Chapter 1

RERAINT OF DOGS AND CATS

Don’t be impatient with your patients.
Carl Osborne

Restraint is the restriction of an animal’s activity by verbal, physical, or pharmacologic means so that the animal is prevented from injuring itself or others.

NOTE: Restraining a dog or cat forcibly is dangerous to both the handler and the animal. Most privately owned dogs and cats can be handled safely and humanely with gentle and minimal physical restraint; however, we strongly recommend the use of pharmacologic agents to assist in proper restraint for:

• procedures that are painful
• procedures that require holding an animal in a position that compromises its respiration
• severely frightened or aggressive animals

Purposes

1. To facilitate physical examination, including ophthalmic and rectal examinations
2. To administer oral, injectable, and topical materials
3. To apply bandages
4. To perform certain procedures (e.g., urinary catheterization)
5. To prevent self-mutilation (Elizabethan collar)

Complications

1. Dyspnea
2. Hyperthermia
3. Tissue trauma (e.g., muscle strain)
4. Stress

**Equipment Needed**

- Strips of gauze or cloth, 100 to 150 cm in length, 2 to 5 cm in width; or commercially available nylon or rayon muzzles
- Elizabethan collar of appropriate size

**VERBAL RESTRAINT**

**Procedure**

**Technical Action**

1. In general, begin with the least severe restraint technique and proceed to more severe methods if necessary.
2. Speak to the dog or cat when approaching it.
3. Use the animal's name.
4. If necessary, speak firmly to the animal.
5. Assistant: Stand on opposite side of animal from person performing procedure.

**Rationale/Amplification**

1. The amount of restraint needed will depend on the environment, the animal’s behavior, and the degree of discomfort caused by the procedure.
2. Speaking to the animal initially in a calm, soothing voice helps to prevent startling it. This is especially important if the animal is blind or is looking in another direction.
3. Pet animals are usually conditioned to respond to their names.
4. Say “no” in a sharp, clear tone of voice. Verbal restraint can be a useful adjunct to the physical restraint of pet animals.
5. The intended site for treatment or examination must be easily accessible.

**PHYSICAL RESTRAINT WITH DOG IN STANDING POSITION**  
*(Fig. 1-1)*

**Procedure**

**Technical Action**

1. Place one arm under dog’s neck so that forearm holds dog’s head securely.

**Rationale/Amplification**

1. The dog’s head should be positioned so that it is virtually impossible for the dog to bite either the person
PHYSICAL RESTRAINT WITH DOG SITTING OR IN STERNAL RECUMBENCY (Fig. 1-2)

Procedure

Technical Action

1. Place one arm under dog’s neck so that the forearm holds dog’s head securely.
2. Place other arm around dog’s hindquarters.

Rationale/Amplification

1. Adequate restraint of the dog’s head is important for all procedures.
2. An arm underneath or around dog’s hindquarters will prevent it from restraining it or the person performing the procedure.

Technical Action

2. Place other arm underneath dog’s abdomen or thorax.
3. Pull dog close to chest of person performing restraint.

Rationale/Amplification

2. An arm underneath the dog’s abdomen will prevent the dog from sitting down during the procedure.
3. The restrainer has more control of the animal’s movement if the animal is held closely.
**PHYSICAL RESTRAINT WITH DOG IN LATERAL RECUMBENCY (Fig. 1-3)**

**Procedure**

**Technical Action**

1. With the dog in standing position, reach across dog's back and take hold of both forelegs in one hand and both hind legs in other hand.

**Rationale/Amplification**

1. If the dog is a giant breed, it will suffice to reach across the dog’s back and take hold of the foreleg and the hind leg that are closer to the person doing the restraint.
Technical Action

2. Place index finger of each hand between the two legs being held.

3. Gradually lift dog’s legs off table (or floor) and allow its back to slowly slide against your body to a position of lateral recumbency.

4. To immobilize head, exert pressure on side of dog’s neck with forearm.

5. Hold legs proximal to carpus and tarsus, if possible.

Rationale/Amplification

2. Placing the index finger between the legs ensures a good grip if the dog tries to move its legs.

3. The dog should be shifted from a standing position to lateral recumbency gently and gradually.

4. Adequate restraint of the dog’s head is important for all procedures.

5. Holding the animal in this manner provides better control of the legs.

USE OF A MUZZLE ON THE DOG (Fig. 1-4)

Procedure

Technical Action

1. Place commercial muzzle of appropriate size on dog. Alternatively, cut strip of gauze or cloth approximately 125 cm in length for a 40- to 50-lb. dog.

Rationale/Amplification

1. Use of sturdy or double-thickness gauze is recommended for large dogs. A weak or poorly made muzzle leads to a false sense of security and the possibility of one’s being bitten.
Figure 1-4  (A, B, C, D, and E) Applying muzzle to dog.
2. Before approaching animal, make loop with one half of a square knot so that diameter of loop is about twice the diameter of dog’s snout.

3. Slip loop over dog’s nose and mouth with the half square knot on dorsal surface of dog’s snout (Fig. 1-4A), then tighten quickly by pulling on ends (Fig. 1-4B).

4. Cross (but do not tie) free ends of muzzle under dog’s lower jaw (Fig. 1-4C).

5. Bring ends of muzzle up behind dog’s ears (Fig. 1-4D) and tie in a bow (Fig. 1-4E).

Technical Action

Rationale/Amplification
by the dog. Commercially available nylon or rayon muzzles should be disinfected between uses in order to avoid disease transmission.

2. Preparation of the muzzle in advance helps to ensure rapid placement and minimizes the length of time the operator’s hands must be near the dog’s mouth.

3. The hands should be kept as far away from the dog’s mouth as possible while the muzzle is applied. Placing a muzzle on a fractious dog requires at least two people; one person holds the leash and distracts the dog while the other applies the muzzle.

4. Each step of this procedure must be done quickly if the animal is fractious. If the ends are crossed but not tied under the mandible, the muzzle can be removed quickly in case of emergency (see No. 6 below).

5. The bow should be placed directly behind the dog’s ears and tied tightly. The dog will be able to open its mouth if the muzzle is tied loosely.

Figure 1-4  Continued
6. To remove muzzle quickly from a fractious dog, untie bow and pull on one end of muzzle material.

6. A muzzle prevents panting and must be used judiciously in heavy-coated animals or in warm environments. A muzzle should be removed immediately if an animal has difficulty breathing or starts to vomit.

USE OF ELIZABETHAN COLLAR (Fig. 1-5)

Procedure

Technical Action

1. Select or make an Elizabethan collar of appropriate size and strength for the animal.

2. Place Elizabethan collar on neck of fractious dog or cat to prevent animal from biting while it is being handled (Fig. 1-5A) or to prevent the animal from biting or licking itself.

3. To ensure that collar will remain on animal, use prefabricated attachment loops on commercially available types, or place three holes in container so that a triangular-shaped opening is created for animal’s head when cord is passed through three holes (Fig. 1-5B).

Rationale/Amplification

1. In general, Elizabethan collars should be made of tough, flexible materials like plastic rather than easily torn substances like cardboard. Ideal length is approximately 2–3 cm longer than the animal’s snout, with the base of the collar pushed caudally against the shoulders.

2. Some advantages of the Elizabethan collar as a restraint device are that the animal can pant with the collar in place; the collar can be left on the animal when it is returned to a hospital kennel, facilitating later removal of the animal for further treatments; the collar is reasonably well tolerated by most animals.

3. Most collars are sturdy, reusable, and easily cleaned. Several companies supply a variety of sizes of Elizabethan collars, and most of these can be cut to size for animals that fall between the standard sizes. For do-it-yourself enthusiasts, Elizabethan collars for cats and very small dogs can be constructed out of empty dessert topping containers. Collars for dogs can be fashioned from plastic buckets of appropriate sizes.
## PHYSICAL RERAINT WITH CAT IN LATERAL RECUMBENCY (Fig. 1-6)

### Procedure

**Technical Action**

1. Clip curved end of cat’s claws if it must be restrained for lengthy or uncomfortable procedure or if it is fractious (Chapter 11).

**Rationale/Amplification**

1. Restraining a cat can be more difficult than restraining a dog because cats: a) can move very quickly; b) are agile and strong; c) may use their claws as well as their teeth to defend themselves; d) are small animals that can be injured by indiscriminate use of force.

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**Figure 1-5** Commercial Elizabethan collar on a dog.
Technical Action

2. With cat in standing position, reach across cat’s back and take hold of both forelegs in one hand and both hind legs in other hand.

3. Gradually pull cat’s legs off table and allow its back to slide against your body to a position of lateral recumbency.

4. After placing cat in lateral recumbency, use one hand to hold all four legs (Fig. 1-6).

5. Place other hand so that palm of hand surrounds the top of cat’s head and cat’s jaws are held closed by fingers and thumb (Fig. 1-6).

Rationale/Amplification

3. The cat should be shifted from a standing position to lateral recumbency gently.

4. If necessary, separate strips of 1-inch-wide adhesive tape can be used to bind together the front legs and the hind legs, respectively.

5. Placing an Elizabethan collar on a fractious cat before beginning the restraint procedure eliminates the necessity of holding the cat’s mouth closed with one hand while holding all four legs with the other hand. A cat’s small size and great agility make immobilization of its head with the restrainer’s forearm virtually impossible.
PHYSICAL RESTRAINT WITH CAT IN STERNAL RECUMBENCY (Fig. 1-7)

Procedure

Technical Action

1. Apply gentle, firm pressure to cat’s back to encourage it to assume position of sternal recumbency.
2. Place one forearm against each side of cat’s body with cat’s head facing away from restrainer.
3. Immobilize cat’s head using both hands.

Rationale/Amplification

1. Sternal recumbency is a position to which few cats object.
3. The person doing the procedure can approach from the side or from the cat’s rear so as to remain out of reach of the front claws, should the cat attempt to strike.

PHYSICAL RESTRAINT OF MODERATELY FRACTIOUS CAT (Fig. 1-8)

Procedure

Technical Action

1. Close all doors and windows of the room.

Rationale/Amplification

1. If the cat gets away from the restrainer, it will not escape from the building.
2. Take scruff of cat’s neck in one hand.

3. Wrap fingers of other hand around and through cat’s hind legs.

4. Gently stretch the cat out by separating your hands.

**Rationale/Amplification**

2. It is important to grasp as much of the loose skin as possible along the cranial portion of the cat’s neck, beginning between its ears. Otherwise the cat may be able to turn its head around and bite.

4. A cat restrained in this manner may be held in lateral recumbency or in vertical position. Most fractious cats will raise strong vocal protests to this procedure. The necessary procedure should be done quickly. If the restrainer begins to lose control of the cat, he or she should alert other people involved in the procedure, then let go of the cat with both hands at the same time.

**NOTE:** An alternate method of restraint for a moderately fractious cat is to grasp the zygomatic arches with thumb and fingers of one hand while resting the top of the cat’s head against the palm of the same hand. Meanwhile, an assistant wraps a thick terrycloth towel snugly around the cat’s neck and torso, being sure to enclose all 4 legs in the towel. The cloth is wrapped around...
several times before folding over the bottom end. The body of the cat can then be held under the arm of the person restraining the head. This form of restraint is particularly useful for drawing blood from or inserting a catheter into the jugular vein or for administering oral medications.

Vicious dogs and cats require special restraint techniques, for example, rabies poles and pharmacologic agents. Such procedures carry significant risks for animals and persons involved.

**PHARMACOLOGIC RESTRAINT OF DOGS AND CATS**

**Complications**

1. Respiratory distress
2. Anaphylactic reaction
3. Excessive or inadequate sedation
4. Cardiac arrhythmias
5. Hypotension
6. Vomiting

**Equipment Needed**

- Sterile syringes and needles of appropriate size
- Elizabethan collar and/or muzzle
- Oral or injectable pharmacologic agents appropriate for patient and procedures planned

**Procedure**

**Technical Action**

1. Weigh animal.

2. Review animal’s history and perform complete physical examination prior to administering any drugs, if possible.

**Rationale/Amplification**

1. All chemical restraint drugs must be dosed carefully to avoid improper dosage.

2. Choice of the appropriate drug or drugs requires careful attention to detail, including drug interactions, contraindications and complications, and the health status of the animal. If the animal is fractious and may
Technical Action

3. Assistant: Using minimal but adequate physical restraint, hold the animal so that the drug or medication may be administered orally or by intravenous, subcutaneous, or intramuscular injection.

4. Observe animal until adequate sedation is obtained.

5. When procedure(s) are completed, administer reversal agent, when available.

Rationale/Amplification

3. Follow principles and techniques described in the previous sections of this chapter.

4. Untoward reactions to chemical restraint agents may include vomiting, hypotension, seizures, and respiratory distress. If any of these signs are noted, immediate examination and treatment by a veterinarian is required.

5. An advantage of narcotic and \( \alpha \)-agonist drugs is the availability of antidotes to reverse or minimize excessive or prolonged sedation.

Bibliography

Wolz G: Personal Communication, 1982