

Volume 1 - Number 1

# TOY SHELTYE CLUB of AMERICA

NEWSLETTER  
Winter/Spring 2018



On The Cover: Toy Shelties from the past - "Shiloe" (PLS Shiloe's Whiskey River - as all 4 pups and "Sonora" (PL Sonora's Indian Summer) as the Mom (Sonora was the Aunt to Shiloe).

Full story to this and other plates from DANBURY MINT inside

This is the first issue of our clubs new newsletter. If you like it, and want it to continue, you all will need to contribute to its contents.

I am sure that each and every one of you has some helpful information or tips you can share with your fellow lovers of the Toy Sheltie. I know I have never had a conversation with a dog lover where I did not pick up something that I did not know before. Without submissions by you, we will NOT have the content we will need to continue this newsletter! It can be a photo submitted for the cover, or just to show us your Sheltie(s), something you write about some subject having to do with Toy Shelties that you have some knowledge of, a cute story about your Sheltie, or what ever, WE NEED YOUR CONTRIBUTIONS!

None of us has a lot of spare time so for this to work there will not be an Editor in the normal sense, if you submit something it will (in all probability) be included in an upcoming issue! All submissions will need to be in the PDF format as we will take what is submitted and bundle it with the other submissions for the following issue. Be sure and "spellcheck" any submission as it will not be checked prior to posting. We want this to stay positive, so please no negative comments about others (human or dog).

Some areas that would be great for submissions are:

Birthing Hints, Dew Claw removal, weaning tips, grooming hints, kennel maintenance, how to prepare for an inspection, and many other things (if it is of interest to you it will probably be of interest to other Toy Sheltie lovers)!

We can also do a page on upcoming litters or puppies available (give us your thoughts).

We would LOVE to have some regular contributors on subjects such as Health Care (a veterinarian or vet tech would be great). Training is another place for a regular contributor as well as an ongoing section on any problems people are encountering.

At least for now please email anything you want to submit, to me at [takeone@wildblue.net](mailto:takeone@wildblue.net) and in the "memo" line put "Newsletter Submission" (I, like many of you get a LOT of unwanted emails every day and I may delete submissions with nothing on the Memo line.

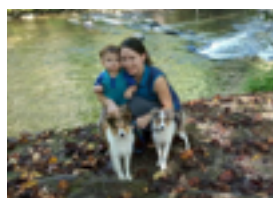
Much of this issue will be from information I have collected over the years and if you have better information please pass it on to me.

Thanks and lets hope we can make this work;  
Rick Lavers (Puppy Love Shelties)

ps - if you would like to be the publisher/editor please let me know (the job is open)!

## IN THIS ISSUE

### Meet The Staff:



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note - all these pages are in a PDF format so you can copy and print them for yourself as you want!

To submit something for the April - June issue simply write your submission with your “by line” and send it in PDF format to us. Include any photos you want in the “body” of your submission.

For TSCA members only - Announcements of available Shelties (pups or adults) should be done in the same way. Any announcement about an upcoming litter should just be emailed to us and we will work it in.



## ABOUT THIS QUARTERS COVER

My wife and I always try to have a professional photographer come out and do photos before the pups from a litter leave for their new home. We normally have Zandria

Muench-Beraldo come out as she only lives about an hour away, but on this one occasion in 2004 she was not available as she was helping her father with some photography (Zandria's grandfather is Joseph Munch, her father is David Munch and her brother is Marc Munch who all have done a great deal of photo work for "ARIZONA HIGHWAY'S" magazine). At that time most of the photos were being submitted to BROWN TROUT CALENDARS so we contacted them to see if they had any other photographers in our area. They only had one and she lived hours away in the Los Angeles area. We called Pam Marks (Paw Prince Photography) and we talked for a while. As it was, she had been contacted by DANBURY MINT about submitting some photos of young Sheltie pups and their mom for a project and for that reason she agreed to spend a day to come out to

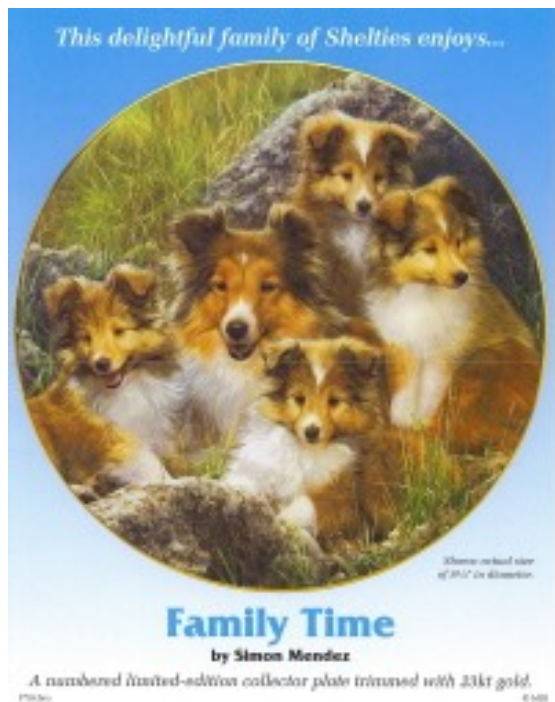
our place and photograph. BY the time she came out we only had one puppy here (the other pup in the litter had already gone to his new home), and the mother was "out of coat". We used the puppy we were keeping out of the litter ("Shiloe") and his Aunt ("Sonora") in place of his mother.

The photos she took went to DANBURY MINT who sent them to the artist Simon Mendez in Great Britain who then did an oil painting that was later transferred on to the plate that DANBURY MINT released as "Family Time". As things work out Simon Mendez liked the submitted photos enough that he used "Shiloe" again for the plate "Bedtime Prayer" and his face for some of the pups in "Garden Portrait". DANBURY MINT also released Christmas cards using the Family Time scene (but in a snow setting) and Bedtime Prayer. We of course purchased some - but have been able to find where we safely put them.

We have always felt extremely blessed to have been able to have some of our Shelties on these plates and cards!

the photo of "Shiloe" used for Bedtime Prayer (also reversed and used in Family Time)->

<- Garden Portrait ("Shiloe" was used for the puppies)



"Sonora" played Mom



"Family Time" Christmas Card



# The Pet Vaccine Controversy

By Helen Holbrook

Most pet owners are familiar with the traditional protocol of taking pets in for a series of puppy shots, and then for yearly booster shots. We trust our vets give the correct doses and needed shots. However in recent years controversy has strung up regarding what constitutes responsible pet vaccination. A startlingly high number of pets (particularly small dogs) are showing vaccine reactions, high cancer rates, high kidney disease rates, seizures, and even death following vaccination. Meanwhile science is bringing to light the fact that pet dogs are heavily overvaccinated. Many vets are coming out to protest the overvaccination that is taught in vets schools and forced on pet owners. The vaccination issues has multiple components: Overly large doses, how frequently we give vaccines, what vaccines are needed, the rabies shot issue, and whether we give monovalent or multivalent vaccines.

So why should we be concerned about vaccines in the first place? To cite Dogs Naturally Magazine "Forty years ago, there was a popular misconception within the veterinary field that vaccines could be given continuously without harming the animal. More recently, the dangers of vaccination have been brought to light. Some vets are paying attention while others still use repeated vaccination. They either don't believe or know of the research, or they're protecting their income. Pet owners have two choices: allow their vet to decide how often their pets are vaccinated, or research vaccine safety and take an active role. For pet owners who wish to protect their pets from unnecessary vaccination, here are five vaccine ingredients they should know.

## 1. Aluminium

Aluminum is the most common adjuvant in veterinary vaccines. Aluminum is linked to the degeneration of the brain and nervous system. It can also cause neurological dysfunction. It promotes brain inflammation, oxidative damage, reduces the levels of brain antioxidants (i.e., glutathione) and disturbs calcium homeostasis. In the immature and developing brain, it might lead to a number of neurodevelopmental conditions in humans, such as seizures. In the mature (especially the aging brain), these mechanisms can lead to progressive neurodegeneration, such as Alzheimer's disease and ALS. Alzheimers disease is caused by plaque formation in the brain and chemical analysis shows an aluminum core at the root of each plaque.

Research at UC Davis in California suggests up to 39% of aging dogs have at least one sign of dementia. The dogs had the same plaques as Alzheimer's patients. Leading immunologist Hugh Fudenberg MD, says that humans who received five flu vaccinations between 1970 and 1980 are ten times more likely to get Alzheimer's Disease than those who had only one or two shots. Fudenberg attributes this to aluminum and mercury, which almost every flu vaccine contains. The gradual accumulation of aluminum and mercury in the brain leads to cognitive dysfunction.

To learn more about how aluminum creates neurological disorders, [read Dr Russell Blaylock's recent contribution](#) to *Current Inorganic Chemistry*.

## 2. Thimerosal

This mercury based additive has been used as a preservative for decades – and apparently the extreme neurotoxicity that mercury in general and Thimerosal in particular have also been known for decades.

In 1935, Eli Lilly (the creator of Thimerosal), was contacted by veterinary vaccine manufacturer Pittman-Moore after they declared Thimerosal as completely safe. Pittman-Moore wrote to them:

“We have obtained marked local reaction in about 50% of the dogs injected with serum containing dilutions of Merthiolate (Thimerosal). Merthiolate is unsatisfactory as a preservative for serum intended for use on dogs.” (Director of Biological Services, Pittman-Moore Company, letter to Dr Jamieson of Eli Lilly Company dated 1935. U.S. Congressional Record, May 21, 2003, E1018, page 9).

Since then, repeated studies show the dangers of Thimerosal.

In 1967, a study in *Applied Microbiology* found Thimerosal killed mice when added to vaccines. In 1972, Eli Lilly found Thimerosal to be “toxic to tissue cells” in concentrations as low as one part per million (PPM), 100 times weaker than the in a typical vaccine. Despite all of this ongoing and emerging data, Eli Lilly “continued to promote Thimerosal as ‘nontoxic,’” even including Thimerosal in topical disinfectants. In 1977, ten babies at a Toronto hospital died when an antiseptic preserved with Thimerosal was dabbed on their umbilical cords. In 1982, the FDA proposed a ban on over-the-counter products containing Thimerosal. In 1991 the FDA considered banning Thimerosal from animal vaccines.

Finally, in 2006, researchers at UC Davis published a study connecting thimerosal with disruptions in antigen presenting cells known as dendritic cells obtained from mice. Researchers and parents had previously proposed links between childhood vaccines and autism, a neurodevelopmental disorder that affects language skills and social interactions. The UC Davis study indicates that in addition to being a direct neurotoxicant, Thimerosal may also be an immunotoxicant, leaving the immune system vulnerable to microbes and other external influences. *Samuel R. Goth et al., Uncoupling of ATP-Mediated Calcium Signaling and Dysregulated Interleukin-6 Secretion in Dendritic Cells by Nanomolar Thimerosal.*

Today, most veterinary vaccines still contain Thimerosal, despite the dire warning signs that have been present for nearly a century.

Why is Thimerosal necessary for vaccines?

Well, it turns out it isn't. Thimerosal has one function. It allows vaccine manufacturers to package vaccines in multi-dose vials. This means each vaccine will cost a few dollars less. Thimerosal would be completely unnecessary if vaccines were manufactured in single dose vials.

### 3. Contaminants

Contaminants found in vaccines are also behind many of the adverse reactions we see in dogs. “Contaminant” means anything that shouldn't be there. That's anything impure or unclean, is toxic or poisonous, or has the ability to create disease. Vaccines contain contaminants that can cause cancer, leukemia, autoimmune diseases and a myriad of other unwanted conditions.

An important scientific paper was published in April 2010 in the *Journal of Virology* (Isolation of an Infectious Endogenous Retrovirus [RD-114] in a Proportion of Live Attenuated Vaccines for Pets, *Journal of Virology*, April 2010, p 3690-3694, Vol 84, No 7). It showed how two teams of scientists, in

Japan and the UK, isolated a feline retrovirus (called RD-114) in both feline and canine vaccines in the UK and Japan. Had teams from America, or Germany, or Kazakhstan also been looking, they would probably have found the retrovirus, too. The contamination involved seed stock – the witches' brew of disease shared amongst vaccine manufacturers internationally, from which they make their vaccines.

The following are extracts from a related paper appearing in *Biologicals* in 2010. "RD-114 was first isolated from a human tumor cell line (RD cells) derived from a human rhabdomyosarcoma after passage through fetal cats, and is thought to be xenotropic."

Translation: they found this cat retrovirus in a highly malignant human tumor. "Xenotropic" means that it will be harmless in the original host species, but will cause problems (like tumors) in a different species.

In her article on *Vaccine Contaminants in the January 2013 issue of Dogs Naturally Magazine*, author Catherine O'Driscoll continues, "One of the authors of this paper wrote to me privately: 'If the ERV induces diseases in vaccinated animals and humans, it will take more than five years (in animals) to ten years (in humans) when the first patient appears. But it will take additional time to relate some diseases with specific vaccines because expected diseases are very common (such as cancers, lymphoma and autoimmune diseases). If so, when we are aware of the real risk of ERVs, it is too late because millions are infected with the viruses by the contaminated vaccines.'"

The only official checks made for contaminants in vaccines are for a few known pathogens, potentially missing a vast host of unknown, unstudied, small particles and chemicals. It's simply impossible to remove contaminants from vaccines.

#### 4. Animal Protein

Disease micro-organisms are often cultured on animal tissue including embryonic chickens or cow fetuses. When a vaccine is manufactured, it is impossible to divide the wanted virus from the unwanted animal tissue. It all gets ground up together and injected into your dog's body.

If a dog eats animal flesh or an egg, it is digested into simpler amino acids before entering the bloodstream. The digestive process in most cases changes protein molecules so they don't trigger an immune reaction. This is not the case for vaccines. They are injected undigested, directly into the bloodstream, where the foreign protein matter circulates throughout the body.

An immune response is triggered when the body detects foreign proteins. Killer cells (white blood cells) are sent out to consume the cells containing the foreign proteins and protein fragments. This process is nature's way of protecting the body from being overwhelmed by invading organisms and eventually succumbing to them. The foreign protein fragments are not always destroyed by the body as it is busy cleaning up the multiple viruses that have just been injected, along with the serious chemicals aluminum, Thimerosal, formaldehyde and more. So the foreign protein matter gets absorbed into body cells. T-Cells, sensing they are there, but unable to reach them directly, attack the body cells that harbor them. This can lead to autoimmune disorders including cancer, allergies, arthritis and more.

"Our ongoing studies of dogs show that following routine vaccination, there is a significant level of antibodies dogs produce against their own tissues...Some of these antibodies have been shown to target the thyroid gland, the connective tissue such as that found in the valves of the heart, red blood cells, DNA etc." Larry Glickman DVM, referring to the results of the [Purdue Vaccine Studies](#).

## 5. Money

The final vaccine ingredient to be discussed isn't injected into dogs, but the concept of vaccination itself. In 2005, the global vaccine market was \$6 billion. In 2012, it is \$34 billion. It's not surprising that more vaccines are manufactured for dogs and media hype frightens pet owners into using them. The canine influenza vaccine is an example.

In 2011, the media heavily covered canine influenza and the need for vaccination. At the center of most of the media articles reporting the need to vaccinate for canine influenza was Dr Cynda Crawford. Dr Crawford is a veterinarian at the University of Florida (UF) who led the research team that first identified the canine influenza virus in 2004.

Interestingly, Crawford, along with colleagues at UF, Cornell University and the U.S. Centers for Disease Control and Prevention (CDC), share intellectual rights to the canine influenza virus; Merck has licensed the right to use the virus to make a vaccine. However, Crawford maintains that she and the others do not receive compensation from vaccine sales.

The [VIN reports](#):

"Some veterinarians suspect that vigorous marketing of canine influenza vaccine plays a part in confusing perceptions of disease prevalence. Vaccine manufacturer Merck confirmed it markets the vaccine through "education of boarding facility operators, kennels, pet owners and veterinarians about the disease state and about steps they can take to encourage prevention." Told that some are concerned about overzealous marketing, Merck had no comment.

"Dr Crawford said that regardless of Merck's role in calling attention to the disease, documented infections are occurring. She said the company is making worthwhile contributions to scientific understanding of the disease."

When the dust settled in 2011, it appeared that canine influenza wasn't that big a deal after all. Dr David Lewis, director of consultation services at Antech Diagnostics and a consultant on VIN, said his lab saw no unusual flu activity outside of the New York City area in 2011.

**(NOTE:** So why do vets continue to vaccinate for the dog flu?

Cornell University Animal Health Diagnostic Center reported an uptick in positive results from greater New York City as well as from a single kennel in San Antonio, Texas. Idexx noticed eight cases in California, three in New York City and ten cases in Texas. Clearly, there was very little risk from canine influenza but much profit to be made.

The veterinary associations also have a pro-vaccination agenda. Animal vaccine researcher Dr Ronald Schultz says, "Few or no scientific studies have demonstrated a need for cats or dogs to be revaccinated." Dr Schultz published *An Ideal (But Not Proven) Immunization Schedule for Dogs and Cats* in 1978 and followed up with research where dogs were challenged with exposure to Distemper, Adenovirus and Parvovirus, anywhere from one to 11 years after vaccination. Every single dog was protected when exposed to the virus. These early recommendations prompted the AAHA to assemble a task force. In 2003, the American Animal Hospital Association Canine Vaccine Task Force evaluated the data from these challenge and serological studies. While noting core vaccines



had a minimum duration of immunity of at least seven years, it compromised in 2003 with the statement “revaccination every 3 years is considered protective.”

Task force member Dr Richard Ford, Professor of Medicine, North Carolina State University, said the decision to recommend a three year core vaccine revaccination schedule was a compromise. “It’s completely arbitrary...,” he said. “I will say there is no science behind the three-year recommendation...”

### **Why did the vets advocate a three year recommendation when the data showed vaccines lasted for at least seven years?**

“Profits are what vaccine critics believe is at the root of the profession’s resistance to update its protocols. Without the lure of vaccines, clients are less inclined to make yearly veterinary visits. Vaccines add up to 14 percent of the average practice’s income, AAHA reports, and veterinarians stand to lose big. I suspect some are ignoring my work,” says Schultz, who claims some distemper vaccines last as long as 15 years. “Tying vaccinations into the annual visit became prominent in the 1980s and a way of practicing in the 1990s. Now veterinarians don’t want to give it up.”

Learn more about the [AAHA vaccine guidelines](#).

Vaccination is fraught with problems that weren’t considered even a few short years ago. Vaccination programs should consider both the benefits and the inherent risks of each vaccine given to companion animals. Some vets are able to see through the politics and money that drive revaccination while others can’t. To protect their pets from unnecessary vaccination, pet owners must discover which camp their vet is in.

“I believe that before we continue to inject foreign substances year after year into our pets which I believe can cause them harm, that we should first make sure they absolutely need it. If they don’t, why do it?” says Michael Goldberg DVM. That’s a very good question indeed and one that both vets and pet owners should be able to answer.

“Did you know that a 160 pound Mastiff and a 10 pound Chihuahua both get the same amount of vaccine? Unlike every other veterinary drug, 1 ml of vaccine is given to every dog, regardless of his size according to standard veterinary protocol. There seem to be a few problems with this approach. Researchers (Moore, Guptill, Ward et al, in their study “Adverse events diagnosed within three days of vaccine administration in dogs” <http://www.ncbi.nlm.nih.gov/pubmed/16220670> ) looked at veterinary records gathered from Banfield veterinary clinics for two years to find any trends in reactions suffered three days after vaccination. What they found was that small breed dogs (especially if they were young or neutered), were at the greatest risk.

In fact, the risk increased as the body weight went down, just like a sliding scale. Overall, dogs weighing 11 pounds or less were four times more likely than dogs over 99 pounds to suffer an adverse event (and medium sized dogs also had an increased risk over larger dogs). Why Are Small Dogs More At Risk? Because vaccines contain only a small amount of antigen for safety reasons; you wouldn’t want your dog to get rabies from the vaccine! So vaccines contain either small amounts of inactivated antigen or, more recently, subunit antigen particles that look like a virus to the body but can’t really stimulate much of an immune response on their own.

So the vaccine needs to contain some pretty toxic ingredients called adjuvants (stuff like aluminum) that make the body respond to vaccines quicker, longer and more actively. These adjuvants create an inflammatory response that can range from a bump at the injection site to allergic reactions,

anaphylaxis and even cardiac arrest. With time, they may even lead to chronic allergies, joint disease and cancer – but we'll stick to adverse events that occur within 72 hours of vaccination, because most vaccine reactions that occur outside that timeframe (and many do!) aren't considered vaccine related by most vets and aren't reported.

So that's why small dogs are more at risk of vaccine damage...they get the lion's share of adjuvants (and other things like mercury, formaldehyde and foreign animal protein) in their 1ml of vaccine."

So why do small dogs get such a big dose? I called the manufacturer of a popular vaccine company Neotech and asked them. The answer is that they only tested the vaccine in one dosage size. They simply never bothered to put further research and money into testing these vaccines for approval in smaller doses!! They do not test their vaccine products for safety in tiny dogs or puppies or before getting approval for sale (or test for long term side affects) either. They simply use a few 20 lb mixed breeds, give them a vaccine overdose, and if they do not show any obvious physical reaction within a few weeks then the vaccine is considered safe to give to a 12 ounce puppy!! We used to see vaccine reactions frequently in toy breed puppies and now follow a very limited vaccine protocol with our dogs. Dr. John Robb has created a vaccine by weight dosage chart that is very helpful. Titer testing has shown these doses to be effective, and I have not personally had any vaccine reactions since starting this protocol.



**John Robb**

Historic Volume Based Vaccine Dosage Chart for Dogs!

Vaccine dosages are linear by weight.

Share this with your veterinarian! Share this with your fellow pet lover! Share with your legislators!

2 pound dog- 0.04 cc's  
5 pound dog - 0.1 cc's  
8 pound dog - 0.16 cc's  
10 pound dog - 0.2 cc's  
15 pound dog - 0.3cc's  
20 pound dog- 0.4 cc's  
25 pound dog- 0.5 cc's  
30 pound dog-0.6 cc's  
40 pound dog- 0.8 cc's  
50 pound dog- 1.0 cc

All dogs 50 pounds and up get 1.0 cc

Always check a rabies titer 2-3 weeks following vaccination to make sure the dog produced a protective titer. The 1992 "French Study " established 0.2 IU/ml as protective for dog's although for international travel the authorities have set 0.5 IU/ml as the acceptable level for travel.

So how frequently should we vaccinate? "The puppy's immune system is not fully mature, or active, until he is around six months of age, so the maternal antibodies provide passive immunity to each puppy. When a puppy with a reasonable amount of maternal antibodies is vaccinated, the maternal antibodies will essentially inactivate the vaccine, just as they would a real virus. The maternal

antibodies for distemper are fairly predictable and are usually low enough for vaccination to be effective at eight or nine weeks of age. In the case of parvovirus however, the maternal antibodies last a lot longer in most puppies, so vaccinating at eight or nine weeks wouldn't be all that effective.

In a study performed by Vanguard, it was found that a combination vaccine (which typically contains parvovirus, distemper and one to five other antigens), given to six week old puppies had only a 52% chance of protecting them against parvo.

At nine weeks of age, 88% of the puppies in the study showed a response to the vaccine. At 12 weeks, 100% of the puppies were protected. Some vaccines will provide protection earlier or later. What this study shows is that vaccinating puppies under 12 weeks of age for parvo, and certainly under nine weeks of age, is a high risk – low reward approach.”

Puppy shots are not boosters. Instead puppy vaccination entails vaccinating ever 3 weeks in the hopes that eventually the vaccine will work. Once puppies reach 16 weeks the vaccines are certain to work as the maternal antibodies have fully worn off. This means that puppies retain the immunity from the vaccine. Most vets recommend yearly vaccination after the initial puppy shots. However did you know your dog's (and your cat's) vaccines last a lot longer than this?

To cite Dog's Naturally “the duration of immunity for rabies vaccine, canine distemper vaccine, canine parvovirus vaccine, feline panleukopenia vaccine, feline rhinotracheitis, feline calicivirus, have all been shown to last a minimum of 7 years by serology (measuring blood antibody levels) for rabies and challenge studies for all the rest.

In the *Duration of Immunity to Canine Vaccines: What We Know and What We Don't Know, Proceedings – Canine Infectious Diseases: From Clinics to Molecular Pathogenesis*, Ithaca, NY, 1999, Dr Ronald Schultz, a veterinary immunologist at the forefront of vaccine research and chair of the University of Wisconsin's Department of Pathobiological Sciences, outlines the duration of immunity for the following vaccines:

#### Minimum Duration Of Immunity For Canine Vaccines

Distemper- 7 years by challenge/15 years by serology

Parvovirus – 7 years by challenge/ 7 years by serology

Adenovirus – 7 years by challenge/ 9 years by serology

Canine rabies – 3 years by challenge/ 7 years by serology

Dr Schultz concludes: “Vaccines for diseases like distemper and canine parvovirus, once administered to adult animals, provide lifetime immunity.” (*Are we vaccinating too much* JAVMA, No. 4, August 15, 1995, pg. 421) Yet vets continue to vaccinate annually. Dog owners feel that their vets are doing their dogs a great service by vaccinating every three years instead of annually – why do we allow it when these studies were done over thirty years ago and have been replicated time and again by other researchers?” You see veterinarians only practice what they were taught in vet school. They tend to not do much research outside of this expensive education. Additionally yearly vaccination is the bread-and-butter of the industry.

Core vaccines are the ones most vets recommend your dog should have as a puppy. These vaccines all protect against dangerous viral diseases, and they are: Rabies, Distemper, Parvovirus, Adenovirus.

The Non-Core vaccines include: Bordetella, Lyme Disease, Leptospirosis 4-way, Canine Influenza, Parainfluenza, Adenovirus Intranasal

Several of the non-core vaccines (Bordetella, Lyme and Leptospirosis) are bacterial vaccines. Bacterial vaccines have low efficacy rates coupled with high incidence of adverse reactions. This means they should rarely be used, and then, only after careful consideration of all the risks of vaccinating vs not vaccinating against these diseases.

I will refer back to Dog's Naturally here "There are many problems with the Leptospirosis vaccine, which is why many vets stay away from it. The two most important strikes against it are ...

1. It does not provide effective immunization
2. It has an extremely high rate of adverse reactions

Ironically, vaccinated animals can also shed the bacteria and infect humans. Unfortunately, many vets recommending Leptospirosis vaccines rely on information provided by the drug companies that make the vaccines, and, as a result, are not aware that the vaccine does not confer immunity – despite the fact that even the AVMA guidelines warn that 30% of dogs may not respond to the vaccine.

Canine Coronavirus (CCV) is **NOT** recommended by the American Animal Hospital Association (AAHA) because it:

1. causes mild or subclinical disease.
2. generally occurs in dogs younger than six weeks old.
3. is typically self-limiting.

In other words coronavirus that occurs in dogs old enough to be vaccinated against it is a mild illness that is not highly contagious. Additionally it is not common.

But what about kennel cough? To quote Dog's Naturally magazine "Your veterinarian, kennel owner, day care provider or groomer says your dog **should/must** be vaccinated against kennel cough... ...but you're trying not to over-vaccinate your dog.

More and more, pet parents are finding another vet, kennel owner, day care provider or groomer — or keeping their dog at home! Vaccination is a serious medical procedure with significant potential risks. **If that isn't enough, this vaccine is unlikely to prevent kennel cough.** It can even produce kennel-cough like symptoms. In general, if they have good ventilation and practice good hygiene, kennel cough shouldn't be an issue. Bordetella is *not* for dogs playing together in well-ventilated areas — like dog parks or backyards or living rooms. Think of kennel cough as a canine cold, transmitted as human colds are transmitted — from an infected individual in close contact



with another individual with compromised immunity. Like a cold, it is also considered a mild self-limiting disease.

If the person insisting on the Bordetella vaccine is afraid *other* dogs at their establishment will contract kennel cough from your *unvaccinated* dog, this person clearly doesn't trust that the *vaccinated* dogs actually have immunity. If they don't believe the vaccine is protective, why insist that you or anyone else vaccinate? World-renowned vaccination scientist, Dr. Schultz says [emphasis is mine]: "Many animals receive "kennel cough" vaccines that include Bordetella and CPI and/or CAV-2 every 6 to 9 months **without evidence** that this frequency of vaccination is necessary or beneficial. **In contrast, other dogs are never vaccinated for kennel cough and disease is not seen.** CPI immunity lasts at least 3 years when given intranasally, and CAV -2 immunity lasts a minimum of 7 years parenterally for CAV-I. These two viruses in combination with Bordetella bronchiseptica are the agents most often associated with kennel cough, however, other factors play an important role in disease (e.g. stress, dust, humidity, molds, mycoplasma, etc.), thus **kennel cough is not a vaccine preventable disease** because of the complex factors associated with this disease. Furthermore, **this is often a mild to moderate self limiting disease.** I refer to it as the 'Canine Cold.'"

Personally I used to vaccinate against Bordetella. I found that about half of my dogs would catch the illness from the vaccine. Others were not protected and caught it later as there are many strains. Additionally the vaccinated dogs were shedding the illness and giving it to everyone! This is one reason dog shelters have an abundance of dogs with kennel cough, they proactively vaccinate for it!

So what about rabies? While rabies vaccinations are proven to confer immunity that lasts between 5 years-life, most states only allow 1 year and 3 year rabies vaccination. I give the 3 year since it is the same dosage as the one year! There are vets pushing to change the legislation regarding rabies vaccinations and I hope they succeed! While many holistically minded vets can be found who will give size adjusted doses of distemper or parvo vaccines, they legally are not allowed to give a rabies shot in any other dose than 1 ml. So I wait until my dog is fully grown to vaccinate for rabies to minimize the any reactions.

Can't find a vet who will give size adjusted doses? Pet owners can also purchase their own distemper and parvo vaccines through local pet stores, feed stores, or online companies and administer these vaccines themselves.

Unlike a vaccine such as rabies, which contains a single virus, parvo and distemper vaccinations are usually given in combination vaccines that contain multiple "modified live" viruses mixed with various bacteria. You've probably seen combo shots listed on your vet bill as DHLPP, DHLPPC, DA2LPPC, 5-Way, 6-Way, 7-Way, 7 in 1 or the like. So why do vets use these combinations? Profit and convenience are the big selling points. Vets in large corporate practices (such as Banfield), even those who don't like combo shots, may be under orders to use them. I suspect some vets don't realize (or want to believe) how dangerous these weapons of over-vaccination can be.

According to Dogs Naturally Magazine "pharmaceutical reps, frequent visitors to veterinary clinics, promote the shot's many benefits for the vets while minimizing potential risks for pets. Adverse reaction reporting is voluntary and rare. The 2007 World Small Animal Veterinary Association (WSAVA) Vaccine Guidelines reports (regarding all vaccines) there is: "gross under-reporting of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these

products.” Unless a vet is an avid veterinary journal reader, he/she may be stuck in the mindset of believing shots are safe and that if shots are good, more shots are better.

Proponents say that the combo saves Spot multiple needle pricks, and saves you and your vet time and money. True — but only if vaccinating against multiple diseases is really necessary ... and only if expensive adverse reactions don't occur.

Author Catherine J.M. Diodati wrote about combination shots in her Vaccine Guide for Dogs & Cats: “The number of pathogens plus toxic and carcinogenic chemicals that the animals are exposed to all at once generate an enormous toll on the immune system. The results can be devastating.”

Small dogs and puppies suffer more adverse reactions when receiving multiple antigens at once.

Melissa Kennedy, DVM, PhD, DACVIM wrote in DVM360 on-line magazine: “The likelihood of adverse reactions in dogs has been found to correlate with the size of the dog and the number of inoculations given, with higher risk associated with small size and multiple inoculations.”

Renowned pet vaccination expert Dr. Jean Dodds has written about combo shots that they: “can overwhelm the immunocompromised or even a healthy host.... The recently weaned young puppy or kitten being placed in a new environment may be at particular risk.”

This means: no combo shots for small dogs — or any other dog for that matter. And NEVER EVER GIVE ANY OTHER SHOT — ESPECIALLY A RABIES SHOT — WITHIN 3 WEEKS OF A COMBO. This also means no Bordetella given nasally. Giving rabies and Bordetella with a combo could mean as many as 9 shots in one day. Some dogs don't survive this.”

So what other options exist? I use Neotech vaccines which are monovalent (one disease only). I vaccinate for parvo and distemper and rabies only, and always vaccinate 3 weeks apart. This means my puppies are given parvo shots at 9, 12, and 16 weeks, then a distemper at 19 weeks, then much later a rabies vaccine. If your vet refuses to accommodate you find a new vet, preferably someone who is holistically minded and researches issues out of concern for their furry charges. You can also do titer testing to confirm immunity.

## DANGERS OF XYLITOL

by Liz Donovan for The American Kennel Club /  
December 16, 2015

A substance called Xylitol is making thousands of dogs sick and even causing death, affecting more pets now than ever before, and it's probably in your home right now.

Cases of Xylitol poisoning in dogs have increased dramatically in recent years, *The Wall Street Journal* reported, citing statistics from the *Pet Poison Helpline*, which received 10 times as many calls relating to Xylitol by November 2015 than in all of 2009.



"There are still a lot of dog owners who have never heard of Xylitol", Ahna Brutlag, associate director of veterinary services for the hotline told *The Wall Street Journal*. "Nor do they understand that something this benign, an ordinary sweetener, could be toxic to pets"

Learn about this substance, why it's dangerous to dogs, and what to do if your dog eats it.

### What Is Xylitol?

Xylitol is a sugar substitute most often associated with "sugar-free" chewing gum and mints, but it's also found in some brands of peanut butter, toothpastes, certain medications, vitamins and many sugar-free products (chocolate, JELLO, yogurt, pudding), and even some household products such as baby wipes and lip balm. A comprehensive list of products is available from the AKC. VCA Hospitals reports that Xylitol is 100 times *more toxic to dogs than chocolate*.

### Why Is Xylitol So dangerous?

According to Caroline Coile, *AKC Family Dog* Nutrition & Health columnist: "The dog's pancreas confuses Xylitol with real sugar and releases insulin to store it. The insulin removes real sugar from the bloodstream and the dog can become weak, and have tremors and even seizures starting within 30 minutes of eating it". Other symptoms of hypoglycemia include poor coordination and vomiting/diarrhea.

Liver failure (and death) can also result from Xylitol ingestion, and symptoms can take as much as eight hours to show up. A dog only needs to consume a very little amount of Xylitol to receive a deadly dose. As much as two pieces of gum can cause a problem in a small-breed dog.

### How Is Xylitol Poisoning Treated?

If you suspect your dog ate something with Xylitol in it, no matter how little it was, contact your veterinarian (or emergency veterinarian if off-hours) immediately.

"Because the amount of Xylitol in gum and other products varies so widely and because some manufacturers don't report how much is in their product, it's important to call your veterinarian as soon as possible if he ate something with Xylitol in it", Coile says.

## PEANUT BUTTER / XYLITOL POISONING

A good prognosis is dependent on how quickly the pet is treated. Your veterinarian may need to stabilize your pet's blood sugar, give intravenous fluids, monitor your pet, and use other therapies to treat symptoms.

How Can I Protect My Dog?

**Read The Ingredients:** If you're offering your dog *peanut butter*, look for Xylitol in the ingredients, as some brands, namely specialty brands, are using the sugar substitute to sweeten their product. Also, check the label on products with buzz words relating to sugar, such as "reduced sugar", "Diabetic-friendly", "cavity-free", or "no sugar added", for example, as these also may contain Xylitol.

**Keep gum, candies, mints and purses out of reach:** Even if you don't typically have these items in your home, be sure that guests visiting keep their purses out of the dog's reach in case they are carrying Xylitol-containing medications or products, such as gum, mints, or candies. Also, *be aware of household products* that contain Xylitol and find alternatives or store them where your dog cannot reach them.



**Be prepared:** Post the phone number to the *Pet Poison Hotline* (855-764-7661) as well as the number and address for your local emergency veterinarian in a place where all household members can see it. This is a good idea for all pet-related emergencies. That way, if your dog eats Xylitol or another toxic substance, you'll save precious minutes getting him treatment immediately.



The puppies are asking you for "Treats" like they see you eating.  
What do you do? Try this, all our dogs LOVE them.

Mother Monica's  
**PUMPKIN COOKIES FOR DOGS**

**ingredients:**

1 1/2 cups whole wheat flour  
1/2 cup pumpkin, canned  
1 tablespoon brown sugar  
1/2 teaspoon ground cinnamon  
1/2 teaspoon baking powder  
1/2 teaspoon ground nutmeg  
4 tablespoons "Crisco"  
1 whole egg  
1/2 cup buttermilk

**directions:**

Preheat oven to 350 degrees. Combine flour, baking powder, cinnamon and nutmeg and cut in shortening. Beat egg with milk and pumpkin and combine with flour mixture, mixing well.

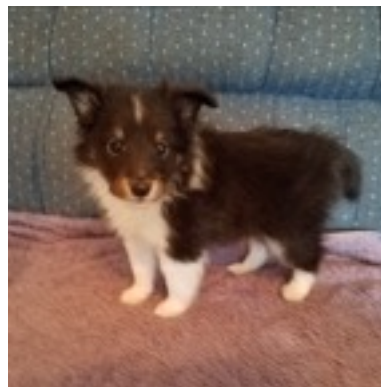
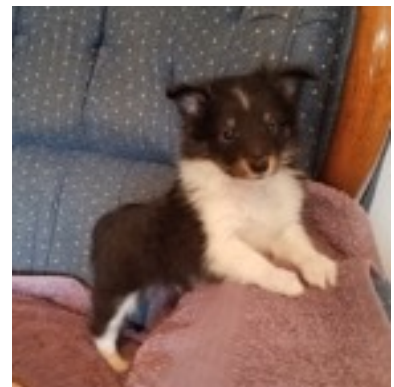
Stir until soft dough forms. Drop by tablespoons on to cookie sheet covered with "parchment paper" (or roll out with a lightly flowered rolling pin and cut with a cookie cutter and place on cookie sheet covered with "parchment paper")  
Bake for 12 to 15 minutes. Let cool and serve !



## HOW MUCH IS THAT SHELTYE IN THE WINDOW?

### Toy Sheltie Pups Available Now

**NOW AVAILABLE:** “Peter Pan”, A spunky TINY boy out of beautiful “Smokey” & “Tinkerbelle. He is consistently charting 6-7 pounds fully grown (17 oz @5 weeks). He has a wonderful personality, and is very confident, playful, and sweet. He is out of fully health tested parents, and has been raised using the “super puppy” and “puppy culture” techniques to build a well rounded confident temperament. He will be UTD on wormings, shots, CKC registered. He is \$1650. Video at <https://youtube/OoVceAdapc> . He was born 12/27/2017 and will be ready to go mid-February. My puppies are raised using holistic care, training, and feeding methods. Located in Gilbert, South Carolina. For more information please contact Helen Holbrook (803) 807-1116 [www.holbrookdogs.com](http://www.holbrookdogs.com)



### UPCOMING LITTERS:

Donna Waugh (K-Li's Kritters) is expecting litters of Toy Shelties in March/April.

You can contact Donna in West Virginia at:

[www.kliskritters.com](http://www.kliskritters.com)

[dkwaugh@frontier.net](mailto:dkwaugh@frontier.net)

(304) 856-1275 / (540) 398-9480

# FIRST AID

## A Summary of First Aid Tips for Pet Owners

### PET EMERGENCY NUMBERS

Fill in phone numbers where appropriate

Veterinarians Phone Number: \_\_\_\_\_

After-hours Emergency Veterinary Clinic Number: \_\_\_\_\_

**National Animal Poison Control Center Hotlines \***

**(800) 548-2423    (900) 680-0000**

\* For the 800#, the charge is \$30 per case (credit cards ONLY).

\* For the 900#, the charge is \$20 for the first five minutes, \$2.95 per minute thereafter.

### Vital Signs

What should they be:

Temperature: Dogs & Cats: 101 F. to 102.5 F.    (below 100 F or above 103 F is abnormal)

Heart Rates:        Dogs = 70-160 beats/minute        Cats = 160-240 beats/minute

Respiratory Rates: Dogs = 10-30 breaths/minute        Cats = 20-30 breaths/minute

NOTE ! Use a rectal (NOT ORAL) thermometer for pets (digital ones are GREAT)

Heart rate can be checked by placing a hand over the animals chest.

Respiration can be measured by observing the flanks.

Measure both rates for 15 seconds - then multiply by four to get the rate per minute

Make sure animal is in a calm, resting state to get normal rates!

### Helpful Items to Have on Hand

\*Gauze Pads and Rolls, Rolled Cotton and Veterinary Self-adhesive Wrap

\*Thermometer (RECTAL)    \*Tweezers & Pliers        \*Antibiotic Cream & Antiseptic

\*Calamine Lotion & Petroleum Jelly        \*Cotton Swab Sticks        \*Eye Dropper

\*Blunt-end Scissors to safely cut bandages or cut hair away from wound on pet

\*Extra Blankets, Towels, Pillows and Tube Socks for Slipping Over an Injured Paw

\*Transport Crate to Carry Pet to Veterinarian

**The following situations generally require veterinary attention.**

**These tips are designed to help you stabilize your pet while veterinary help is being obtained !**

Bleeding	page # 48	Unconsciousness	page # 48
Vomiting	page # 48	Choking	page # 48
Heat Stroke	page # 49	Limping	page # 49
Bee or Wasp Sting	page # 49	CPR for Pets	page # 50



## Bleeding

note! - clotting problem - possible exposure to rat poison

### Action Steps:

- + Arterial bleeding is an immediately life-threatening situation. Arterial blood will be bright red, will bleed in “spurts”/ will be difficult to stop and requires **IMMEDIATE VETERINARY ATTENTION!**
- + For any type of bleeding, place a clean cloth or sterile gauze over the injured area.
- + Apply direct pressure for AT LEAST 5 to 7 minutes to stop bleeding.

Don't apply a tourniquet unless absolutely necessary.

## Unconsciousness

possible reasons: drowning, electrocution, trauma, drugs

### Action Steps:

- + In case of drowning, clear the lungs of fluid, lift animal's hind quarters high overhead and squeeze chest firmly until fluid stops draining.
- + In case of electrical shock, DO NOT touch the pet until it is no longer in contact with the electrical source.
- + In case of airway obstruction, the object will need to be gently removed. (see “Choking”)
- + If animal is not breathing and has no pulse start CPR. (see “CPR”)

## Vomiting

possible causes: poisoning, injury, motion sickness, disease, fear, parasites

### Action Steps:

- + Examine vomit for blood or other clues as to cause.
- + If poisoning is suspected, CALL THE POISON HOTLINE, bring a sample of the suspected poison, preferably in its original packaging, to the veterinarian.
- + Gently press on stomach to detect any abdominal pain.
- + Withhold all food and water until a veterinarian has been consulted.

Abdominal pain, enlarged stomach and unproductive vomiting are serious signs. CALL YOUR VETERINARIAN IMMEDIATELY!

## Choking

possible causes: foreign object, allergic reaction

### Action Steps:

- + Gently pull tongue forward & inspect mouth & throat. If a foreign object is spotted, hold the mouth open & attempt to remove it by hand, with tweezers or a pair of small pliers. Take care not to push the object farther down the animal's throat.

- + If the animal is not breathing, start CPR. (see “CPR”)  
(page 48)



## Heat Stroke possibly from excessive heat, lack of shade, overexertion, lack of water, etc.

### Action Steps:

- + Place in a cool or shady area.
- + Immediately bathe animal with tepid water (DO NOT LEAVE UNATTENDED)
- + Monitor rectal temperature, when temperature drops below 103F, dry pet.
- + Continue monitoring temperature and transport to veterinarian.  
DO NOT ALLOW ANIMAL TO BECOME EXCESSIVELY CHILLED !

## Limping

possible causes: broken limb or digit, arthritis, injury, dislocation, sprain, etc.

### Action Steps:

- + Attempt to localize injury through GENTLE inspection.
- + Once localized, examine affected area to check for pain, heat, injury and swelling.
- + If a fracture is suspected, GENTLY stabilize limb for transport. (see handling & transporting tips)
- + Cover any wounds with a clean cloth (see "Bleeding")

## Bee or Wasp Sting

### Action Steps:

- + Bee Stings are acidic - neutralize with BAKING SODA
- + Wasp Stings are alkaline - neutralize with VINEGAR or LEMON JUICE
- + Apply cold pack.
- + Apply calamine or antihistamine cream.
- + In case of severe swelling or difficulty breathing - see your VETERINARIAN IMMEDIATELY!

## Handling and Transportation Tips

- + Don't assume a pet won't bite or scratch
- + Don't try to comfort an injured pet by hugging it - DON'T put your face next to its head.
- + Muzzle dogs if necessary with gauze, soft towel, etc. - wrap cats in a towel.
- + Perform any examinations slowly & gently. STOP if pet becomes agitated.
- + Don't attempt to lift or drag a large injured dog. Improvise a stretcher to use !
- + Before transport try to stabilize injuries. Rolled magazines or newspapers can serve as impromptu splints. Pad limb and splint generously with rolled cotton & gauze if available or improvise with suitable pillows, pieces of blanket, towels, etc. Make sure splint immobilizes joints above & below injury.

- + Lay animal on its side and remove any obstructions in airway (open mouth), pull tongue forward, extend neck and sweep mouth with finger.
- + If airway is clear, extend neck, hold tongue out of mouth and close animal's jaws over tongue.
- + Holding jaws closed, breath into both nostrils for 5 to 6 breaths. If no response, continue artificial respiration (see below). If there is no pulse, begin cardiac compressions.
- + Depress widest part of chest wall 1.5 to 3 inches with one or two hands.
  - Dogs over 60 lb. = 60 times/minute
  - Animals 11 to 60 lb. = 80 to 100 times/minute
  - Animals 5 to 10 lb. = 120 to 40 times/minute
  - For very small animals (1 to 5 lb.), place hands around rib cage and apply cardiac massage.
- + Continue artificial respiration
  - Dogs over 60 lb. = 12 breaths/minute
  - Animals 11 to 60 lb. = 16 to 20 breaths/minute
  - Animals less than 10 lb. = 30+ breaths/minute

This information is provided as a guide only by:  
**ROYAL CANIN, USA, inc.**

You should **ALWAYS** talk with **YOUR** veterinarian about **ANY**  
and **ALL** emergency procedures.

## **Human Years to Sheltie Years**

Just as a person ages, your pet will slow down as it grows older. The biological clock moves much faster for pets than it does for people. Instead of taking 18 years to reach physical maturity as people do, Shelties mature when they are slightly more than one year old.

### **YOUR SHELTIES AGE IN HUMAN YEARS**

<b>SHELTIE</b>	<b>HUMAN</b>
1 year	15 years
2 years	23 years
3 years	27 years
4 years	31 years
5 years	35 years
6 years	39 years
8 years	47 years
10 years	56 years
12 years	65 years
14 years	75 years
16 years	86 years
18 years	98 years

As you can see, a Shelties age does not work out to a 7 to 1 ratio as most people believe!

**Aging Pets** are like aging people in many ways. They may walk stiffly and have problems going up and down stairs. You may notice gray hair developing, a duller, drier coat and hazy eyes. They can have many of the same physical problems that people do - failing eyesight and hearing, arthritis, heart, kidney, liver and dental problems.

**Obesity can reduce life expectancy by 30 to 50%.** A diet especially formulated for the needs of your aging pet is very important. Slowing metabolism and lower activity levels make older pets more prone to obesity. Extra pounds place a burden on heart, lungs, kidneys, joints and muscles.

**Your vet** will tell you when it is time to make a change in your Shelties diet.

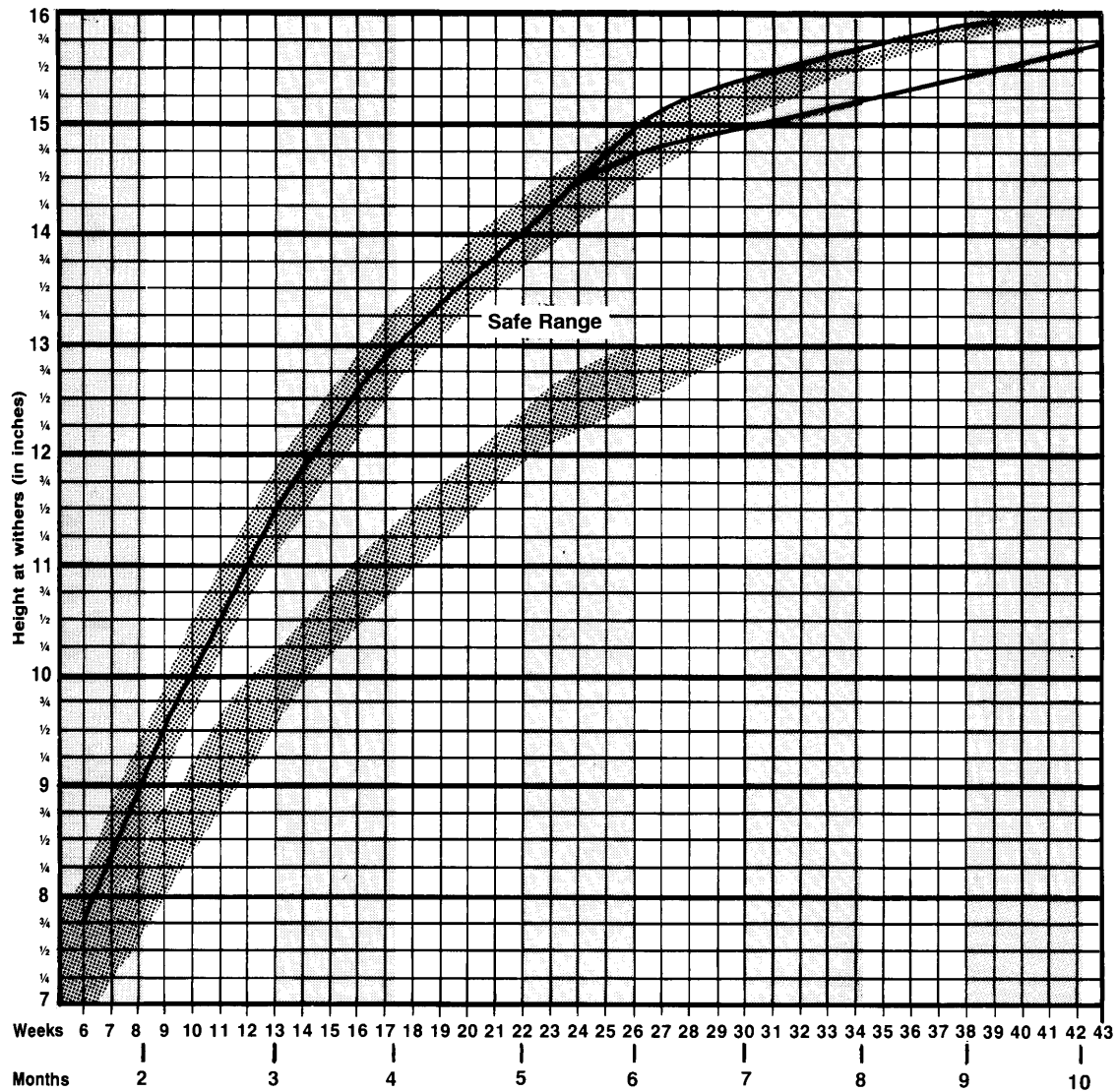
## GROWTH CHART

### SHELTIE TALK CHART

#### SHELTIE GROWTH CHART

This chart, adapted by Phyllis Holst from tables kept by Evelyn Davis (Sea Isle) and Jo Parker (Parcana) shows maximum height for puppies expected to mature under 16 inches. You may want to copy it and chart the growth rate of your own litters.

There is no chart available showing growth rate on small Shelties that can be expected to mature in size. With either over or undersize, a great deal depends upon the age at which the puppy stops growing. For some this is as early as six months, while others continue to grow up to eighteen months. The most reliable indication that growth will continue are big knuckles at the pastern joint.



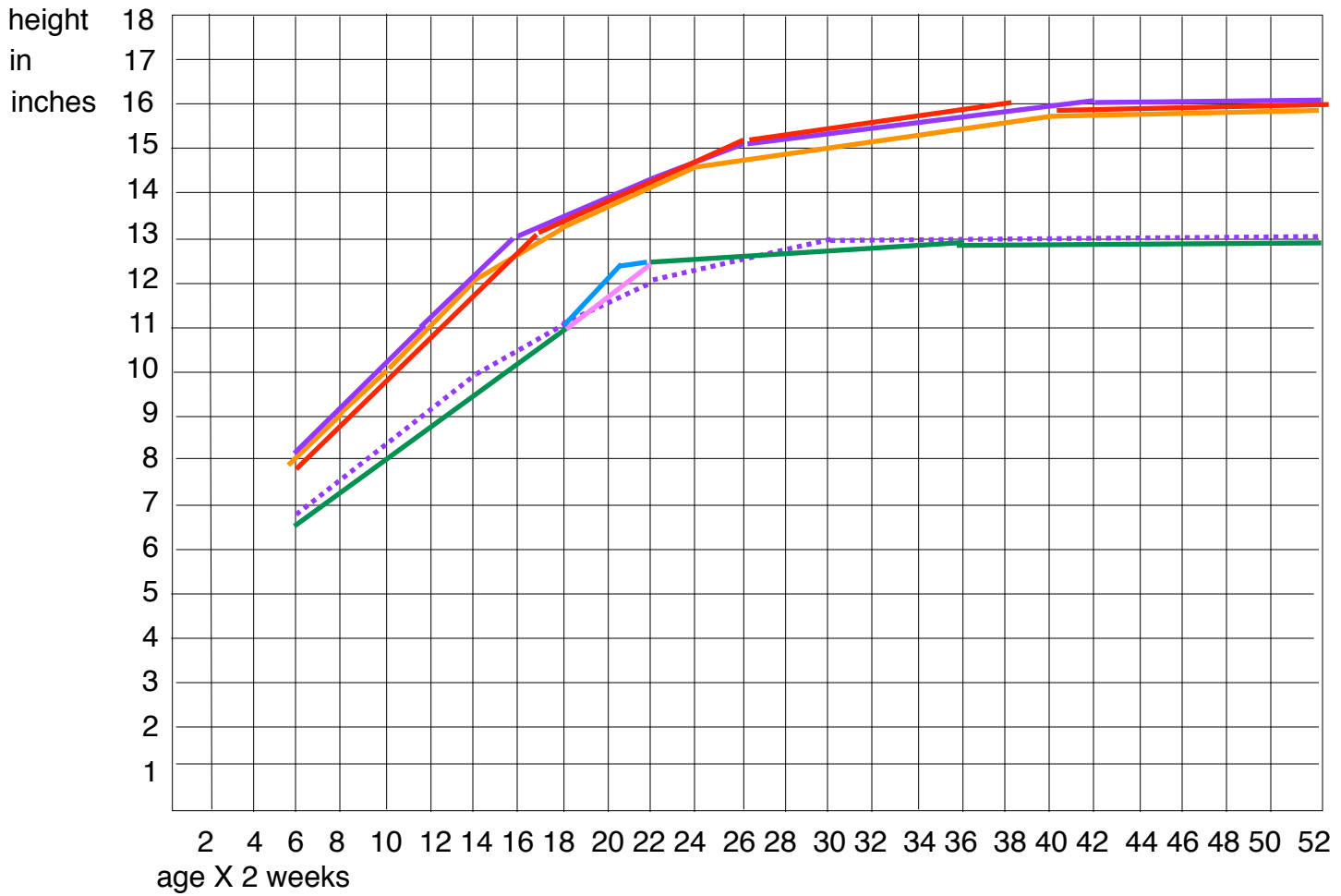
Screened area shows Nobel growth chart for top and bottom sizes imposed over Sea Isle chart.

Note - Both Parker and Davis list 9½ inches at 10 weeks.



dogs name:

## HEIGHT GROWTH CHART in inches - vs - 2 week periods



- Sea Isle Growth Chart
- Nobel Growth Chart (top line)
- Nobel Growth Chart (bottom line)
- Pow Line Growth Chart (small)
- Pow Line Growth Chart (oversize)

dogs name:

# WEIGHT GROWTH CHART

in pounds - vs - 2 week periods  
Pow Line Weight Chart



# I AM YOUR PUPPY

and I will love you until the end of the Earth,  
but please know a few things about me.

## I am a Puppy;

I will chew EVERYTHING I can get my teeth on. This is how I explore and learn about the world.

Even HUMAN children put things in their mouths. It's up to YOU to guide me to what is mine to chew and what is not.

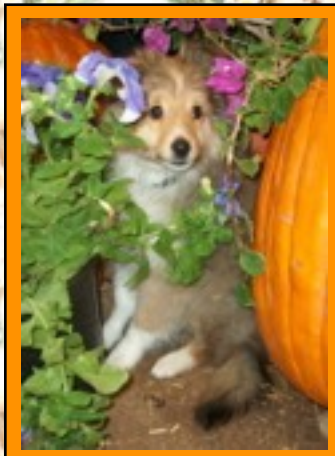
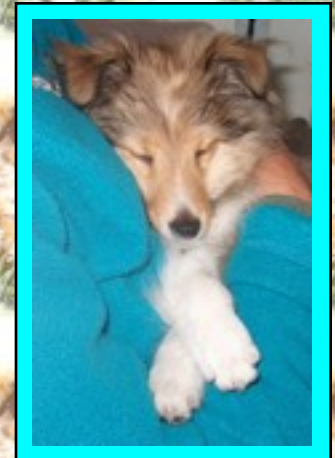
## I am a Puppy;

I cannot hold my bladder for longer than 1-2 hours.

I cannot "feel" that I need to poop until it is actually beginning to come out.

I cannot vocalize nor tell you that I need to go,  
and I cannot have "bladder and bowel control" until 6-9 months.

Don't punish me if you have not let me out for 3 hours and I tinkle. It is YOUR fault.



## As a Puppy,

it is wise to remember that I NEED to go potty after Eating, Sleeping  
Playing, Drinking and around every 2-3 hours in addition.

If you want me to sleep through the night, then do not give me water  
after 7 or 8 p.m.

A crate will help me learn to housebreak easier,  
and will avoid you being mad at me.

## I am a Puppy,

I like to play.

I will run around, and chase imaginary monsters, and chase your feet  
and your toes and

"attack" you, and chase fuzz balls, other pets, and small  
kids. It is play; it's what I do.

Do not be mad at me or expect me to be sedate, mellow and sleep all day.

If my high energy level is too much for you,  
maybe you could consider an older rescue from a shelter or "Rescue Group".

My play is beneficial, use your wisdom to guide me in my play with  
appropriate toys and activities like chasing a rolling ball, or gentle tug games,  
or plenty of chew toys for me. If I nip you too hard, talk to me in "dog talk", by  
giving a loud YELP. I will usually get the message, as this is how dogs  
communicate with one another.

If I get too rough, simply ignore me for a few moments, or put me in my crate with an  
appropriate chew toy





### I am a Puppy;

hopefully you would not yell, hit, strike, kick or beat a 6 - month old human infant,  
so please do not do the same to me.

I am delicate, and also very impressionable.

If you treat me harshly now, I will grow up learning to fear being hit,  
spanked, kicked or beat.

Instead, please guide me with encouragement and wisdom.

For instance, if I am chewing something wrong, say, "No Chew!"  
and hand me a toy I CAN chew.

Better yet, pick up ANYTHING that you do not want me to get into.

I can't tell the difference between your old sock and your new sock, or an old sneaker  
and your \$200 Nikes.

### I am a Puppy,

and I am a creature with feelings and drives  
much like your own, but yet also very different.

Although I am NOT a human in a dog suit, neither am I an unfeeling  
robot who can instantly obey your every whim.

I truly DO want to please you, and be part of your family, and your life.

You got me (I hope) because you want a loving partner and companion, so do not  
relegate me to the backyard when I get bigger, do not judge me harshly but instead  
mold me with gentleness and guidelines and training into the  
kind of family member you want me to be.

### I am a Puppy

and I am not perfect, and I know you are not perfect either. I love you anyway.  
So please, learn all you can about training and puppy behaviors and caring for me from  
your Veterinarian, books on dog care and even researching on the computer!

Learn about my particular breed and it's "characteristics"; it will give you  
understanding and insight into WHY I do all the things I do.

Please teach me with love, patience, the right way to behave and socialize me with  
training in a puppy class or obedience class, we will BOTH have a  
lot of fun together.

### I am a Puppy

and I want more than anything to love you, to be with you, and to please you.

Won't you please take time to understand how I work?

We are the same you and I, in that we both feel hunger, pain, thirst, discomfort,  
fear, but yet we are also very different and must work to understand  
one another's

language, body signals, wants and needs.

Some day I will be a handsome dog, hopefully one you can be proud of and one  
that you will love as much as I love you.

### Love; Your Puppy

(Copyright 2000, by J. Ellis - Photos "Shiloe" owned by Rick & Monica Lavers)

