients' bodies overnight for family to get home (from a nearby college, for example) to say goodbye.

I wasn't even there

What if you weren't able to be there for your pet? This can be particularly difficult for a pet owner, and it can arise from a variety of situations.

With depressing regularity I see terminal cases in which the owner is out of town. Sometimes, these pets experience unexpected emergency situations, but others have been going downhill for a long time.

It is vital that if you believe that your pet is nearing the end of life and you are leaving town (you're allowed, you know; you still have your own life to live), leave instructions. Nothing causes greater anguish to all involved than a boarding kennel owner or a pet sitter in a decision making position.

Be sure to leave any phone numbers where the responsible person or veterinarian might reach you, but also leave us some written guidelines (ideally discussed with us as well). If you are out on the beach all day, the phone number at your cottage is no help.

One couple who are clients of mine regularly travel to third world countries. Generally, they are entirely out of contact. During several of these trips, one of their cats was being successfully managed for his lymphosarcoma (a type of cancer).

They left very detailed instructions with me regarding how to make a euthanasia decision for them in their absence. I was immensely grateful that they left such instructions, and also that I never had to refer to them. The gentle orange cat went out of remission while they were home, and they were able to plan a meaningful home euthanasia.

At our hospital, we do pro bono work for our local animal control agency. When they get a call for an injured animal, they pick it up and bring it to us. This means I've gained plenty of experience treating birds who've run into windows, ducks who've been poisoned, raccoons hit by cars and fawns attacked by dogs. It also means I've seen innumerable critically injured animals who appear to have caring owners, but we cannot track them down.

I have seen pets without collars, with collars but no tags, with bent S-hooks and missing tags, and even with multiple ID tags that have been banging together so long that none are legible. I've also had tags with previous phone numbers and addresses, or phone numbers no one answers (are they out looking for the pet?).

This makes an extremely strong case for microchip ID. This is the best method currently available for permanently identifying your pet. I once had a dog who had been hit by a car and suffered severe spinal cord trauma. Certainly, considering his prognosis, many clients would have elected euthanasia. Fortunately for this dog, he had a microchip. My nurses were able to scan his chip and get his owner on the phone with me within minutes.

Together, we decided to control his pain and shock, and to treat the spinal injury with steroids while they drove to the hospital. Once they saw him, they elected to continue treatment. The dog made a gradual but full recovery, thanks in part to the fact that even though the owners were not there when the accident occurred, they were involved in the decision-making aspect of his care almost immediately.

Still, we can't entirely discount a good old-fashioned collar and tags either. One night an animal control officer brought me a Chesapeake Bay retriever who had been hit by a car.

She was terribly aggressive, having severely bitten a good Samaritan at the scene. When she arrived in the animal control truck, the officer had to hold her with a catch pole while I injected her in the backside with tranquilizers before we could even get her muzzled, on a stretcher and into the hospital. No doubt this dog was in pain, but you could just tell that her personality was aggressive, even on a good day.

She had a serious spinal cord injury as well; she might never even regain the ability to walk. Without an owner, she probably would have been euthanized. The severity of her injury, the protracted rehabilitation which would be necessary to even find out if she could recover, the continued danger to those handling her, and the unlikelihood of adopting out such an aggressive dog would have made the decision.

However, this dog had a collar. We managed to reach the owner's husband, who called her on her cell phone (she was out looking for the missing dog). She then called us, and was able to be involved in her dog's care while she drove to the hospital. The dog had always been dreadfully aggressive with anyone but her, but she chose to treat.

The patient was stabilized and sent to a neurosurgeon, who gave a similarly dire prognosis, but was willing to go to surgery as long as the owner could perform rehab and was aware that the dog might never walk again.

The dog was so aggressive that the neurosurgeon's staff couldn't treat her once she awakened from the anesthesia. She was sent home early with the owner (who could at least touch the dog to get her in a sling to go outside, and get her to take medication). She had a very prolonged rehab, and never regained enough use of her hind legs to be able to walk on her own.

So, do everything in your power to make sure that the veterinarian can contact you at all times. In addition to their microchips, my dogs have ID pockets on their collars. This allows me to write on cards (which I then laminate) multiple phone numbers where my husband and I can be reached.

In addition, when we are out of town, I make a separate card, listing the dates which we'll be gone, who is caring for the dogs, and their phone numbers. I also included a card that states I'm a veterinarian, and I authorize emergency care for the dogs.

I encourage my clients with pets who have chronic medical conditions to include a card detailing the pet's condition and medications (including the dose and times given). This prevents people from keeping your lost epileptic cocker in their garage, unmedicated and unattended, while they try to contact you. If they know that the pet needs medication, they can take him to a veterinarian immediately.

All this being said and done, there is still the possibility that your pet may die in your absence. Be sure to do whatever it takes for you to attain closure (visiting the body, asking the veterinarian or nurse about what occurred, etc.). Make an effort to get through any guilt you might have about not being there. You would have been there if you possibly could have.

It was the circumstances that prevented it, and punishing yourself with "What ifs" after the fact won't help. All of us could make much better decisions if we could make them retrospectively!

Perhaps changing your future behavior (getting your other pets microchipped, electing planned euthanasia before a vacation) is in order. Even though it can be painful, learning an important life lesson is always a positive.

One of my professors in veterinary school used to call this "looking at the situation through your retrospectoscope." This emergency clinician was encouraging us to learn from our cases (successful ones and unsuccessful ones) by reviewing the situation, our decisions, and the outcomes.

Be thankful for your special time together, and realize that your pet knew how much you loved him.

What if I go first?

You might also want to think about your wishes if you should precede your pet in death. Pets are as dear as children to many people, and it is becoming less uncommon for owners to provide for them. Legal issues vary, of course, but usually you can provide for a pet in your will.

You cannot leave money directly to a pet, but you can appoint someone to take over the pet's care, and set aside money for this person to use in his care. I have had several clients ask me informally to see that their pets get a good new home after the owner dies, but a written agreement in your will is obviously most binding.

There are also a few "homes" that have contracts whereby they take over the care of your pet completely after your death. Consult an attorney in your state about this issue.

Behavior problems

Some pets are brought to me for euthanasia because they have behavioral problems. The most recent statistics show unacceptable behavior to be one of the most common reasons that pets are relinquished to shelters or euthanized.

In addition to loving emergency medicine/critical care, I have a particular interest in and fondness for behavioral medicine. I see numerous patients every week specifically for behavior problems. I am the only doctor in our ten-doctor practice with this interest, so I see many patients as referrals from my colleagues. This gives me a unique background and perspective on this issue.

There are veterinarians who believe that it is always wrong to euthanize an animal because of its behavior. They feel uncomfortable euthanizing a pet who does not seem sick.

To some degree, I can sympathize with this. I believe that in many cases, the owners don't want to go to the trouble or expense to work on the behavioral issue, just as some owners refuse the expense and effort of repairing a broken leg.

I also believe that there are many owners who simply do not know where to turn for help. I cannot tell you how many clients I've seen for behavioral consultations who tell me that they have "tried everything." Upon more questioning, I find that they have tried to solve the problem with approaches nearly guaranteed not to work.

They have gotten volumes of misinformation from friends and neighbors and old wives' tales. They have spent months or even years feeling that they were working on the problem. Yet they've made no progress. No wonder they are frustrated!

I had a client once who had been living with a cat who urinated in the house for years. She had been to her regular veterinarian, who had done more than one urinalysis over the years, and determined that the cause was behavioral. After trying the advice of friends, family and the other doctor, she came to me.

I repeated the urinalysis, which was normal. After questioning her extensively about the cat's use of the box and other locations, I had her make a number of changes in the cat's situation, designed to increase the appeal of the box while decreasing the appeal of the carpet.

On a follow up visit, we were not making the progress I expected. Even though this cat had had multiple normal urinalyses, and even a normal bladder x-ray, I was concerned that we were missing something. I convinced the owner to let us perform an ultrasound exam, and there were the culprits--bladder stones.

Certain bladder stones don't show up on x-rays, but the cat had been telling us for years that something was amiss. A few weeks after surgery, when the residual inflammation had died down, the cat returned to normal litterbox habits.

It is vital that you seek qualified help as soon as you notice a behavior problem cropping up. This requires close collaboration between you, your veterinarian, and possibly a behaviorist. Ask your veterinarian for help. First, have him rule out all possible medical causes for the behavior. If there is no medical cause, you need to see a behaviorist.

If no veterinarians in your area have an interest in behavioral medicine, ask your doctor about a phone consultation with a diplomate of the American College of Veterinary Behaviorists or a member of the American Veterinary Society of Animal Behavior. You can also seek a referral from the Association of Certified Applied Animal Behaviorists.

Remember that the brain controls behavior, and it is an organ just like any other. It can experience illness or dysfunction. In addition, the brain has a tremendous interface with the outside world, and alters its activity accordingly.

This makes helping a pet with a behavior problem a complex challenge. The pet might need behavior modification, environmental modification, stopgap measures (such as daycare) and even medication.

The important thing is to be absolutely certain that you have made every effort within your power to solve the problem. If you cannot satisfactorily resolve the problem, can the pet be re-homed? For a cat on his way to euthanasia because he urinates in the house, a job as a mouse catcher at the local riding stable could be an option.

Avoid sloughing the problem off onto others, and don't put your pet in a dangerous situation (a shy, indoor cat does not belong in a barn full of streetwise tomcats and kicking horses, nor does a dog who is aggressive with children belong in the usually childless house of a grandmother).

I have gradually come to accept the fact that some pets with behavior problems will be euthanized despite our best efforts.

Some of these are animals where the owner simply cannot live with the behavior (such as eliminating in the house). These are the cases where I hope for a new home, where the people are willing and able to work through the problem.

Others are animals for whom their quality of life is poor. This group is small, but would include a dog with unmanageable separation anxiety or a cat who is so senile he doesn't know to eat, use the litterbox or enjoy being petted. These animals may not have anything else physically wrong with them.

Finally, there is a group of animals that are too dangerous to work with. As much as it pains me to admit that I cannot fix all my patients, I have finally come to the conclusion that these pets are analogous to the criminally insane. They are unable to live in society without injuring other animals or people, yet we do not have institutions for them.

The behaviorist you are working with will let you know if your pet might fall into this category. Some owners choose to manage these pets by constant vigilance—they wear police dog muzzles except when being fed, or are kept securely in a certain part of the house with only the owner attending them. If you choose to take this risk, it is important that you view it realistically.

Remember that if you have a pet who cannot be provided an enjoyable life which includes safety for those around him, euthanasia might be your only answer.

If you have put this kind of effort into making a euthanasia decision, do not allow others outside the situation make you feel guilty for “putting a healthy animal to sleep.” If your pet has this degree of behavior problem, he is not healthy.



DEALING WITH THE LOSS

What do I tell the kids?

What you tell your kids depends primarily on their ages and your beliefs. The one thing you should always tell them is the truth. Children of all ages have extremely sensitive baloney meters, and a great deal of harm is done by lying or stretching the truth.

Do not expect your veterinarian to participate in this either. You would be horrified to learn the number of clients who have asked me to lie to their kids about a pet's death.

This typically occurs when the parents choose euthanasia for financial reasons, and they want me to tell the kids that the pet just died at the hospital. Although I empathize with the agony of discussing this kind of situation with kids, I have a really low tolerance for this deceptive behavior.

I don't think it makes sense for kids to think that somehow going to the veterinarian is a hopeless activity. They should see the reality of the situation: that some pets can be cured and some cannot, and that sometimes finances play a role in this. How else will they learn the responsibilities of pet ownership?

People should not expect me to tarnish my profession in order to assuage their guilt and keep them looking pristine in the eyes of their children. I have many wonderful, honest, loving clients who have gently told their children the truth.

Their children don't love them any less, and I often see children wanting to contribute to help the pet. Three teens in a family gave up their entire Christmas to get vital dental work done on their dog, who had so much oral pain that she had quit eating altogether.

I did not realize how much damage could be done by deceiving children about a pet's death until I was in vet school. Senior year I took a clinical elective in pet loss. Early in the week, we were discussing the experiences we had with our own pets' deaths.

One of my classmates became really emotional when she was asked to relate her experiences. It turns out that when she was young, her parents had told her that her childhood dog had run away, when instead they had had the dog euthanized. This woman was a young adult before she found out the truth, and had still been unable to forgive her parents for deceiving her. Even after decades, the hurt of the deception was raw.

This was when I decided that all kids deserve honesty (although, of course, the information should be age appropriate).

So what's age appropriate? Of course, you know your child and his level of maturity best, but here are some general guidelines.

Infants will simply pick up on the elevated stress in the household. Routines should be kept as unchanged as possible, and plenty of reassuring cuddling and hugging may be helpful.

Toddlers from about two to four years of age cannot grasp the finality of death. They know that the pet is gone, but may frequently ask when the pet will return. They have no social inhibitions about death and are often very curious about it. They may explore death and their feelings about it through play.

From about five to about eight, children do a lot of magical thinking. They may personify death (as an angel or grim reaper figure, for example). They also believe in magical powers (especially their own!) and may believe that they should be able to help the pet avoid death. They do understand that death is permanent, but may not comprehend that it is inevitable.

Beginning around eight years of age, children realize that death is both permanent and unavoidable. Thus they can be fearful of abandonment in ways we don't see in younger children. This age group (up to about twelve) also commonly has a tremendous curiosity about the mechanics of death. What happens when an animal dies? Why does a dead animal smell bad? What happens to the body after burial, or during cremation? What does the bone cancer look like? Answer the questions honestly as they come up.

Adolescents often have a really rough time with the loss of a pet. They are going through an emotionally turbulent time already, and many find a special confidante in their pet. They may have grown up with the family pet, never really remembering a life without him. This makes the loss particularly difficult. They may waffle between overly tough behavior and highly dramatic grieving. Allow your teen to grieve in the way that best suits him, always being available to talk or provide a shoulder.

One euthanasia that really tugged at my heartstrings involved a teenage boy and the golden retriever with whom he had grown up. The boy came in, along with his parents, to be with the dog during the euthanasia. While I explained what would happen, he stood withdrawn in the corner of the room.

He made no eye contact with anyone in the room, standing with his arms crossed over his chest. He was dressed head to toe in black, most of it leather, and his hair was an unreal, plastic shade of black. He would have been an interesting x-ray—metal adorned every pierceable part of his head, and festoons of chain hung everywhere. He gave the impression that he was there because his parents made him come.

When I returned to the room after my nurse placed the IV, the dog was curled up comfortably on a big blanket on the floor. To my surprise, the boy was curled up around the back of the dog, engulfing her with his upper leg and arm. He leaned in close to her ear and whispered continuously to her.

As soon as she lost consciousness, he began to weep, his shoulders jerking subtly in the studded leather jacket. I left the family like that, with a brokenhearted teenage boy sobbing out his soul over his childhood buddy.

Older teens may also experience difficulties with feelings of having abandoned the pet in his final months (by going off to college, for instance), or of guilt or added sadness for missing the pet's death itself.

There are just two things I recommend that you avoid doing when kids are involved. Don't use euphemisms, especially with younger children. Comments such as "put Fluffy to sleep" or "Rover was very old" or "very sick" can confuse children. They might become afraid to go to bed at night, worry about an old grandparent or be afraid the next time they get a cold.

Instead, say "helped to die" and explain that the sickness was something that could not be cured, not a typical cold. Remember that no one truly dies of "old age," so try to explain that the pet's "body stopped working" and couldn't be fixed.

Do not try to protect your children (except the infants) from seeing your grief. Part of parenting is teaching children to react reasonably to the emotional highs and lows of life. Avoiding these learning experiences when they are young is not doing them any favors. Life will undoubtedly deal them their share of tough times.

What parents can do is to show them (don't we all learn best by example?) that the way through the rough times is to allow your feelings, and to come to grips with them. A child experiences various emotions when a pet dies, seeing a parent grieve lets the child know that these emotions are normal.

Memorializing your pet

Often one of the most difficult aspects of losing a pet is achieving what therapists call closure, or a sense of completion about your pet's life. Closure is important to allow you to feel that you have appropriately honored the animal's life, and to prepare you to move on.

This is why we have memorial services, funerals, burials, and ceremonies to scatter ashes when humans die. This is a cross-cultural phenomenon, demonstrating a universal need for this type of honoring and ceremony.

In our increasingly mobile and detached society, animals are often more of a constant than nearly anything else in our lives. When an animal has been a vital part of your life, it is important that you do something equally meaningful at the end of his life to recognize the loss of that part of you.

Some people perceive this "hoopla" over a pet to be silly, yet those people celebrate other major changes and transitions in their lives that involve no animate beings and perceive that as normal (e.g. graduations, birthdays, retirements).

Do not be dissuaded by these people from doing what is comfortable for you. It was not their relationship and it is not their loss.

Over the years, I have accumulated a multitude of ideas about memorializing a pet. I have no doubt that there are many other wonderful options. Just yesterday I euthanized a darling Dandie Dinmont Terrier belonging to a sculptress. She had innumerable stunning human head studies in her home where we performed the euthanasia, and it made me think of how special it would be to have a pet sculpted.

So don't be restricted to these ideas; use them or make them jumping off points to create your own personal memorial.

- Write a poem, story or song about or even dedicated to your pet. I have been surprised to have several clients admit to me, somewhat shyly, that their pets have songs. This is a darling and meaningful way to memorialize your pet, as the piece can also be written and shared with the pet while he's still alive. You could then use it in a memorial service or scrapbook.
- Make a donation to an animal-related organization in honor of your pet. Some possibilities include rescue organizations and shelters, veterinary colleges, and animal health research organizations. Many of these groups will honor your pet by mentioning him on their donor list, or by displaying an engraved brick or plaque at their facility.
- Make an album or collage using photos of your pet. Today, scrapbooking options are almost endless. Using small clear pockets, you can add fur, tags and other small items. If your pet is cooperative, you can also use an inkpad to make a paw print if you know that euthanasia is impending.
- Use your imagination to write a last letter from your pet to you, recalling the special habits and important moments of your time together. Alternatively, write a letter to your pet, thanking him for all the special times.
- Write down memories of your pet. Invite others who knew your pet well to add anecdotes. Use a beautiful blank journal for the purpose.
- Keep your pet's tags. Put them on a charm bracelet or key ring.
- Check the ads in animal magazines such as *Dog Fancy* or *Cat Fancy* for help having a professional portrait or needlepoint pattern created from a photo, or having yarn spun from your pet's fur.
- Have a stone engraved with your pet's name, and place it in your pet's favorite place in the house or yard, or use it to mark your pet's grave.

- Place your pet's ashes, along with his collar, tags, bowls, blankets, clippings of fur, photos and cards in a special area or in a memory box.
- Keep fur or whiskers in a locket, or in one of those tiny airtight metal canisters used for nitroglycerine tablets. Wear it around your neck, or place it on a key chain.
- Have a favorite photo transferred to a mug, calendar, or T-shirt.
- Plant a bush, tree or flowers in honor of your pet. Consider putting the pet's ashes or an honorary marker there as well.
- Scatter ashes along a special walk, in a favorite sunny spot in the yard, or in a houseplant pot or outdoor planter. Alternatively, keep the ashes in the urn, and place it in your pet's favorite indoor snoozing spot.
- Hold a burial or memorial ceremony. The memorial could be done at home, or at your pet's favorite park, lake, hiking trailhead, or other meaningful spot.
- Make a paw print of your pet in a cement stepping stone for the yard (get these kits at craft stores or lawn and garden stores) or in clay. Use the clay paw print as an ornament, on the front of a memory book, as a paperweight, or simply hang it on the wall.
- Send out cards to those who knew your pet, informing them of your loss. You may wish to include a photo.

What you might feel

You will probably experience a roller coaster of emotions while dealing with the death of a pet. Most of these feelings are normal, but I have found that clients can be intimidated or frightened by them.

Here are some emotions that you might experience while you are coping with the illness and death of your companion.

You might feel *anger*--at the pet for getting hurt or sick, at the veterinarian for not being able to fix the problem, at yourself for leaving the gate open so that the dog could escape and be injured.

You might feel *guilt*—over not recognizing the early signs of disease, over not spending enough quality time with the pet, over being upset with him for throwing up because you thought it was from eating something he shouldn't, not from stomach cancer. You might find yourself bargaining over these issues; promising to walk the dog every single day if only the amputation successfully cures his bone cancer.

You might feel *shock*— about the diagnosis or death, that there is no effective treatment, that you elected euthanasia.

You might feel *disbelief*— that the loss has actually occurred. Some days might be permeated by a sense of surrealism, that detached feeling that your life is leading you, rather than the other way around.

You might feel *embarrassment*—society sends the message that adults should be able to handle emotional situations without loss of function or outbursts of emotion. I cannot tell you how many clients have begun to weep during a euthanasia, and looked up at me, struggling to stifle the tears, and apologized. Imagine apologizing for having normal human emotions! Frankly, I worry more when there isn't an appropriate show of emotion. I believe that my clients have pets because they love them, and when they love them, loss hurts.

You might feel *isolation*—from other people, believing that no one else has loved a pet like this, and felt such pain over his death. You might also feel disconnected from the rest of the world, which seems to go on about its business as if nothing had happened.

You might feel *depression*—both over the loss of the pet and the loss of the routine associated with him. If your pet contributed structure and motivation to your day, you are adjusting to this change as well. Loss of social interaction (did you take the dog to the dog park where you met other dog lovers?) and loss of feeling needed (did the cat require daily fluid injections to support his failing kidneys?) can also be sources of depression.

Finally, at first in fits and starts, then more continuously, you will feel *resolution*. You will still honor your pet's memory, you will still acknowledge that hole in your heart, but you will be returning to an even keel.

Should this weird stuff be happening?

Do not be worried if you still think you hear or see your pet. Our subconscious becomes very attune over the years to the exact frequency of those jangling tags, or the fact that altered shadows are usually due to the cat passing by. I've had many clients express to me that they think they are "losing their minds" after a pet's death because they are having hallucinations of the pet. In almost all cases, it is simply that their brains are having trouble reframing sensory input in the context of the pet not being there anymore. If you pay enough attention, you will probably notice other times when you think you see something (especially out of the corner of your eye), that turns out not to be there. It's just much more distressing when it involves a deceased pet.

Don't be surprised if you find yourself revisiting other issues that you thought you had dealt with. The loss of a pet may dredge up a previous experience with death, abandonment or loss. You might find yourself thinking about a pet who was a childhood buddy, about how you felt abandoned as a foster child, or about how this death fits in with your losing your job this year.

You might find yourself wondering whether your pet will go to heaven. Many of my clients have asked me this question. My response is always "Heaven is supposed to be full of good things; a paradise, right? Well, if you get there and Rags isn't there to greet you, would it be heaven for you? OK, then; there's your answer." Believe what you are comfortable believing.

What if it isn't getting better?

There are no absolute rules about how deep or long lasting grief should be, but it typically takes months for a person to handle the loss of a pet. During this time, you will have periods where you are very down - crying, disinterested in social activities, etc. If, however, the grief is interfering with your ability to engage in ordinary tasks (you miss more than a few days of work, or can't seem to get off the sofa weekend after weekend), or the grief is protracted, some help may be in order.

There are a variety of places to go for help in resolving your grief. Ask your veterinarian, who should be familiar with local resources such as support groups.

Many larger cities have pet loss support groups run by a non-profit organization or the local veterinary association. These groups are usually facilitated by licensed therapists. Many of my clients have attended support groups without ever feeling like they were "having problems." They found that some early, preemptive help and the empathy of the other attendees were a very positive experience.

Hotlines are run by many of the country's veterinary colleges. See the resources at the end of this book for more details.

In most communities, you should be able to find a therapist who is a pet lover. Be sure to ask enough questions up front that you are sure you've located a sympathetic ear. It is important to find a therapist who understands the importance of the human-animal bond.

There are several self-help books entirely devoted to grief resolution. Try your vet, the library or a bookstore for currently available options.

Remaining pets

The other pets in your household will probably act differently after a loss as well. Pets who spent time together napping or playing are especially likely to have problems adjusting to the absence of the other animal. You can help by keeping the routine (walks, mealtimes, naptimes) as unchanged as possible.

It might take several weeks for the pet to adjust to the loss. If he is severely affected (e.g. he quits eating altogether) or seems to be getting worse instead of better, consult your veterinarian. Some changes or even temporary medication might be in order.

When should I get another pet?

Clients ask me this question all the time. Not meaning to be nebulous, I answer, “When you are ready.” This is an extremely individual issue, but the gist is that you need to be far enough along in the grief resolution process.

I worry about clients who go right out and get another pet within days. I have even had clients name the pet “Dandy II.” You must remember that there is no such thing as a “replacement” pet. If you try to go seamlessly from one relationship to another without the painful grieving in between, you are likely to have long-term problems with the unresolved grief. You must go through the grief to get past it.

Getting a “replacement” pet for children is not a good idea either. They seem to have a well-developed sense that a certain amount of time spent honoring the previous pet is necessary. They are likely to view the new pet as an unwanted interloper if they do not feel that enough time has passed.

Be careful about well-intentioned family and friends who might feel that the best way to help you is to surprise you with another pet. Do not let them push you into a relationship if you are not ready; it is not fair to you or to the animal.

I find that when there are multiple family members involved, it is generally better for those who are ready sooner for renewed pet ownership to be patient and wait. It is easier to idle with a resolved loss than to cope with being pushed too fast.

I have heard innumerable clients swearing that they will never have another pet, because the pain of loss is just too horrible. I think that most of us feel this way at some point during our grieving process. After losing our cat, my husband said that the only pet he would consider having would be a tortoise—“something I’ll have to provide for in my will.” We both finally worked through that emotion, and have two dogs now (and no tortoises!).

The other problem that people have about getting another pet is that they feel it dishonors or diminishes the memory of the deceased pet. On the contrary, I believe that it is a great honor to your pet to admit that he brought so much fun and love into your life, that you want a chance to cultivate that kind of relationship again. As a pet, I would be insulted if my owner thought so little of his relationship with me that he never wanted another pet!

What your vet feels

I used to be surprised when my clients asked me about my feelings regarding euthanasia. Typically, they would ask, “Isn’t this the hardest part of your job?” or “Don’t you just get used to it?”

Of course, euthanasia is, like any emotionally charged event, challenging. We receive little training in handling emotional clients and coping with our feelings and those of our staff. At many veterinary schools, this curriculum deficit is being corrected; yet no amount of knowledge about grief can remove its sting.

In veterinary school, our main emphasis is medicine and surgery. In the real world, it is frustrating when we cannot cure everything. We went into this field to fix ill animals, and it goes against the grain when we can’t.

The veterinarian’s oath, which we all recite at graduation, says (in part) that I will “use my scientific knowledge and skills. . .for the protection of animal health, the relief of animal suffering.”

We promised to relieve animal suffering. . .so when medicine and surgery fail us, all that may be left is euthanasia.

Looking into the suffering eyes of a patient whom I am about to euthanize, I know that it only seems to be the hardest part of my job from my perspective. From the perspective of the pet trapped in that dysfunctional, painful body, this is good. I am an angel of mercy.

So do I get used to it? No. The euthanasia I performed last week is no easier than the very first one I performed over thirteen years ago. Some are more personal than others, but none are easy. I have always maintained that if euthanasia becomes routine, it will be my sign that I need to retire.

In the meantime, I carry on. I say unprintable things when a biopsy comes back cancer. I call on experts when I feel in over my head on a case. I listen to owners reminisce about their pets' happy years. I euthanize a Great Dane in a camper shell during a raging nighttime rainstorm. I drive a hysterical owner and her injured, paralyzed dog to consult a neurologist at eleven at night. I listen while owners read a poem to their pet before euthanasia. I comply with a request to recite a Psalm to a critically ill cat in my ICU at bedtime. And I cry with my clients over life's tough times.

About the Author



After earning her undergraduate degree at the College of William and Mary, Dr. Laurie Thornton attended the veterinary college at Colorado State University, graduating in 1989. She has been in private small animal practice since then.

Her areas of special interest in practice include the human-animal bond, emergency medicine and critical care, acupuncture and behavior. She makes her home in Denver with her husband and, currently, two corgis, and loves to spend time outdoors in the Rockies.

Dr. Laurie Thornton can be contacted via email at itsjustfurfun@msn.com

Pet Loss Resources

University Hotlines/Grief Support Programs:

Colorado State University Veterinary Teaching Hospital
The Argus Institute for Families and Veterinary Medicine
300 W. Drake Rd.
Fort Collins, CO 80523
970-297-1242
www.argusinstitute.colostate.edu
argus@colostate.edu

University of California at Davis School of Veterinary Medicine
Pet Loss Support Hotline
1-800-565-1526
www.vetmed.ucdavis.edu/petloss/index.htm

University of Florida College of Veterinary Medicine
Pet Grief Support of America
1-800-798-6196
www.flahf.org

Online Resources:

VeterinaryWisdom.com Counseling Service
www.veterinarywisdom.com/support.htm
info@wbtt.com
1-888-271-8444

Marty Tousley, CNS-BC, FT
www.griefhealing.com
TousleyM@aol.com

About the ePublisher

World by the Tail, Inc.

World by the Tail, Inc., honors the emotional power of the human-animal bond. Love. Protectiveness. Gratitude. Grief. These powerful feelings are part and parcel of lives shared with companion animals.

Emotions are meant to be shared and supported. Whether you are a veterinarian, animal health technician, mental health professional, or pet lover, World by the Tail, Inc., exists to support your efforts on behalf of companion animals. We want to help you celebrate the good times shared with animals—first days of puppyhood, medical rescues, cat show championships ---as well as deal with the difficulties--- chronic disease, the stress of care giving, terminal illness and companion animal death.

At World by the Tail, we care for people who care for pets.

Contact us at 1-888-271-8444 or online at www.veterinarywisdom.com. We can also be reached via email at info@wbtt.com. Our full product line and information about our counseling service is available online.



A Personal Note from Us to You

If you are reading this book, you will probably be saying a final goodbye to your beloved pet in the very near future. At World by the Tail, Inc., we understand that this is an emotionally difficult time. Each of us has experienced the grief of pet loss, too.

Because we've been there, we want you to know about a special keepsake that helped each of us cope during the days and weeks following our pets' deaths. That keepsake is a ClayPaws® print.

A ClayPaws® print is a life size impression of your pet's paw set in a modeling clay compound. A ClayPaws® print is as individual as a human fingerprint and is symbolic of the deep relationships we share with our beloved pets. In our experience, ClayPaws® prints are one of the best ways you can pay tribute to the special bond you have shared with your pet.

At World by the Tail, Inc., we manufacture and distribute ClayPaws®, the original paw print kit™, so we can provide comfort to people like you when your companion animals die. We recommend that you make a print for each child and adult in your family.

Our sincere condolences to you for the loss of your pet. If your veterinarian does not offer ClayPaws®, the original paw print kit, please visit us on-line at www.veterinarywisdom.com or call us at 1-888-271-8444 to order.

"I wanted to let you know how much ClayPaws® has meant to us. Satin, our first of two litter mate sisters, passed away July 2004 from cancer. Her sister Silkie passed away in February 2005, also from cancer. Both veterinary hospitals that treated our girls offered us the chance to forever capture additional memories of the "girls" by using your product ClayPaws® to do their paw prints. It has meant the world to us! Thanks again for your product. We wouldn't trade our ClayPaws® prints for anything."

Linda and Ron F., Pet Owners