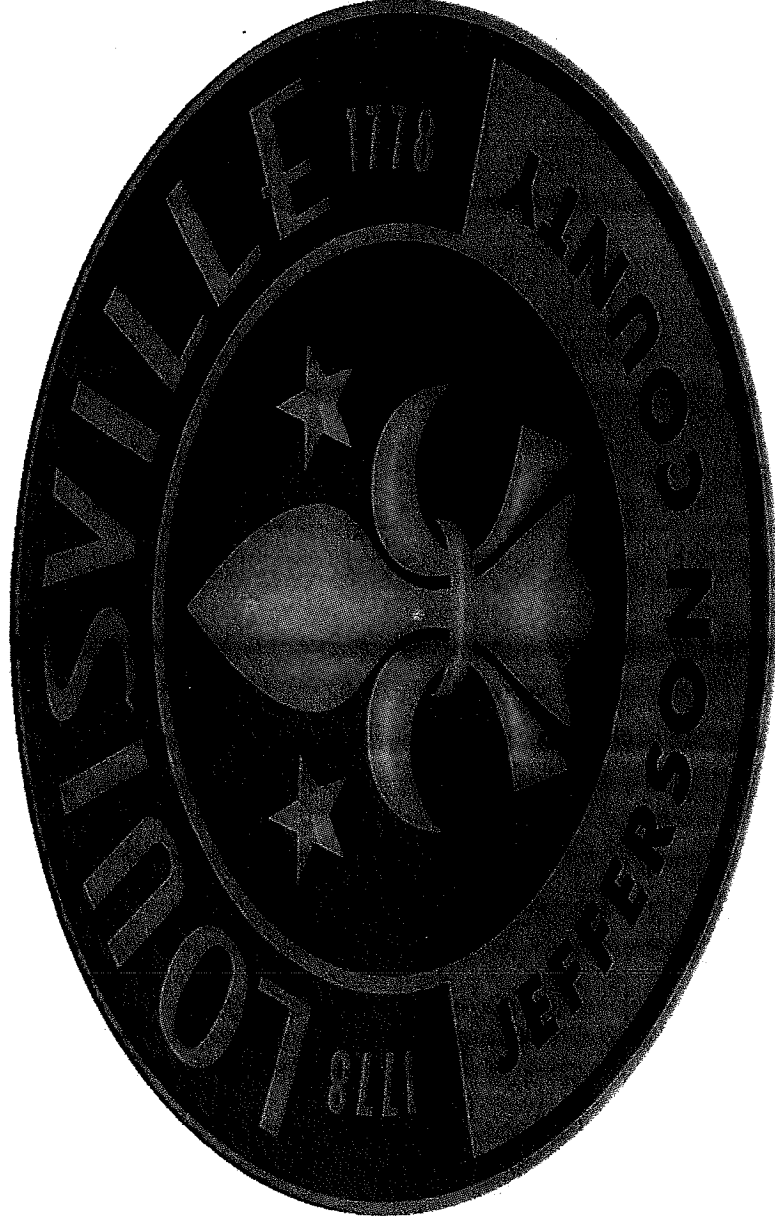




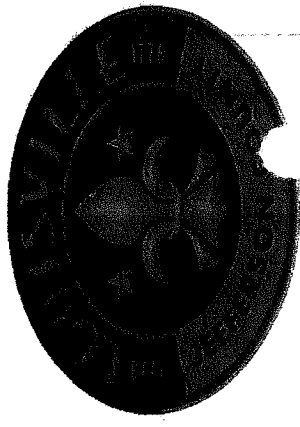
# **METRO ANIMAL SERVICES**

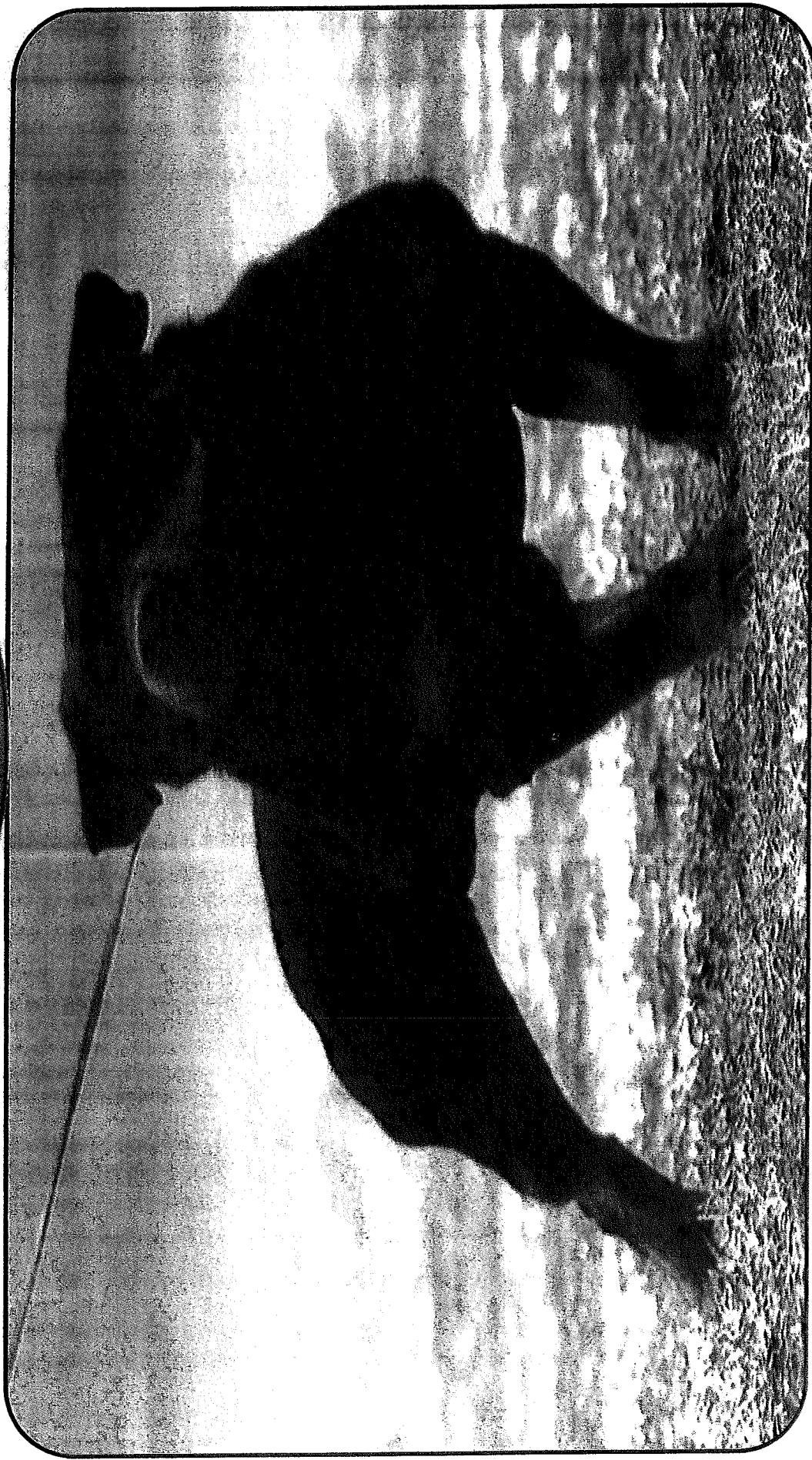
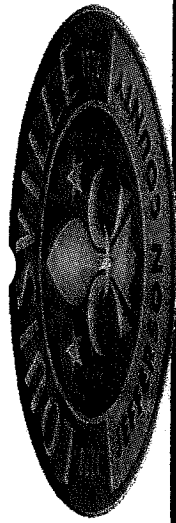
**Dangerous Dog Training**

**Richard Price  
Compliance & Enforcement**

# OBJECTIVES

- Significant statistics
- Understanding dog behavior
- Body language
- Safety tips
- Protective Equipment

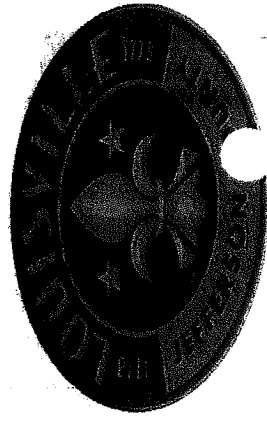




Dog Attack (SWMS 2013)

# SIGNIFICANT STATISTICS

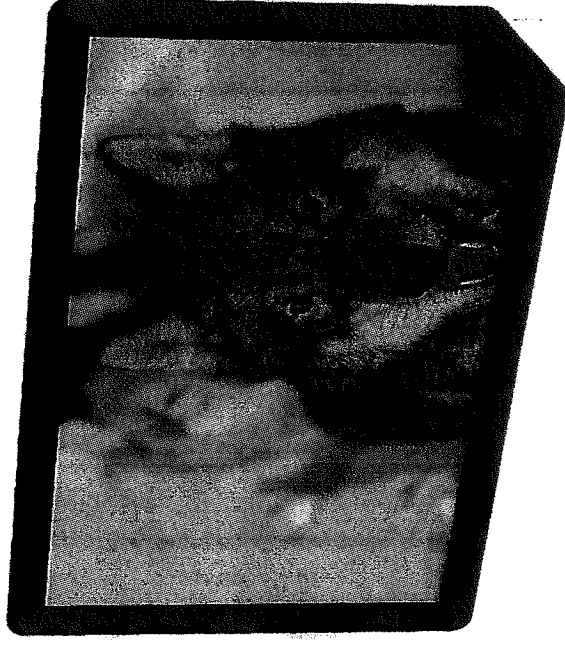
- 4.7 million Americans annually are bitten by dogs
- Approximately 5,000 service workers are bitten annually by dogs
- Approximately 12 people die from dog bite incidents annually
- Un-neutered dogs are more than 2.6 times more likely to bite than neutered dogs
- Dog bite reports increase between March and September, with a peak month of July
- Most dog bites go unreported



# DOG BEHAVIOR

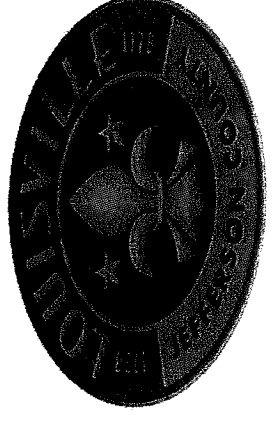
- Evolved from **Wolves**

- Live in a hierarchy
- Intense loyalty
- Chase-proneness



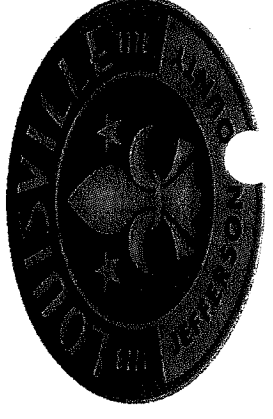
- Dogs are **very territorial**

- Strong urge to protect/defend
- More likely to bite when on or near their property

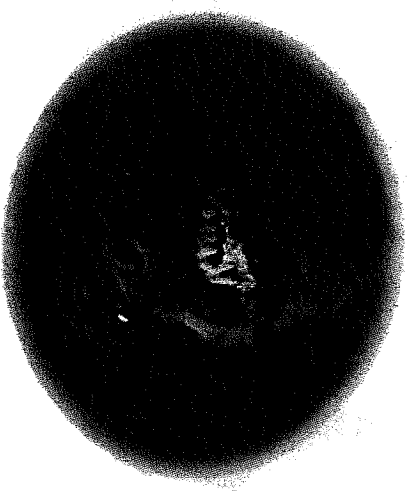


# DOG BEHAVIOR

- Dogs are **creatures of habit**
  - Has the ability to plan based on the habits of humans
  - Can create a system of communication
- Dogs are extremely **scent-oriented**
  - Can smell fear/aggression
  - Makes decisions based on the “odor” of the moment



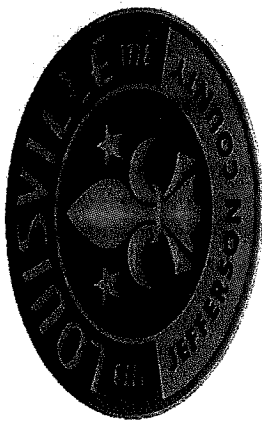
# DOG BEHAVIOR



Why Dogs Bite?

AGGRESSION!

- Dominance aggression
- Defensive or fear aggression
- Protective/territorial aggression
- Predatory aggression - (Multiple dogs)

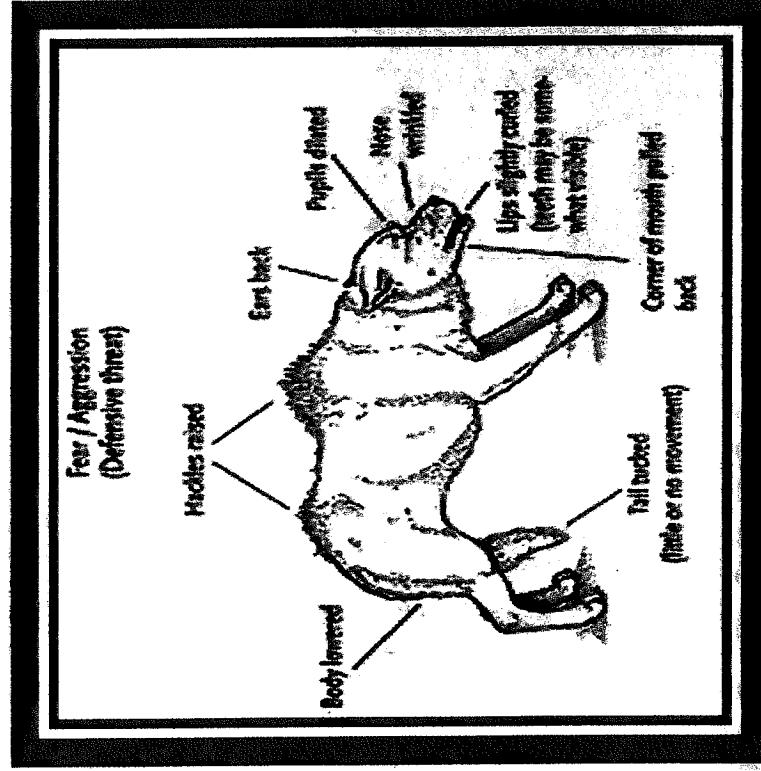
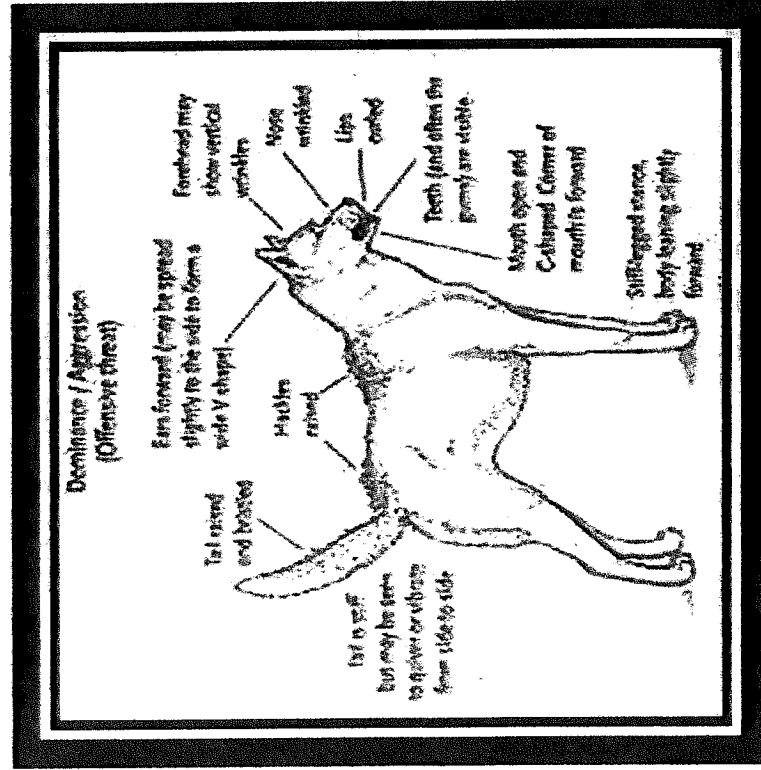




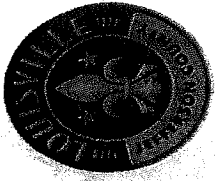
# BODY LANGUAGE

## DOMONANCE AGGRESSION

## DEFENSIVE/FEAR AGGRESSION

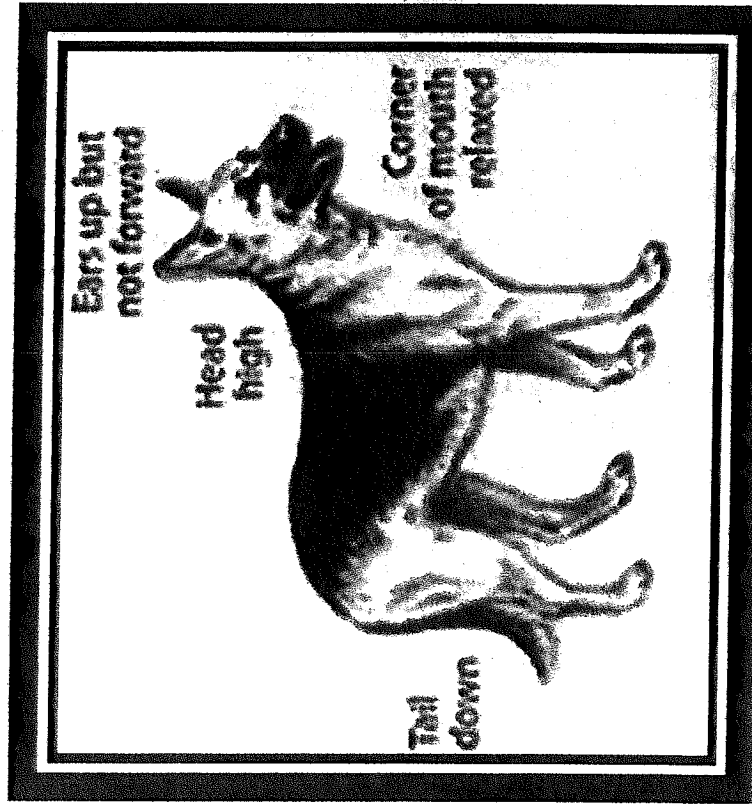




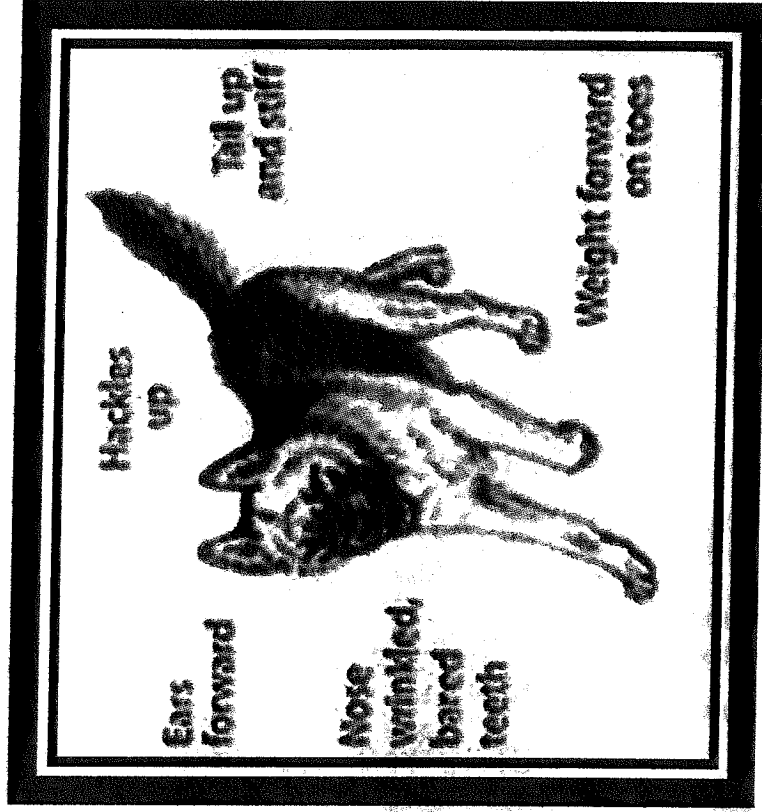


# BODY LANGUAGE

## FRIENDLY



## PROTECTIVE AGGRESSIVE

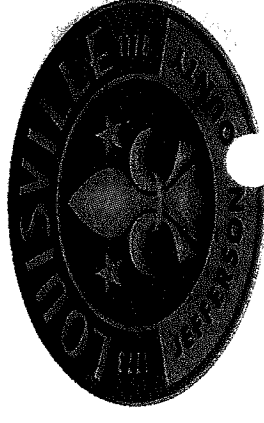


# SAFETY TIPS

## What to do if you think a dog(s) may attack

### REMAIN CALM!

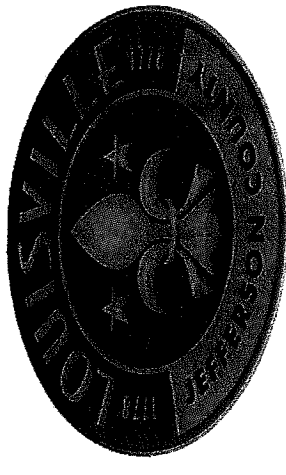
- Resist the impulse to scream and run away
- Remain motionless, hands at your sides, and avoid eye contact with the dog
- Once the dog loses interest in you, slowly back away until he is out of sight



# SAFETY TIPS

## What to do if dog(s) does attack

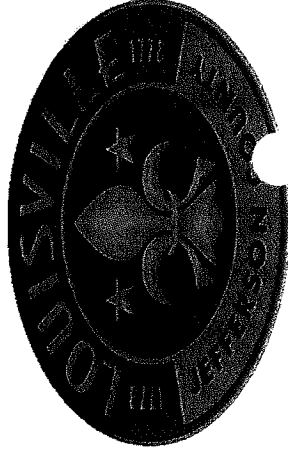
- “Feed” him your jacket, clip board, or anything that you can be put between yourself and the dog
- If you fall or are knocked to the ground, curl into a ball with your hands over your ears and remain motionless
- Try not to scream or roll around



# SAFETY TIPS

## What to do if dog(s) does attack cont.

- Don't pull away
- Don't open your hands and arms up to a bite by extending them
- Try not to struggle with the dog(s)

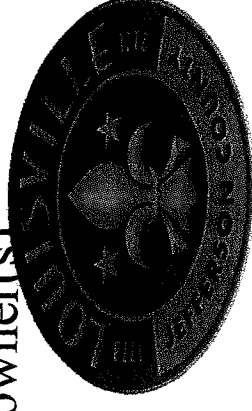


# SAFETY TIPS

## What to do after the attack

### Try Not To Panic

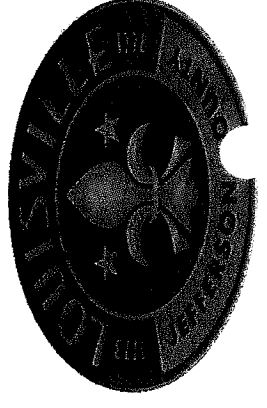
- Move to a safe place
- Call supervisor immediately
- Call 911
- Immediately wash the wound thoroughly with soap and warm water
- If safe, get as much information on the dog(s) and possible owner(s)

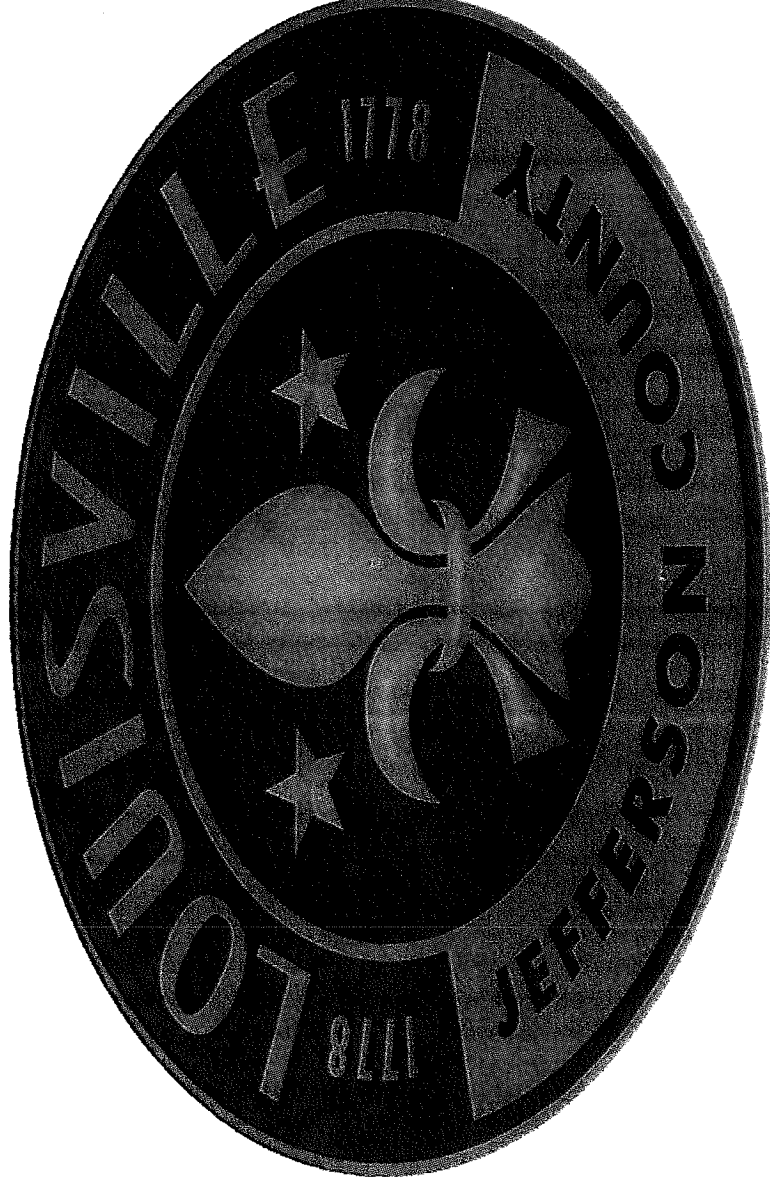


# SAFETY TIPS

## Protective Equipment

- Tennis Racket
- Umbrella
- Protective Spray
- Poles





Dangerous Dog Training

# QUESTIONS





# LOUISVILLE METRO ANIMAL SERVICES

**ANIMAL ID # \_\_\_\_\_ Pen# \_\_\_\_\_**

|                                                                                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Incident/Call for Service # _____                                                                          |                      | Animal Services Employee: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| M T W TH F S SU                                                                                            | Incoming Date: _____ | Incoming Time: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>ANIMAL BROUGHT IN VIA:</b>                                                                              |                      | <input type="checkbox"/> County Official <input type="checkbox"/> Citizen                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>ANIMAL INITIAL STATUS:</b>                                                                              |                      | <input type="checkbox"/> Stray <input type="checkbox"/> Unwanted <input type="checkbox"/> Confined <input type="checkbox"/> Trapped <input type="checkbox"/> Sick <input type="checkbox"/> Injured<br><input type="checkbox"/> Prt. Custody <input type="checkbox"/> Mandatory/Confiscate <input type="checkbox"/> Quarantine <input type="checkbox"/> DOA<br><input type="checkbox"/> ET by Owner <input type="checkbox"/> Return to Shelter <input type="checkbox"/> Other: _____ |  |
| Citation Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending |                      | Hold: <input type="checkbox"/> Court <input type="checkbox"/> Inspection                                                                                                                                                                                                                                                                                                                                                                                                            |  |

## INTAKE INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work/Other Telephone: \_\_\_\_\_  
 Driver's License State and License Number: \_\_\_\_\_  
 Impound Location: \_\_\_\_\_  
 How long have you had the animal/been caring for the animal: \_\_\_\_\_

## ANIMAL DESCRIPTION:

Species: \_\_\_\_\_ Breed/[Not guaranteed]: \_\_\_\_\_ Color: \_\_\_\_\_  
 Animal's Name: \_\_\_\_\_ Sex: M A/M F S/F Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tail: ☐ Docked ☐ Long ☐ Medium ☐ Short ☐ Curled ☐ Bushy ☐ None: \_\_\_\_\_  
 Ears: ☐ Cropped ☐ Floppy ☐ Point ☐ Fold: \_\_\_\_\_ Muzzle: ☐ Short ☐ Medium ☐ Long  
 Coat: ☐ Short ☐ Medium ☐ Long ☐ Wavy ☐ Thick ☐ Curly ☐ Course ☐ Smooth ☐ Clipped: \_\_\_\_\_  
 Collar: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Microchip #: \_\_\_\_\_  
 Tag Information: \_\_\_\_\_ Rabies Tag/Exp: \_\_\_\_\_  
 Rabies Vaccination from: \_\_\_\_\_ Date of Bite/Rpt #: \_\_\_\_\_ Qtn End Date: \_\_\_\_\_  
 Temperament: \_\_\_\_\_ De-clawed: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 Physical Condition: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**NON-IMPOUND OWNED DISCLAIMER/ACKNOWLEDGEMENT:** I certify that I do ☐ \_\_\_\_\_ legally own the animal described above and that I surrender ☐ \_\_\_\_\_ all rights and interests to property in this animal. For owned animal, I also certify that no other person has a right to property in the aforesaid animal. If surrendered, I hereby agree that the animal shall be disposed of at the discretion of Louisville Metro Government. Such disposition includes adoption or immediate euthanasia. It is also expressly agreed that Louisville Metro Government or any of its officials, employees, or agents will not incur any obligation or liability on account of such disposition of such animal. Further, I understand that I may become liable for criminal prosecution by falsely claiming ownership of this animal. To the best of my knowledge, this animal described above has ☐ / has not ☐ bitten \_\_\_\_\_ anyone within the last ten days. I understand a \$30 fee is assessed for any euthanasia request. I understand a \$150 fee will be assessed because this animal will be quarantined for rabies for ten day at Metro Animal Services. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ REASON: \_\_\_\_\_

**STRAY DISCLAIMER/ACKNOWLEDGEMENT:** I certify that do not ☐ \_\_\_\_\_ legally own the animal described above and that I surrender ☐ \_\_\_\_\_ all rights and interests to property in this animal. If surrendered, I hereby agree that the animal shall be disposed of at the discretion of Louisville Metro Government. Such disposition includes adoption or euthanasia. It is also expressly agreed that Louisville Metro Government or any of its officials, employees, or agents will not incur any obligation or liability on account of such disposition of such animal. Further, I understand that I may become liable for criminal prosecution by falsely surrendering this animal. To the best of my knowledge, this animal described above has ☐ / has not ☐ bitten \_\_\_\_\_ anyone within the last ten days.

Signature \_\_\_\_\_ Date \_\_\_\_\_ THIRD PARTY INTEREST: \_\_\_\_\_

# LOUISVILLE METRO ANIMAL SERVICES

**ANIMAL ID #** \_\_\_\_\_ **Pen#** \_\_\_\_\_

Species: \_\_\_\_\_ Breed [Not guaranteed]: \_\_\_\_\_ Color: \_\_\_\_\_  
 Animal's Name: \_\_\_\_\_ Sex: M A/M F S/F Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Collar: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Microchip #: \_\_\_\_\_  
 Tag Information: \_\_\_\_\_ Rabies Tag/Exp: \_\_\_\_\_

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Species: \_\_\_\_\_ Breed [Not guaranteed]: \_\_\_\_\_ Color: \_\_\_\_\_  
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Physical Condition: \_\_\_\_\_

Comments: \_\_\_\_\_

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