

Animal-assisted interventions: Guidelines



Animal-assisted intervention (AAI) is a broad term commonly used to describe the utilization of various species of animals in diverse manners beneficial to humans. Animal-assisted therapy, education, and activities are examples of types of animal-assisted intervention.

Active or passive interactions with animals can be of great psychosocial and physical benefit for all people but particularly for certain populations with special needs. Veterinarians must prepare themselves to play a vital role in ensuring the health and wellbeing of the people and the animals involved in human-animal interaction activities and programs. These guidelines address the wellness of animals participating in animal-assisted interventions by outlining appropriate wellness programs, preventive medical strategies, preventive behavioral strategies, and other considerations.

Some of the most common concerns facing veterinarians involved in animal-assisted interventions are behavioral problems and potential zoonotic disease risks. These guidelines do not address these complex issues in detail but rather provide veterinarians with essential information that will help ensure the welfare of animals involved in these interactions and maximize the therapeutic applications of the human-animal bond. The concepts presented here provide a starting point for building expertise in this area of community awareness.

RESPONSIBLE PERSON(S)

For every animal-assisted intervention as defined by the [AVMA Animal-Assisted Interventions: Definitions](#), at least one person—called the Responsible Person (RP)—must be responsible for the health, behavior, and welfare of the animal(s) involved in these programs. This person is critically important to the wellness and welfare of the animal. While the owner bears ultimate responsibility, the Responsible Person may be a handler or other authorized agent. In the case of a resident animal, the RP may be one or more staff members to whom these responsibilities have been specifically assigned. To ensure the welfare of human and animal participants, a veterinarian should also be actively involved in all AAI programs.

Designing a wellness program

A wellness program should be designed to provide reasonable assurance that animals across the spectrum AAI services are:

- Healthy (in part to reduce the bi-directional risk of zoonotic disease transmission)
- Behaviorally appropriate for the program
- Protected from being harmed by participation in the program

A wellness program must include regular veterinary care but goes beyond semi-annual physical examinations, associated vaccinations and medications, and wellness surveillance. The veterinarian should be fully aware of all AAI in which the animal is involved.

The animals should be continuously monitored by the Responsible Person (RP) and periodically monitored by the veterinarian for the purpose of developing a continuum of care that will help ensure the continued health and welfare of the animal. Total wellness encompasses the physical and behavioral attributes of the animal, as well as the characteristics of interactions between people and animals participating in the program.

An effective animal wellness program will include:

- A close partnership and frequent communication between the veterinarian, RP, licensed therapist(s) responsible for the human participant (e.g., occupational and physical therapists), and, where necessary, a qualified animal behaviorist.
- Information provided to the veterinarian about what exposures the animal will experience, the types of tasks they will be expected to perform, and the physical and behavioral characteristics of the species to be used in the AAI.
- A mechanism to permit the veterinarian to periodically assess the physical and behavioral health and wellbeing of the animal. This will include regularly scheduled examinations and preventive care. In addition to these regular, routine wellness visits, the animal will require access to veterinary care on an as needed basis.
- Vaccination; parasite prevention and control; selected screening for common diseases and conditions; behavioral evaluation; preventive medical, dental, nutritional, and behavioral care, including advice concerning environmental enrichment; and an assessment of genetic health as appropriate, all to be provided during routine visits.
- Flexibility and tailoring to fit the needs of the individual animal, and modification to accommodate the changing needs of the animal as they age and participate in AAI programs. All factors, including species, age, breed, temperament, and any risk factors that could jeopardize the animal's health and welfare, should be considered. Up-to-date records should be kept in relation to each participating animal, which includes an ongoing problem list for quick reference by another veterinary professional.
- Animals participating only at appropriate ages, taking into account physical and zoonotic risks, behavioral appropriateness, and stressors that may adversely affect young or elderly animals in these programs. For example, dogs and cats participating in these programs shall be at least six months of age and have been appropriately socialized and trained for participation.
- Sufficient surveillance to detect any decline in animal wellness which may manifest itself as a physical or behavioral change.
- The RP sharing the results of an animal's medical and behavioral evaluations (usually in summary format) with regulatory agencies that have legal oversight for the target populations of AAI programs.
- Information concerning an individual animal's health, wellbeing, and approved AAI roles readily accessible to all members of a household or facility so that everyone can be involved in maintaining the health and welfare of the animal(s) involved in AAI. Sharing recommendations and encouraging others to promote an animal's wellbeing does not eliminate the need for, or duties of, the RP as primary caregiver.

Preventive medical strategies

Preventive medicine and behavioral management of animals participating in AAI may differ in some ways from the care of other companion or working animals. For this reason, veterinarians should be cognizant of the following preventive strategies:

- Wellness visits should include a thorough physical examination that includes assessment of nutritional and oral health, screening for selected infectious and parasitic diseases, evaluation of behavior and lifestyle factors related to the animal and others in the household or facility, a reproductive health assessment, and an evaluation for congenital diseases and/or conditions. Preexisting medical conditions or potential behavior problems that might be exacerbated by AAI activities should be documented and the RP informed about associated risks and medical or behavioral changes that might indicate worsening of the condition.
- Animals should be vaccinated for rabies (if appropriate for that species) in accordance with local and state ordinances or regulations. Other vaccinations should be given at appropriate intervals, as determined by the veterinarian, to be in the best interest of the animal, its RP, and the individuals with whom the animal will be in contact.
- Internal and external parasite prevention and control programs should be implemented in accordance with local risks and the life stage of the animal. The practitioner should keep in mind that these animals might not be candidates for certain topical insecticides because of the degree of handling and petting associated with AAI programs or they may need to be temporarily withdrawn from these activities.
- Disabilities should not necessarily eliminate an animal from participation in AAI programs. For example, animals that are amputees or deaf, if otherwise healthy, can have a positive impact on special populations. However, the AAI activities should not be of a type that exacerbates the animal's disabilities, and the ability that is lacking must not reduce the safety or effectiveness of the interaction with the target population. Participation of animals having conditions that may affect their mobility should be evaluated in light of the physical facilities of the AAI program (e.g., a dog with hip dysplasia may have difficulty maneuvering stairs or long hallways). Animals who are disabled must be monitored closely by the RP to ensure compliance with these requirements.
- Screening tests should be selected on the basis of their ability to identify medical problems in these animals and to reduce bi-directional risks of transmission of potential pathogens between animals and humans. Results of screening tests should be evaluated with regard to realistic risks to humans and animals. Appropriate treatment and risk management should be instituted if needed. Interactions of animals with immunocompromised individuals may justify use of certain screening tests that would not be necessary if those animals were only interacting with immunocompetent populations.
- The RP should be provided with information on maintaining the animal's hair coat and nail quality and should be taught to do a basic assessment of their animal's skin condition. Excessive grooming or bathing (including the use of harsh products) in preparation for or during AAI may be deleterious.

- Recommendations for health maintenance should include behavior management, daily exercise, play, diet, preventive dental care, and the potential advantages of spaying/neutering in selected species.
- Medications administered to participating animals should be reviewed for their appropriateness (e.g., animals treated with immunosuppressive medications may be at greater risk of contracting infectious agents).

Preventive behavioral strategies

In addition to ensuring an animal's physical health, veterinarians should consider these strategies for addressing behavioral health:

- During wellness visits, the attending veterinarian should specifically address behavioral health of the animal. For example, questions about the appropriateness or inappropriateness of elimination can reveal information that may relate to other training and health issues, and reports of inappropriate elimination should be probed to determine their possible association with participation in AAI. Behavioral changes may occur more frequently as animals age or if medical conditions cause discomfort or pain.
- Behaviors that could be considered inappropriate must be assessed in the context of RP expectations and tolerances. For example, some RPs expect dogs to chew and cats to scratch. Behaviors tolerated in the home might not be acceptable in hospital or long-term care facilities, and the RP should be counseled to this effect.
- Behaviors should be evaluated in the context of the general physical and behavioral health of the animal, as well as with respect to the animal's age and any preexisting conditions. For example, aggression may be a consequence of irritability associated with a medical condition. Changes in elimination frequency or volume may be associated with an underlying medical cause or be an effect of aging.
- The RP must ensure that resident animals are provided regular opportunities for play, quiet time, and rest separate from activities associated with an AAI.
- The RP and facility residents should be educated about behavioral signs that might indicate that an animal is not enjoying an activity associated with AAI. The RP and residents must carefully observe the animal's body language to detect signs of stress, discomfort, anxiety, or fear. They must also be aware of changes in sleep and eating patterns that could reflect excess stress or lack of proper care associated with the AAI program. The appearance of such signs should be discussed with a veterinarian to determine appropriate interventions such as including more frequent breaks, a "vacation" for the animal, or discontinuing its participation depending on the factors associated with stress. Intervention options may need to be explored with a person knowledgeable in animal behavior and the operation of animal-assisted activities, animal-assisted therapy, and resident animal programs to determine what is feasible.

Other considerations

Animals should be trained not to pick things up off the floor unless instructed by the RP. In some facilities, powerful human medications or other inappropriate substances may accidentally fall to the floor or be intentionally offered to these animals.

Also, within facilities with AAI programs, there should be a coding system to indicate rooms that should not be entered because their occupants do not want to interact with animals or because of a greater risk of contracting or transmitting an infectious disease.

Lastly, all involved parties, including the veterinarian and RP, should be aware that therapy animals may need to be retired because of their age, reduced enthusiasm for their job, or physical or behavioral concerns.



POLICY

Animal-assisted interventions: Definitions

[See AVMA policy.](#)



[Service, emotional support, and therapy animals](#)

[Understanding the varied roles of service, emotional support, and therapy animals helps veterinary teams provide care and advice consistent with each animal's role.](#)

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