

APPENDIX P

Dangerous Dog Investigations

By James W. Crosby, M.S., CBCC-KA, expert in canine aggression and dog bite related fatalities

In the U.S., approximately 4.5 million dog bites are reported every year.^{1,2} Though the majority of dog bites aren't serious, over the past few years, approximately 35 people per year have lost their lives as a direct result of dog bite injuries.³

The primary duties of an animal control or animal services officer include reporting and investigating dog bites and other negative contacts between humans and canines. In these cases, the animal control officer is often the first, or only, responder. Even in the most serious cases, the animal control officer is expected to provide expert advice and guidance regarding the animal. It is the animal control officer who must capture and take custody of the animal. And if the dog is killed on the scene, the animal control officer is responsible for recovery and disposition of the body. Thus, it falls to the animal control officer to ensure that a proper investigation is conducted, that necessary evidence is collected, and that legal procedures regarding treatment and disposition of the animal are followed.

The greatest number of dog bite calls that animal control officers respond to are minor. According to hospital admission statistics, only about 800,000 of the 4.5 million reported bites each year require medical intervention, and less than 50,000 require hospital admission for treatment.¹ Despite the minor nature of most of these, the animal control officer cannot simply assume, as the expert, that “the dog did it” and fail to complete a full investigation. Reported “dog bite injuries” have proven at times to be less, or more, than represented. Dog bite related fatalities may not always be what they appear. Dog bites have been used to conceal other criminal activity, including child abuse and criminal homicide.

Further, although dog bite injuries are certainly traumatic for the victims, the objective severity of a bite must be considered by the animal control officer. “Really bad” is not quantifiable, nor is it comparable from agency to agency. “Severe” is often ambiguous. The use of medical treatment decisions to establish dog bite severity is a false foundation, as treatment decisions vary from doctor to doctor, and standard protocols vary from medical facility to medical facility.^{4,5}

The tool that has come to the fore as the best objective, quantifiable assessment method for classification of dog bite injuries was developed by Ian Dunbar (DVM, Ph.D., CPDT) of California, a veterinarian and veterinary behaviorist. The Dunbar Dog Bite Assessment⁶ has been utilized in courts and other legal processes for many years. First developed in the 1970s, this assessment tool uses specific physical characteristics as benchmarks for comparison, regardless of perception or medical treatment decisions. Characteristics used include number and depth of punctures and the presence or absence of deep bruising and tissue damage. These are specific, quantifiable, and comparable from dog to dog and case to case.

Using objective criteria allows an investigator to make decisions and take legal action based on facts, not perception. Knowledge of the criteria also assists an investigator in establishing a clear investigative process and protocol that applies across all bite investigations.

In this guide, the assessment criteria will be presented and, based on the specific factors that must be considered in these specialized cases, animal control officers will have a clear protocol and checklist to guide their process and later decisions. This protocol will help support those decisions in possible legal actions.

Bite assessment

The Dunbar Dog Bite Assessment is as follows:

- Level 1: Dog growls, barks, lunges, snarls — no teeth touch skin. Mostly intimidation behavior.
- Level 2: Teeth touch skin, but no puncture. May have red mark or minor bruise from dog's head or snout making contact.
- Level 3: Puncture wounds, no more than half the length of the dog's canine tooth, one to four holes, single bite. No tearing or slashes. Victim not shaken side to side. Probable bruising.
- Level 4: One to four holes from a single bite, one hole deeper than half the length of a canine tooth, typically with contact or punctures from more than just the canines only. Deep tissue bruising, tears and/or slashing wounds. Dog clamped down and held, shook or slashed victim.
- Level 5: Multiple bites at Level 4 or above. A concerted, repeated attack.
- Level 6: Any bite resulting in the death of a human.

To the initial assessment tool drawn by Dr. Dunbar, we can add behavioral notes. Let us look at each of these assessment levels and what they mean, functionally and behaviorally.⁷

Level 1: Dog growls, barks, lunges, snarls – no teeth touch skin. Mostly intimidation behavior.

This behavior is often the initial negative contact between a human and a dog, and is probably the most common. A person, friendly or not, approaches a dog and the dog responds by growling, barking and possibly lunging, and in general scares the stew out of the targeted human. Said human typically backs off immediately. This is an example of clear and concise interspecies communication. The dog is alarmed by the human's approach. The dog gives external signals, audible and visible, that he/she does not want any further advance by the human. The human acknowledges those signals and retreats.

Dogs have an extensive vocabulary of communication tools, using signals to convey fear or discomfort. Growling, snarling and barking are audible signals, but many signals are non-verbal. Signals are a way for the dog to say, "You are bothering me (or threatening to me or frightening me). BACK OFF!"

An animal's reaction on perceiving a threat is to either freeze, flee or fight. The safest reaction to a perceived threat is to seek to retreat to a safe distance. Warning signals are a means to gain the space needed to make that retreat. In a dog's case, retreat may not be possible. The dog may be on a leash, enclosed in a small space or tethered out on a chain, and the dog may sense that his/her avenues of flight have been removed. Thus, the dog is giving fair warning that any further approach may precipitate a fight response.

Given the opportunity to withdraw, a dog may quickly calm down and show a reduction in excitement. Ten feet further away, the growling and lunging may abate completely. We understand that this is intimidating and scary to humans, but if the human backs off, the dog has communicated clearly.

Level 2: Teeth touch skin, but no puncture. May have red mark or minor bruise from dog's head or snout making contact.

This behavior is a bit more serious; it is the first level of actual physical contact between dog and human. Many dog/human contacts never proceed past this point, and these do not usually need medical treatment.

Is this aggression? Let us look at this bite from the viewpoint of dog/dog and dog/human interaction. In canine communication of alarm or fear, the barking and lunging stage is merely the first level of warning. A dog who gets no relief from the first level proceeds to the next level.

At this stage, the dog may make a single thrust at the intruding target, snapping short of the target and then withdrawing. This attack is decidedly brief: Dogs are fast enough to strike as many as three times in a single second. The teeth are not directly engaged. Scratches and/or bruising may be the result of the dog pushing back off the target, or from simple blunt snout contact. The dog has controlled and inhibited the contact.

Pups learn bite inhibition and control in the litter, both from their dam and from their litter mates during play. This is a controlled encounter.

Level 3: Puncture wounds, no more than half the length of the dog's canine tooth, one to four holes, single bite. No tearing or slashes. Victim not shaken side to side. Probable bruising.

This is an escalation of contact. Not only do teeth contact skin, but injury results. There is, however, still a single bite. This level may best be termed "engage and release." The key here is that there's no tearing or slashing, no clamping down, no repeated contact; the victim is not dragged, pulled or shaken. The true difference between this bite and a Level 2 bite is the presence of clear injury. One or more teeth pierce the skin of the target.

Is this aggression? Maybe, but again maybe not. This attack shows less inhibition than the Level 2 attack, since the skin is broken, but it is still within the range of an engage-and-withdraw action. The dog here may have a higher level of excitement or fear, or may have suppressed bite inhibition due to medication.

This is, however, the highest level of bite normally encountered. The animals involved in a bite of level 1, 2 or 3 are those with the greatest chance of being safely retained by their owners, provided that appropriate training and behavioral guidance are obtained.

Level 4: One to four holes from a single bite, one hole deeper than half the length of a canine tooth, typically with contact or punctures from more than just the canines only. Deep tissue bruising, tears and/or slashing wounds. Dog clamped down and held, shook or slashed victim.

A Level 4 bite is a serious bite. This may be defensive behavior from a threatened animal; it may be predatory behavior leading into a kill; it may be aggressive behavior precipitated by territorial concerns or resource guarding. This bite level requires a detailed investigation, both physical and behavioral. A full account of the bite and the circumstances leading up to the bite is essential.

"Once a dog has tasted blood, he/she will attack again" is a common belief, but it is utter nonsense. Propensity to attack is based on behavior, genetics, socialization and a host of other factors. Yet this may be a dangerous, or potentially dangerous, dog. Simple control measures and obedience classes are probably not sufficient to allow this dog to remain in the general population. For the owner to be allowed to retain this dog, clear measures must be taken to ensure that the dog does not pose a threat to the safety of the public.

Stringent, legally mandated levels of liability insurance, secure containment, closely supervised public contact and measures such as mandatory muzzling are common and appropriate. This dog may never bite again, but if he/she does, there is a likelihood that it may

be another serious bite. This dog may have learned to manipulate his/her owners and others using aggression and force.

Level 5: Multiple bites at Level 4 or above. A concerted, repeated attack.

This is the highest level of bite that most animal control officers will encounter. There is no question that this is a full-scale aggressive attack. The animal in this type of incident is attacking with full intent to do massive damage to the intended target. There is no question of interspecies communication here.

An animal identified in this sort of attack, unless he/she is a trained police dog who is apprehending a combative suspect (a completely separate subject), is clearly a danger to the public, and to his/her owners. This animal is out of control. Full sanctions from local animal control authorities are appropriate, and the owners should generally be held fully responsible for the consequences of the animal's behavior.

It is most likely inappropriate for the average owner to retain such a dog. Consideration of provocation may be in order in such a case, but the provocation must amount to a clear, immediate and unrelenting threat to the dog's life to be considered seriously.

Level 6: Any bite resulting in the death of a human.

Although this seems to be an easy category to address, there are some complications. This level is not necessarily composed of those Level 5 attacks that go on, unabated, until the human or dog is dead. These attacks are those that directly result in the death of a human.

There are some who would argue against lumping all fatal incidents together. After all, a single bite by a dog that happens to nick a major blood vessel could result in that person's death. Other possibilities are always out there.

For an incident of dog/human contact to result in the demise of the human is very rare.^{1,8} The Centers for Disease Control⁹ relates that an average of less than 35 fatal bites occur in the U.S. each year. More people are killed each year by lightning strikes, but dog bites get the press coverage. Stories of dogs mauling and killing people guarantee high-visibility reportage.

With dog bite related fatalities, we must consider liability. If, in a fatal attack, the dog was returned to the owners by a government agency or publicly or privately funded humane organization, any involvement in another, even dissimilar incident may result in litigation. This litigation, even if unproductive, would be costly both in dollars and in public trust. Thus, I recommend that all dogs involved in dog bite related fatalities be destroyed as a matter of policy. This policy is unfortunate, and possibly unfair to the dogs and owners, but the difficulties broached above make this almost a necessity.

Investigative procedures

Immediate actions for first responders

1. Secure the scene from contamination. A “double ring” perimeter is extremely useful in major cases.
 - a. Exclude unnecessary personnel. Log any personnel who enter the scene and keep this list.
 - b. Identify the condition of the victim and of the suspect animal(s). Render aid to the victim or ensure that qualified first responders can access the victim if he/she is alive. If the animal(s) are alive, contain safely.
 - c. Plan for capture of the animal(s) with appropriate tools and safety equipment.
2. Identify and secure potential witnesses. Separate them from each other and from the immediate scene.
3. Exclude media from filming the victim, suspect animal(s) or the crime scene until all processing and removal is complete.
 - a. Media coverage can wait. It is more important to keep the scene intact, calm and controlled. Media should be prevented from getting “perp shots” as the dog(s) are loaded because the behavior filmed may not be consistent with normal behavior of the dog(s). Additionally, at this point the investigation is just beginning and the dog(s) accused may not be the dogs responsible.

Initial response: animals

1. Observe the demeanor of the dog(s) while handling immediate tasks. Take notes.
 - a. How are they acting toward EMS workers?
 - b. How are they acting toward others? Each other?
 - c. Are they aggressive, fearful, quiet? Watch for unusual behaviors: excessive salivation, chewing on themselves or unusual objects.
 - d. Is there vomiting? Mark the location for collection of the vomitus.
 - e. Try to prevent the animal(s) from eating or drinking before capture and testing.
2. Physically capture or secure the animal(s) and separate them using proper safety equipment and protective gear. Keep the encounter as low-key and calm as possible for your safety.
 - a. Don't get in a hurry. If the dog(s) are contained, you have time.
 - b. Make sure you are fully gloved before you touch the animal to avoid contaminating the animal with human DNA.
 - c. Do not secure multiple animals in the same kennel. Ensure that they are each placed in a clean kennel, and that the kennels are not next to other animals, or each other, to prevent cross contamination.

6. Once samples are collected from the animal, they must be securely identified. Check for microchipping.
 - a. If the dog(s) are not microchipped, have each dog immediately microchipped and use the chip numbers to label all samples for continuity. Photos are not enough: You don't want to lose evidence because of a questioned identification of a dog.
7. If the animal is alive, then transport and secure properly at the animal control facility.
 - a. An animal involved or implicated in a fatality must not be allowed to remain in the custody of the owners during the investigation. These animal(s) must be securely and separately contained. Keep them apart from other animals and each other.
 - b. Only a limited number of experienced animal control personnel or authorized and qualified evaluators should be allowed direct contact with these animals. The safest management is to use a two-sided kennel run for each dog that allows them to be separated from personnel while cleaning and feeding is done. Until the investigation progresses, walks and exercise outside the kennel should not be permitted. Kennels should be locked to avoid tampering.
 - c. Volunteers should be excluded from any contact with the dog(s) due to evidentiary and safety issues.
8. If possible, even if the owners request or permit euthanasia, keep the animals alive for evaluation by a behavior expert. There is no hurry to kill the dogs. The owner may wish the dog destroyed, but until the investigation is complete, the dog(s) are evidence and belong to the state.
 - a. Observation and evaluation of the animals may give valuable information regarding recreating the incident. Most jurisdictions provide for a 10-day observation period for rabies control. Professional shelter or animal control personnel handle dogs with no known history daily. Implication in a fatal attack is no cause for panic.
 - b. Evaluation and assessment of suspect dogs should only be conducted by competent and experienced persons accepted in court as experts. Basic dog trainers, K9 police handlers and others without credentials and past court acceptance are not typically competent to evaluate dogs involved in fatalities.
9. If the animal is deceased at the scene and rabies testing is needed, please request that the state lab use only the minimum amount of brain tissue needed for their testing, and return the cranium and skull. The lab facility should retain and return the animal's head, keeping chain of custody, so that bite impressions and comparisons can be made.
 - a. The animal's brain should be examined by a skilled veterinarian for evidence of lesion or physical abnormality that may have affected the animal's behavior.
 - b. Note: If law enforcement personnel are forced to destroy the animal at the scene for safety reasons, please instruct them to shoot for center of body mass, not a head shot. A head is a small moving target that's well-armed, and damage to the brain and jaw of the dog may limit the information needed for a full investigation.

Initial response: human victim(s)

1. Treat the scene like any homicide: control access, protect evidence, prevent contamination. Remember, human homicide suspects may use a dog attack or dog-caused damage to conceal a murder.
2. Take as many samples as possible on the scene, before the body is disturbed. If the body is undisturbed, seek samples of tissue, hair, blood and other fluids in the immediate surrounding area.
3. Limit access to the body and the general scene until after photos have been taken.
 - a. The disturbed ground around the scene may give clues to the event, such as fleeing footsteps, initial impact with the ground and subsequent dragging.
 - b. Look for evidence that may indicate an additional animal involved, such as blood stains going up to a fence.
 - c. A person may be killed in one place and then dragged, sometimes by an animal who did not participate in the actual death. Once a human is dead, other animals have no more regard for a human body than for any other carrion. Look for signs that the body has been disturbed.
4. Have the medical examiner take DNA swab samples from within the wounds. Canine DNA can be individually compared and identified, so identification of the individual animal who inflicted a specific bite can be identified.
5. Have the medical examiner save the clothing so that DNA testing may be done on the articles the victim was wearing during the attack. Saliva may have been deposited, and that carries DNA.
6. Have detailed photos, including reference measurements, taken of all bite wounds. Such photos can be compared later with bite molds and documentation to determine which dog bit where.
 - a. The photographs should be taken including a standard evidence scale in the frame. The evidence scale should be parallel to the plane of the bite. The scale should be as close to the plane of the bite as possible.
7. Ask the medical examiner to identify, as far as possible, the bite(s) that were the proximate cause of death, along with which bites were peri-mortem, and which tissue damage was post-mortem.
 - a. A dog who did not participate in the actual killing may have inflicted damage after death.
 - b. Cases have occurred in which people were murdered, then the body was placed with dogs and they were induced to bite the dead person to confuse or obscure the actual mode of death.
8. Document any scratches, dirt marks or other non-fatal wounds to determine whether these are indicative of flight or defense.

The level of detail that an investigation requires is dependent on the severity of the case. A fatal attack certainly requires a full investigation, as do life-threatening cases or cases in which there is a likelihood of permanent, disabling injury, such as loss of a limb. Although lesser cases do not usually rise to the requirement for detail that fatalities do, this framework can be a guide to best investigative practices.

Regardless of severity, a good investigation should be based on a regular checklist of questions. Following is a suggested checklist that officers can apply and adapt as they need. This checklist, while not exhaustive, includes information that has proven over time to be important and that can directly aid a bite investigation. If the officer can answer most or all of the questions in the checklist, there is a high probability that the investigation is complete and addresses most of the legal issues presented. This questionnaire will also allow the collection of dog bite information in the future to perhaps assist in better education, more effective legislation, and better tools to keep people and animals safe.

NOTES

1. J. J. M. Sacks, M. Kresnow and B. Houston, "Dog Bites: How Big a Problem," *Injury Prevention* 2 (1996): 52-54.
2. B. Beaver et al., "A Community Approach to Dog Bite Prevention," *Journal of the American Veterinary Medical Association* 218, no. 11 (June 1, 2001).
3. National Canine Research Council, *Final Report on Dog Bite-Related Fatalities* (2016). Updated March 8, 2018. Available at nationalcanineresearchcouncil.com/sites/default/files/Final-Report-on-Dog-Bite-Related-Fatalities-2016.pdf.
4. J. W. Crosby, *The Specific Use of Evidence in the Investigation of Dog Bite Related Human Fatalities*, presentation to the University of Florida graduate school, 2016.
5. J. W. Crosby, "The Investigation of Dog Bite Incidents and Procedures for Gathering Evidence," in *Dog Bites: A Multidisciplinary Approach*, eds. Daniel S. Mills and Carri Westgarth (Sheffield, U.K.: 5M Publishing, 2017).
6. I. Dunbar, *Dunbar Dog Bite Assessment Scale* (2015). Available at dogtalk.com/BiteAssessmentScalesDunbarDTMRoss.pdf.
7. J. W. Crosby, *Investigating Serious and Fatal Dog Attacks: A Suggested Protocol*, published in the proceedings of the Georgia Institute for Legal Education (2005).
8. J. J. M. Sacks et al., "Breeds of Dogs Involved in Fatal Human Attacks in the United States Between 1979 and 1998," *Journal of the American Veterinary Medical Association* 217, no. 6 (2000): 836-840.
9. Centers for Disease Control, "Dog Bite Related Fatalities, 1995-1996," *Morbidity and Mortality Weekly Report*, May 30, 1997. Available at cdc.gov/mmwr/preview/mmwrhtml/00047723.htm.

Dog Bite Investigative Checklist

Agency _____
 Case number _____ Bite level classification _____
 Date _____ Time _____
 Location of attack _____
 Number of dogs involved in the attack _____
 Nature of the location (inside, outside, etc.) _____
 Lighting _____
 Weather at the time of the attack _____

Dog name(s) _____
 Breed _____
 Sex _____ Age _____
 Color, markings _____
 Height _____ Weight _____
 Owner name and address _____
 Owner race _____ Sex _____

Disposition of dog _____

- Euthanized? Date, time, by whom? Euthanasia chemical used? Who authorized?
- Returned to owners? Date, time, by whom, authorization?
- Destroyed at scene? By whom? Circumstances? Body retained for analysis?

Source of dog (name and address) _____
 Type of source (breeder, pet store, etc.) _____
 Number of previous homes _____
 Parents of dog known? ____ Yes ____ No
 Parents' owners: (name and address of each) _____
 Supplementary case numbers _____
 Parents/owners available for exam/interview? ____ Yes ____ No
 Parents' source (name and address) _____
 Parents' source type _____
 Siblings of dog known? ____ Yes ____ No
 Siblings' owners (name and address of each) _____
 Supplementary case numbers _____
 Siblings/owners available for exam/interview? ____ Yes ____ No

Reproductive status of dog _____

Ever bred? Yes No

If female, is dog in estrus / recently been in estrus / expected to be in estrus soon?

Yes No

Identity and location of progeny _____

Illness/injury? Yes No

If yes, describe. _____

Medical Condition

Vaccine history _____

Is dog currently on any medication? Yes No

If yes, describe. _____

Hearing? _____

Eyesight? _____

Hip conditions? _____

Blood tests _____

Samples taken: Date _____ Time _____

By whom? _____

Fresh or post-mortem? _____

Chem/CBC

Thyroid

Steroids

Testosterone

Amphetamines/stimulants

Hormones

Body condition/musculoskeletal _____

Parasites _____

Training/Socialization

Has dog had training? Yes No

By whom, when, where, type? _____

Any earned titles? Yes No

If yes, list. _____

Dog used as:

Guard dog: _____ Yes _____ No

Military dog: _____ Yes _____ No

Police dog: _____ Yes _____ No

Schutzhund: _____ Yes _____ No

Has dog ever been fought? _____ Yes _____ No

Living Conditions

Type of neighborhood (rural, suburbs, urban) _____

Type of residence (apartment, townhome, patio home/duplex, single-family home, property over one acre, other) _____

Containment (fence, chain, tether, pen, indoor, none) _____

Primarily kept indoors or outdoors _____

Sleeping arrangements _____

Diet _____

Fed by _____

Where, how often? _____

Who disciplines dog? _____

Usual method _____

Who has the most frequent interaction with dog? _____

Does dog have regular contact with other dogs? _____ Yes _____ No

List type, duration, frequency, location. _____

Has dog shown aggression toward other dogs/animals? _____ Yes _____ No

Describe fully. _____

Family

Family makeup (number of adults, children, infants) _____

Basic dynamics _____

Quantity of contact with human family _____

Quality of contact with human family _____

Aggression toward family members? _____ Yes _____ No

Contact with other humans? _____ Yes _____ No

If yes, how often? _____ Where? _____

Adults, children, infants? _____

Different races? _____

Disabled persons? _____

Aggression toward other humans?

Adults: _____ Yes _____ No

Children or infants: _____ Yes _____ No

Races: _____ Yes _____ No

Persons with disabilities: _____ Yes _____ No

Males vs. females? _____ Yes _____ No

Bite Incident Victim Information

Name _____

Address _____

Sex _____ Race _____ Height _____ Weight _____

If female, was victim menstruating at the time of the attack? _____ Yes _____ No

Relationship of victim to owner _____

Relationship to dog _____

Was victim disabled or ill? _____ Yes _____ No

Was victim under treatment for mental disability? _____ Yes _____ No

Did victim have any unusual physical attributes? _____ Yes _____ No

If yes, describe. _____

Does victim have a history of seizures? _____ Yes _____ No

Does victim have a history of heart disease? _____ Yes _____ No

How was the victim dressed at the time of the attack? _____

Victim's actions immediately before the attack _____

Was victim known to the dog? _____ Yes _____ No

Did victim have contact with the dog prior to this incident? _____ Yes _____ No

Was there prior aggressive contact? _____ Yes _____ No

Description of the Incident

Witnesses to the incident:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Describe details of the actual attack (sequence of events; responses of victim, dog and witnesses).

Describe exact injuries to the victim (order of injuries if established).

Describe details of any injuries to the dog, including when in the course of the attack the injuries occurred.

Was the attack on the dog's home territory or in a place familiar to the dog?

_____ Yes _____ No

Were other animals present or involved in the attack? _____ Yes _____ No

Give full information and actions of each one.

Describe the relationship of other dogs to the victim and to the primary dog.

Behavioral Evaluation of the Dog

Date _____ Time _____

Location of evaluation _____ Location type _____

Physical demeanor of the dog at initial contact _____

Responses of the dog to stimuli (if available):

- | | |
|-----------------------------------|----------------------------------|
| GR: growl | RR: retreat, run away |
| BT: bare teeth | SR: submissive roll or urination |
| LU: lunge or charge | AG: evacuate anal gland |
| SB: snap/bite, engage and release | PR: positive reaction |
| BF: full bite | NR: no reaction |
| | NA: not available |

| | | | |
|------------------------------------|--|----------------------------------|--|
| Approach dog | | Bend over dog, demand down | |
| Pet dog | | Enter or leave room | |
| Hug dog | | Reach toward dog w/o leash | |
| Approach on furniture | | Reach toward dog w/leash | |
| Call off furniture | | Put on / take off leash | |
| Push/pull off furniture | | Put on / take off collar | |
| Disturb while resting/sleeping | | Place in crate/pen | |
| Approach while chewing/playing | | Remove from crate/pen | |
| Approach while eating | | Leash restraint | |
| Touch while eating | | Collar restraint | |
| Take dog food away | | Bathe/groom dog | |
| Take human food away | | Trim nails | |
| Take toy/chewy/bone | | Response to obedience command | |
| Verbally correct | | Veterinary clinic visit | |
| Physically punish | | Strange adult enters house/yard | |
| Stare at dog | | Strange child enters house/yard | |
| Response to familiar dog on leash | | Familiar adult enters house/yard | |
| Response to strange dog on leash | | Familiar child enters house/yard | |
| Response to familiar dog off leash | | Stranger sudden approach | |
| Response to strange dog off leash | | Familiar person sudden approach | |