

FINAL REPORT

Pet Loss Best Practice Guidelines

FOR VETERINARY TEAMS

June 2020



Seneca INNOVATION



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EXECUTIVE SUMMARY

Context & Purpose

The bond between humans and animals is strong and the death of a pet can be a devastating experience. Seneca College's Social Service Worker and Veterinary Technician Programs partnered with VCA Canada to better understand people's experiences interacting with their veterinary teams during their pet's end of life in order to strengthen the industry's capacity to respond to clients' needs.

We understand that pet loss is considered a form of disenfranchised grief in that it is not widely acknowledged by society, the grief is highly stigmatized and clients are often left isolated (Doka, 2008, as cited in Packman et al., 2014). Those mourning the loss of their pets need compassionate care but staff working in the animal care industry do not receive formalized training on how to do so as there are very limited training opportunities that exist. Clients however, expect that their loss will be understood and care will be provided accordingly.

Coupling this with the constant exposure to death and loss can lead to issues of burnout and compassion fatigue for staff. Burnout refers to a cumulative process of increased workloads and stress, whereas compassion fatigue refers to the emotional strain of working with those who have experienced suffering and trauma. Skills acquisition is considered a strong buffer to compassion fatigue and so the more equipped staff feel in responding to clients in grief, the less likely they are to experience burnout and compassion fatigue. When staff are well-equipped, they are more likely to provide clients with meaningful care thus ensuring everyone's needs are being met. As a reactionary and preventative measure, the project deliverables address both of these interrelated issues.

Project Overview

Over a six-month process, we have collected and analyzed both primary and secondary data to help inform the development of **Pet Loss Best Practice Guidelines for Veterinary Teams** by:



Conducting a literature review on pet loss experience in the context of veterinary practice responses



Surveying 310 people who have experienced pet loss and had interactions with veterinary professionals



Speaking with industry experts in the areas of veterinary medicine, veterinary hospice and palliative care, veterinary social work and pet cremation services.

While the following report includes the literature review and survey findings, readers can access the **Pet Loss Best Practice Guidelines for Veterinary Teams** by visiting:

<https://www.senecacollege.ca/programs/fulltime/VTE.html>

Research Team

Co-Investigator: Angie Arora, M.S.W., R.S.W.

Angie Arora is a Veterinary Social Worker with over 15 years of experience in the areas of pet loss support and compassion resilience. In addition to her role as a Professor with Seneca College's Social Service Worker Program, Angie is a Pet Loss Support Group Facilitator with VetVine and serves on the International Association of Veterinary Social Work's Board of Directors. As a Certified Compassion Fatigue Specialist, Angie works with the veterinary industry to build resilience and wellness. She completed her Bachelor of Social Work at Ryerson University, Masters of Social Work with York University, and Bereavement Education Certificate with Tape Educational Services.

Co-Investigator: Kirsti Clarida, R.V.T.

Kirsti Clarida has been a proud Registered Veterinary Technician since 1999. With service in small animal clinical, emergency and locum veterinary practice, she brings a wealth of experience to her current role as Coordinator of the Veterinary Technician Program at Seneca College. In addition to serving her profession as an educator, she

was previously the Communications Manager of the Ontario Association of the Veterinary Technicians (OAVT) and led a number of campaigns to increase awareness of the important roles RVTs play in veterinary medicine in Ontario. Kirsti continues to advocate for RVTs in her roles as Vice-President of the OAVT and President of the Ontario Veterinary Technician Educators.

Research Assistant: Margaret Steffan, B.Sc., V.T.

Margaret Steffan is a Veterinary Technician who graduated from Seneca College in 2020 and completed her Bachelor of Science in Biology with Wilfrid Laurier University. She has had a desire to work with pets for as long as she can remember. Her first position in a veterinary clinic was through a high school co-op and she immediately fell in love with the field of veterinary medicine. Margaret has experience working with small and large animals, in a research laboratory and in emergency medicine. Throughout the years she has developed an immense appreciation for the impact that animals have on people. The human-animal bond is like no other and she hopes that through this research we can bring light to its importance and help veterinary professionals support people, not only during their pet's life but also at the end of their life.

Research Assistant: Daniella Zamora, V.T.

Daniella Zamora is a Fear Free Certified Veterinary Technician and a recent graduate from Seneca College. She volunteers at her local Trap Neuter Return program and has a strong interest in behaviour and shelter medicine. She has always had a huge love for animals and is very excited to start her journey as a veterinary Technician. Her hope is to help cherish the human-animal bond by supporting both pets and clients.

Research Assistant: Maria Londono Forero, B.S.W.

Maria Londono Forero is a recent Bachelor of Social Work graduate from Ryerson University. She is passionate about advocating for social justice issues and equality within migrant and racialized communities. Her future research hopes to look at the positive impacts pets can have on marginalized communities, and the role animals play in the migration experience.

Project Manager: Asma Umair, Project Manager with Seneca Innovation

Industry Partner Representative: Jeanette Danyliw, Senior Operations Director with VCA Canada

Summary of Findings

For the purpose of this report, ‘pet’ will be used to refer to the animal in lieu of ‘companion animal’ or ‘patient’. ‘Client’ refers to the pet owner as represented in the veterinary-client relationship. We acknowledge that other terms such as ‘pet parent’, ‘caregiver’, and ‘owner’ may also be used in literature and practice. The use of ‘pet’ in our project is not meant to minimize emotional attachment, but rather allow for role clarity. In addition, ‘veterinary teams’ or ‘veterinary professionals’ are used to encompass the different roles of staff involved in care, including veterinarians, veterinary technicians, veterinary assistants, receptionists, and practice owners/managers.

The following highlights key project findings:

1	2	3	4
Overall, veterinary teams are providing clients with compassionate care and good communication during their pet’s end of life including end of life discussions and euthanasia.	When compassionate care is not provided, it can negatively impact a client’s grieving process and leave lasting detrimental effects.	Clients who have experienced the loss of a pet other than a cat or dog, do not appear to receive the same level of care compared to clients who have lost a cat or dog.	Clients expect that their pets will be treated in humane and dignified ways, all the way from end of life discussions to after the pet has died.
5	6	7	8
Alternate treatment options, including hospice and palliative care, are either offered infrequently or are being offered too late to make an impact.	The environment and location in which the death occurs has a significant impact on clients.	Memorialization and rituals play an important part in the clients’ grieving processes.	Improvements are required in how clients are supported after their pets pass, including the referrals to community pet loss services.

Acknowledgements

Seneca College and VCA Canada wish to thank the hundreds of people who shared their experience, knowledge and wisdom to help inform the Best Practice Guidelines.

We are both grateful and humbled by the powerful voices and stories from people who have grieved the loss of their pets. These experiences were shared with vulnerability and honesty. As a result, we have gained tremendous insight into what is currently working well in the veterinary industry and areas that can be improved so that others are provided with compassionate and dignified care.

To those on the front-lines doing this work day-in and day-out, we thank you for your tireless efforts. To the experts who despite their busy workloads, took the time to share their thoughtful analysis, we are grateful.

In particular, we wish to acknowledge:

Dr. Faith Banks, Owner of Midtown Mobile Veterinary Hospice Services, Certified Hospice and Palliative Care Veterinarian and Certified Canine Rehabilitation Therapist

Dr. Shane Bateman, Associate Professor in Clinical Science Department, Ontario Veterinary College & Chair, Board of Guelph Humane Society

Sarah Bernardi, Registered Social Worker, Ontario Veterinary College

Dr. Kathleen Cooney, Companion Animal Euthanasia Training Academy, Certified Hospice and Palliative Care Veterinarian and Certified Compassion Fatigue Professional

Alisha Matte, PhD graduate from the Department of Population Medicine, Ontario Veterinary College

Dr. Amy Sugar, Founder of Pawsitive Resources, Veterinarian, Certified Pet Bereavement Counsellor

Pete Vincett, Chief Commercial Officer of Gateway Services

And finally, we thank the pets that have touched our lives and inspired us to make change.

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LITERATURE REVIEW

Today, more than ever, pets play a crucial role in the lives of humans. The bond between humans and their pets has been widely researched and the mutually beneficial impacts well documented. In addition, greater attention has been paid to what happens to humans when this bond is broken due to pet death. The experience of losing a pet can be an immensely profound experience, frequently likened to being as powerful as the passing of a human family member or companion (Barnard-Nguyen et al., 2016; Donohue, 2005; Packman et al., 2014).

For many people, the experience of pet loss involves interactions with veterinary professionals. This relationship can be a powerful force impacting the grieving experiences of the bereaved. The purpose of this literature review is to better understand the veterinary-client relationship in order to set the foundation for the project's final deliverable, the creation of *Pet Loss Best Practice Guidelines for Veterinary Teams*.

Pet Loss, Disenfranchised Grief, and Complicated Grief Experiences

Experiences of pet loss can extend past verbal or emotional expressions of grief leading to disruptions in an individual's overall well-being such as their sleep cycle, psychological health, and social challenges (Packman et al., 2014). However, despite this widespread acknowledgement of the profound impacts of pet loss on an individual, family, or community, pet loss continues to be a form of disenfranchised grief.

Disenfranchised grief occurs when a grief reaction receives little to no social recognition or the bereaved is made to feel their grief does not merit social support or validation (Doka, 2008, as cited in Packman et al., 2014). Humphrey (2009) recognizes three reasons for disenfranchised grief: the relationship is not recognized by society; the bereaved is not considered capable of grieving; or the loss is not considered great enough to merit grief or validation from others (as cited in Cordaro, 2012). The lack of genuine acceptance for pet loss as a valid form of grief is demonstrated in responses like "just get another pet" or employers unwillingness to grant leaves of absence for individuals who have lost a pet (Cordaro, 2012). Trivializing or a lack of acceptance for an individual's way of memorializing their departed pet is also a way of invalidating grief. Disenfranchised grief is extremely harmful because it isolates individuals from social support systems, can push people to minimize or deny their own grief, and can lead to

complicated or unresolved grief overall (Cordaro, 2012). This process of disenfranchisement can be brought on by family members, friends, or healthcare professionals who do not recognize the impact of pet loss on the person's mental and physical well-being. Even with all the evidence supporting the profound effects of pet loss, this experience remains misunderstood and those grieving continue to be vulnerable to negative health outcomes due to complicated grief experiences (Packman, Carmack, & Ronen, 2012).

Several North American studies have been conducted to examine and evaluate the grief experiences of individuals after pet loss which reveal that it is an extremely complex and layered process. Although it can be similar or even greater in intensity to human loss, there are several factors that make it unique. Euthanasia has been consistently recognized as resulting in a distinctly different grief experience because the bereaved is taking an active role in the end of their pet's life (Barnard-Nguyen et al., 2016). The client's active role in the euthanasia process has been reported to lead to increased feelings of guilt and anger, directed at either themselves or the veterinary staff present at the time (Barnard-Nguyen et al., 2016). If the guilt and anger are not addressed in a therapeutic or productive way, or if the client lacks appropriate coping skills, the client is likely to find themselves burdened with complicated grief (Donahue, 2005). This can manifest itself into mental health issues, impacts on emotional and physical wellbeing, and, in more extreme cases, social isolation and suicidal ideations (Bernard-Nguyen et al., 2016; Donahue, 2005).

The relationship between complicated grief and the level of attachment between an individual and their pet has also been studied to determine if higher levels of attachment are a precursor for increasingly complicated expressions of grief. Complicated grief has been defined as "intense grief that lasts longer than would be expected according to social norms" and impacts an individual's day-to-day life (Katherine, 2015, p.154). It is associated with other health problems including problems sleeping, substance abuse, and suicidal thoughts (Katherine, 2015). While the literature does not show a clear causal relationship between complicated grief and the level of attachment between a client and their pet, there are many factors which can lead to the death of a pet and thus lead to different grief experiences. For example, Siess et al. (2015) discuss how the diagnosis of a pet's terminal or chronic illness can affect the grief experience. In some ways, the client has more time to come to terms with the loss of their pet, so the moment of loss is softened, but experiences of "anticipatory grief", or grief before the end of life, are common yet rarely acknowledged (Cordaro, 2012, p. 287). Financial strains may limit the client's capacity to choose a treatment plan for their pet or may lead to premature euthanasia which can also cause internalized expressions of guilt and anger. There is little in the literature discussing how a pet's terminal diagnosis impacts a child's

experiences of grief and loss; children's experiences have been largely overlooked overall.

Finally, the most common responses from many individuals experiencing pet loss are guilt and regret "expressed both in terms of acts of omission and acts of commission" (Packman et al., 2014, p. 346). This guilt dwells in the mental space of either having done too much or not enough and it is difficult to disregard these feelings, especially because of the parental or guardian role that many individuals create with their pets. Those harbouring regret and guilt need to be supported to resolve their feelings because they have the potential to manifest into complicated grief and leave lasting impacts on physical and mental wellbeing. This can be particularly apparent in instances of sudden death, where anger and problematic grief are common outcomes (Bernard-Nguyen et al., 2016). Sudden death includes accidents and unexpected diagnosis of an illness. Expressions of anger in these situations are broad, as they can be expressed either at others, such as veterinary staff, or internalized and expanded into feelings of guilt and regret. Barnard-Nguyen et al. (2016) and Packman et al. (2014) state that compassion and guidance from veterinary professionals was one of the most important supports people had, or would have wanted, in navigating and coping with the loss in a healthy and productive way.

Veterinary Practice Responses to Pet Loss

According to surveys, 70% - 90% of households hold their pets in high value as family members (Toray, 2004). Pets offer support in profound ways through people's different life stages therefore it should come as no surprise that clients have certain expectations from veterinary professionals during the end of life process. They not only have expectations that the veterinarian will make their pet's last moments as peaceful as possible, but that adequate support is provided during and after the death. Based on a Canadian study of clients, the most important forms of emotional support that can be provided are to receive reassurance that they are making the best decision, to have time alone with their pet, and to receive compassion from their veterinary team (Matte, 2019). While clients reported feeling supported with compassion



and time alone, they often hoped to receive more reassurance for their decision.

In a sensitive situation where the finality intensifies the emotions, a client's grief can be heightened when they are not satisfied with the last moments of their pet's life. This suggests that veterinary professionals have a responsibility to explore what people need during their pet's end of life, and tailor their responses accordingly. Matte (2019) suggests helpful factors to consider are identifying if the client lives alone, their social identity (e.g. gender, age, socioeconomic status), and the degree of their support network. When keeping all aspects in mind, clients can be given the support and validation they require and minimize the negative outcomes that can be associated with a lack of empathetic communication. Matte et al. (2020) further discuss the importance of the veterinary team displaying empathy during end-of-life care and the positive impact that this can have on clients throughout their grieving process. Three primary barriers to effective displays of empathy were identified, and these are the veterinary professional's level of preparedness for the situation; their years of experience in the practice; and the amount of time available to devote to the client during the pet's end of life. To overcome some of these barriers, Matte et al. (2020) discuss the benefits of involving veterinary professionals in formalized methods of teaching empathy and receiving feedback from clients. A training like this "may also be one means by which veterinarians can learn and improve their abilities" regardless of age or expertise (Matte et al., 2020, p.7).

The Role of Palliative and Hospice Care

The literature suggests a strong correlation between offering palliative and hospice care to pets and providing the best end of life care to the pet while also supporting the client. Palliative care focuses on maximizing comfort and minimizing suffering. It manages pain and symptoms while addressing the emotional, social and spiritual needs of the client (Bishop et al., 2016). Much of what is applied to animal hospice and palliative care comes from human medicine with the greatest difference being the generalized acceptance of euthanasia in veterinary medicine.

There is a misconception in the veterinary industry that offering end of life care is "giving up" on the pet. This attitude has been linked to human medicine as many human doctors have been criticized to look at death as a failure (Gregersen, 2016). Instead, it is recommended that end of life be looked at as the final stage in every pet's life (Bishop et al., 2016). During a pet's end of life, the veterinarian can shift their efforts away from providing a cure and focus on providing compassionate care (Gregersen, 2016). Compassionate care should be provided to both the pet and the client during what is often a very difficult time. End of life and its subsequent decisions can and should be just

as important as the sum of the care that was provided during the pet's whole life (Bishop et al., 2016).

Many clients feel pressured into deciding to choose between aggressive treatment to diagnose and/or cure their pet's illness and euthanasia (Gregersen, 2016). Palliative and hospice care could provide a third alternative for these clients. It is important to note that providing aggressive treatment in order to prolong the pet's life and providing end of life care are not mutually exclusive (Bishop et al., 2016).

Despite all the benefits to hospice and palliative care, there appears to be certain limitations around being able to provide proper end of life care. In some circumstances the veterinary team does not have the chance to provide end of life care such as in accidental deaths or when a pet passes very quickly. Veterinarians also need to be able to maintain close contact with their palliative and hospice patients and facilitate follow ups. Sending pain medication home and telling the client to come back when they are ready is not an appropriate alternative to end of life care (Gregersen, 2016). Veterinarians should understand these limitations and challenges before committing to providing end of life, palliative and hospice care. When they are not able to provide these services, they should be encouraged to refer to veterinarians with advanced end of life training (Bishop et al., 2016).

Euthanasia

The literature points to the importance of providing proper care to bereaved clients during and after a pet's end of life. In a study that examined call notes from the Ontario Veterinary College's Pet Loss Support Line in Ontario, 91.7% of callers talked about the pet's illness and death, making it the most common personal narrative discussed (Rémillard, 2014). Things that can appear normal for the veterinary team can be abnormal to clients. For example, euthanasia is one of the few procedures that veterinary teams perform in front of clients, and while this is a common practice for veterinarians, the impacts on clients cannot be underestimated. The strongest memories for a client are typically their first and last day with their pet. A negative euthanasia experience can haunt a client for the rest of their life and thereby complicate their grieving process (Gregersen, 2016).

The process of euthanasia often forces the client to face some dreadful realities. In an Ontario study of veterinary clinics, Adams (2000) found that approximately 50% of clients felt guilty about their decision to choose euthanasia. In another study by Gregerson (2016), clients frequently expressed two main factors that brought them the most grief or regret. The first being the shocking realization at how quickly the pet can go from alive

to dead when administering the lethal injection, regardless of if they were warned beforehand. Clients reported their pet's life is being "sucked out" of them in that the transition to the end of life did not appear to be done with ease. The second factor is the feeling of pressure that clients feel when they must choose between aggressive treatment and euthanasia. This article concludes that this can push people to make a decision they are not prepared for, leading to feelings of regret that can complicate the grieving process. In veterinary medicine the goal is often to support the life of the pet. However, AAHA/IAAHPC End-of-Life Care Guidelines suggests alternatives like palliative care should be further emphasized as a method of "treatment" for the pet (Bishop et al., 2016). This calls into question whether offering palliative care as a standard option would lessen the grief clients express, as it could be hypothesized that the pet's last days were more within the client's control.

According to Brandt (2007), when supporting people during the process of euthanasia it is important to consider certain populations who may have specific needs. Children are a



part of family structures and may be included in end of life discussions and euthanasia. In a study analyzing 450 calls to a pet loss helpline, it was found that 25% of callers requested information on how to approach children with issues of illness, death and euthanasia (Brandt, 2001, as cited in Brandt, 2007). Of those callers, one-third were veterinarians and two-thirds were parents of pet owning children. Veterinarians and clients alike are seeking guidance in how to explain euthanasia and death to children, as well as ways to support children after their pet's death (Brandt, 2007). Without guidance, parents may choose to not tell or even lie to their child about their pet's death to protect them

from the emotional toll. This act can be described as counterproductive and children should be included in family discussions about these important issues. Children consider pets as an integral part of their support system and when they are taken away without necessary information support, they may be left to cope without guidance.

Empathic Bridging

The literature supports that pet loss is a form of disenfranchised grief because it is a loss that does not receive social validation and excludes the bereaved from expressing their grief (Doka, 2008, as cited in Packman et al., 2014). If equipped with the right skillset, veterinarians and veterinary staff can be a great source of validation for bereaved clients.

Veterinary medicine is influenced by clients' expectations of their veterinary care professionals and these expectations are stressed during the end of life of the pet (Matte et al., 2019). A study conducted by Grossman and Freedman (2016) revealed that compassion and confidence were consistently ranked as the highest expectations people had of their veterinary professionals. Meeting these expectations and validating the grief and loss of a client can both be accomplished by implementing approaches of empathic bridging.

Empathic bridging is essential to positively processing grief; its reverse, empathic failure, accompanies disenfranchised grief (Packman et al., 2014). Neimeyer and Jordan (2002) describe empathic failure "as the failure of one person to understand the meaning and experience of another" (as cited in Cordaro, 2012, p. 288). It is that lack of social validation within disenfranchised grief which hinders the development of empathic bridging. Empathic failure occurs at many levels, either within the individual when they minimize their own grief; with family when they do not provide the compassionate reaction the bereaved yearns for; with community when the public does not agree with the actions of the bereaved; and finally, with an individual's spiritual worldview when their hopes for their pet's afterlife do not match those described by their religious structure (Neimeyer & Jordan, 2002, as cited in Cordaro, 2012). As empathic failure occurs at these four levels, so does empathic bridging and veterinary professionals have the capacity to be excellent guides for bereaved clients through the pet loss experience.

Veterinary professionals can develop empathic bridging in various ways. From the moment when pet loss becomes a certainty for the near future or an instant reality, veterinary professionals can create an environment where the depth of the loss and the nature of the relationship can be openly expressed (Packman et al., 2014). The relationship between an individual and their pet can take many different forms, but grieving clients should be able to express that without judgement. Matte et al. (2020) echo this sentiment, and state that veterinary professionals should use every opportunity during end-of-life care to normalize the client's emotions and provide reassurance where appropriate. In Packman et al.'s (2014) study, 95% of the participants reported feeling guilty about the loss regardless of how it occurred, and this guilt often went back to the responsibility clients feel for their pets, where death is frequently framed as failing at that responsibility. Veterinarians can support individuals through these difficult feelings by explaining the circumstances surrounding their pet's end of life, whether that be euthanasia, terminal diagnosis, or a sudden death (Barnard-Nguyen et al., 2016).

More important than transmitting this information is the style of communication used, and veterinarians are advised to be adaptable to the needs of the client and the situation at hand (Barnard-Nguyen et al., 2016). There are a multitude of guidelines advising

veterinarians on the best way to communicate with clients during end of life processes, but these often lack reach or are too vague in their wording and miss the actual skill component that is necessary for effective and compassionate communication. Cornell and Kopcha (2007) suggest that veterinarians should see their role as “teacher, guardian, and collaborator” (as cited in Barnard-Nguyen et al., 2016, p. 428) alongside the client and constant validation of the client’s decisions can be a great support to counteract the disenfranchised grief. Testoni et al. (2019) reinstate this idea of the veterinarian as a collaborator especially during the end of life processes and the veterinarian and client should forge a supportive partnership to guide the decision making.

Aftercare Support

Referring bereaved clients to other community supports that can provide programs outside of the veterinarian’s professional scope is another way to engage in empathic bridging. Many veterinarians referenced in the literature struggled to find a balance between supporting clients during the pet’s end of life but also feeling that they needed to maintain boundaries as a veterinarian by not acting as a grief counsellor (Matte et al., 2019). Connecting with trained counselling professionals, services, and support groups, can provide the additional support that clients need while reducing the emotional burden on veterinary professionals (Matte et al., 2020). Referrals mitigate the tension of professional boundaries, but only if community supports exist and the veterinarian knows where to refer to. Clients have diverse experiences of loss impacted by factors like age, gender, socio-economic status, family size, social networks, and spirituality. Pet loss hotlines are the community support veterinarians most frequently refer clients too, but they cannot fulfill all the needs clients may have (Matte et al., 2019).

For example, Wilmer (2019) conducted an observational study of how Americans include their pets into their spiritual and religious rites within the Episcopal Church, especially at the end of the pet’s life. There has been an uptake in blessing pets and including them alongside their clients in spiritual and religious activities, but the circumstances surrounding death and the afterlife are often unclear. While it may be outside a veterinarian’s professional scope to address these concerns, a referral to a veterinary chaplain could make a positive difference in a client’s grieving process (Wilmer, 2009). If such community support is not available, veterinarians could be assisted by veterinary social workers who can connect clients to more specific community supports or provide professional grief counselling services (Donohue, 2005).

In addition to referrals, follow-ups have been found to be increasingly important for clients. In a study by Grossman and Freedman (2016), 450 responses were collected from participants from nine countries, and only 28% of the veterinary practices

referenced engaged in follow-up communication, despite 87% of the participants stating that receiving ongoing support was very important to them. This demonstrates an unmet need. Informative and compassionate communication, validation, referrals, and follow-ups are several ways in which veterinary professionals can engage in empathic bridging with bereaved clients. The success of these methods are impacted by factors like the veterinarian's time, expertise, and personal capacity, but formalized methods to educate veterinarians on consistent ways to support bereaved clients are missing from the practice at large.

There is still more that can be done to understand the pet loss experience and many of the studies collected from the literature can be expanded. This could begin with expanding the eligibility criteria of studies to include a greater variety of clients at different points in their experiences of loss. Many studies which analyzed the experience of pet loss were limited to individuals who had either cats or dogs and the time for the loss was limited to the last 12 months, at most. The sample size for many North American studies which collected responses from clients were relatively small, with less than 30 participants. Many contextual factors surrounding loss experiences were rarely included such as religion, spirituality, age, rituals, memorializing practices, or financial capacity. Also, studies focusing on a specific form of pet loss most commonly examined euthanasia, and not others like sudden death, natural causes, or loss due to a terminal illness. Further research should include varying types of pets, participants of varying ages and identities, different types of loss, and consideration of the impact of rituals or memorializing practices to give a more realistic and vibrant depiction of the immense diversity of grief experiences.

Variables Affecting Loss Experience

Older adults also comprise a population that warrants special consideration when understanding the impacts of pet loss. Brandt (2007) found that people who are older often lean on their pets more heavily than adult populations due to social isolation. When supporting senior clients, veterinary professionals must appreciate the nuanced value that the pet holds in that person's life. They also must consider the limitations that older adults may face, including different abilities, age-related changes and socio-economic challenges. Brandt (2007) indicates that communication (including that which takes place in a veterinary setting) may be lacking with elderly clients which could lead to increased levels of uncertainty and grief. With a growing senior population, it is crucial to implement relevant and appropriate strategies dedicated to providing care and support. Some guidelines have been created to assist children and seniors in dealing

with pet euthanasia including how to respond to questions that may be asked and tailoring the euthanasia experience for specific age groups (Brandt, 2007). This can be used as an important tool in expanding to other populations in support through pet loss.

There is a gap in the literature evaluating how different causes of death affect the level of grief felt by the client. Such differences can be if the pet has died in an unexpected accident versus a death caused by cancer or a chronic disease. There is information to suggest that the level of grief and bereavement has more to do with aspects of the client's life instead of the way the pet has died. An individual's quality of life has been shown to be much better when they have a pet compared to people who have recently experienced the loss of their own (Tzivian, Friger, & Kushnir, 2015). The most common variable is the amount of social support the client has, as increased social support can have a positive effect on the client's grief experience.

A social support network can be made up of people closest to the client such as friends and family members but can also include people like coworkers and health care providers. It is important for veterinarians to understand the role that they play in supporting their clients and the power they hold to affect the severity of grief. It can be hard for clients to accept the different roles their veterinarians have to play in their pet's care from promoting health to terminating life (Adams, Bonnett, & Meek, 1999). It can further complicate things when the veterinary clinic does not provide adequate support during end of life and bereavement. Clients may be left thinking that their veterinary team knows how much they love their pet, but they also expect their clients to get over the death on their own (Adams, Bonnett, & Meek, 1999).



Other variables affecting the level of grief include gender, time passed, and whether the pet passed naturally or was euthanized. A study conducted by Rémillard (2014) shows how each of these variables affect the level of grief felt by clients. Females may experience greater depersonalization and social isolation than males after losing their pets (Rémillard, 2014). The intensity of grief could also be impacted by the time that had passed since the loss. Rémillard's (2014) study demonstrated how those in the first 6-12 months of their pet's passing are more likely to be angry, hostile and socially isolated than those who have passed the first anniversary of the loss. The same study by Rémillard (2014) compared clients who chose to euthanize their pets with clients who let them die naturally. He found that clients whose pet died naturally experienced more

social isolation and a greater loss of control. The natural causes of the death and what kind of support clients and pets received during end of life are unknown.

It can be concluded that age, social support, gender and type of death may play a role in the level of grief a client feels over the loss of their pet. The veterinary team should be aware of these factors before and after the end of life. By identifying individuals who may be particularly vulnerable and therefore require additional assistance, veterinarians will be more prepared to find appropriate support and resources (Rémillard, 2014).

Impacts on Veterinary Teams

The veterinary profession is in a unique position as veterinarians are tasked with sharing difficult news, workers are faced with constant exposure to death, and consequently, are in a position of interacting with grieving clients. In a recent study by Dow et. al (2019), it was found that the physical and mental health of 40% of veterinarians were negatively impacted by dealing with client grief and their exposure to death. Given this unique role, it comes as no surprise that veterinary teams require specific skills to be able to handle and cope with such stressors. For example, it has become more widely understood and accepted that communication is an essential skill for veterinary teams to possess when interacting with clients; however, veterinarians have reported experiencing emotional distress and compassion fatigue as a result of not being able to effectively communicate with their clients (Dow et. al, 2019).

In addition, empathy towards the client has consistently been cited as a vital emotion and skill for veterinary professionals. In a recent Canadian study however, it was found that higher client satisfaction was associated with poorer veterinarian mental health (Perret et. al, 2020) thereby demonstrating that “strongly empathetic veterinarians who are repeatedly exposed to emotionally challenging events may be internally depleted” (Matte et al., 2020, p. 7). High levels of empathy can be linked to higher rates of compassion fatigue (Perret et. al, 2020), and so while empathy can be an important component to supporting clients with their pet’s end of life, it is important to address veterinary wellness both for the sake of staff and clients.

When looking more closely at the role of the veterinarian in the process of pet death, a correlation is seen between the circumstance in which the pet is euthanized and the emotional toll it takes on the veterinarian. Rujoiu (2015) showed that in situations where a significant effort was made to save the pet or the pet had lived a long life, there was a greater acceptance of the loss. However, in situations where the veterinarian’s ability to

pursue options was limited due to financial constraints, veterinarians were overcome with feelings of helplessness and distress (Dow et. al, 2019; Rujoiu, 2015). When put into their own words, they often expressed how they felt they were “letting their patients down” even when the veterinarian was not responsible for the decisions that led to euthanasia (Rujoiu, 2015). In situations like this where the veterinarian’s role is restricted, they can internalize the role of the client and be more emotionally affected.

This speaks to the need for two things: first, it is important that veterinary professionals work within their scope of practice and know both how and when to refer clients; secondly, it highlights the need for veterinary teams to be provided with adequate resources and support to address their individual and team wellness (Dow et. al, 2019). The mental health and wellbeing of veterinarians has been thoroughly studied and important revelations have been brought to light. While veterinarians appear to have high rates of job satisfaction, there are still important factors regarding wellness that must be considered. The veterinary profession is one which is at high risk of occupational stress, and in particular, face greater risk to attempted suicide compared to the general population (Volk et. al, 2018). A number of complex, interrelated factors contributing to occupational stress include factors related to burnout such as long working hours and resource constraints, as well as more emotionally-charged situations like delivering difficult news, euthanasia, dealing with clients presenting challenging behaviours, and ethical dilemmas (Dow et. al, 2019; Volk et. al, 2018). It is important to consider that one’s social identity can impact the degree to which stress is experienced, as research is beginning to show that younger veterinarians, recent graduates, and women are more likely to report higher levels of stress (Dow et. al, 2019).

The research indicates that when individual and team wellness are addressed, work efficiency will be improved, medical errors will be reduced, burnout will be decreased, and an overall positive environment in the workplace will be fostered (Hayes et. al, 2019). In addition to supporting veterinary teams, it can be surmised that the trickle down effects will positively impact clients, thereby creating a positive cyclical loop.

Conclusion

The literature has begun to address practice suggestions for veterinary teams in order to improve the end of life experience both for the pet and client. However, suggestions often focus on one aspect of care, most often the euthanasia experience. There has also been a disproportionate focus in the literature on a very specific type of pet, namely dogs and cats. This does not capture the profound diversity of pet loss experiences or

consider the multitude of contexts which affect pet loss, such as religion, financial limitations, or age. There appears to be a gap in comprehensive guidelines from end of life discussions to aftercare support that can provide concrete tools veterinary staff can utilize in order to improve outcomes for both the client and practitioner. The purpose of this project is to address such a gap.

METHODOLOGY

Grief associated with the loss of a pet is not as well acknowledged in society as grief associated with the death of humans. Additionally, a client's negative experience at their pet's end of life can exacerbate this disenfranchised grief and complicate their ability to grieve the loss. Meanwhile, veterinary team training in end-of-life decisions and client support is widely varied and at times non-existent. The cumulative impact of multiple interactions with grieving clients and the absence of tools to address the emotions and expressions of grief can negatively impact the veterinary team in a profound way. While each end-of-life interaction is personal and unique, the ability to provide a more client focused approach to veterinary euthanasia and grief support may be better standardized with the creation of Best Practice Guidelines. These would ultimately be a curated set of tools that veterinary teams can deploy to improve the experience for the client while also serving to reduce the negative experience for the team members.

To explore this concept, primary data was collected through a digital survey. The scope of the survey was to follow the entirety of the client experience in their pet's end-of-life matters. The survey design flowed through end-of-life discussions, euthanasia, memorialization and client aftercare. It was estimated that the survey could be completed by most respondents within 30 minutes. Questions were designed to identify experiences that could have been either positive or negative. A combination of yes/no, multiple choice, likert scales, and open-ended question styles allowed individuals to include as much detail as they were comfortable while restricting responses to our survey scope. Both quantitative and qualitative information was collected to ensure the voices of clients who have experienced pet loss guided the development of the Best Practice Guidelines.

The Centre for Institutional Data and Enterprise Analytics (C-IDEA) at Seneca College was integral in building the digital framework for the survey and creating the user experience. At launch, the project aimed to collect 100 individual responses over a 10-14 day period. Invitations to participate in the survey were shared through the social media platforms of the research team and research partner. It was also shared by email requests within

veterinary technology and social service work professionals and associations, as well as community-based organizations including pet loss support groups. Overwhelming response led to 310 completed surveys overall.

Raw data was collected and initially organized by C-IDEA using Qualtrics software. Any potential respondent identifier was removed from the data. It was then collated and shared with the research team for further analysis. Researchers reviewed question responses using a thematic analysis approach to identify trends in responses and perceptions being shared by respondents. These themes subsequently provided the basis for the initial drafting of the Best Practice Guidelines. Commonality with findings from the literature review and outcomes from similar research informed the weighting of the themes and depth of detail recommendations were able to provide.

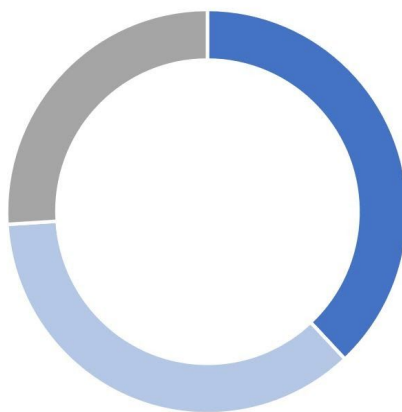
Once an initial draft was prepared, the research team hosted a panel of industry experts on a teleconference to review key themes, share feedback and inform on relationships between their field and the information being presented. The panel included Veterinary Hospice and Palliative Care specialists, Veterinary Social Workers, Industry leaders in pet cremation and memorialization, professors in clinical medicine from veterinary teaching hospitals, the research team and the industry partner.

DEMOGRAPHICS

310

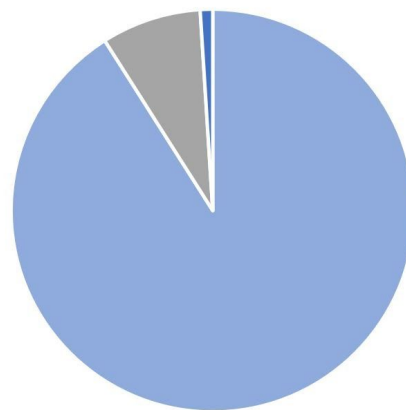
Total Respondents

CLIENT AGE



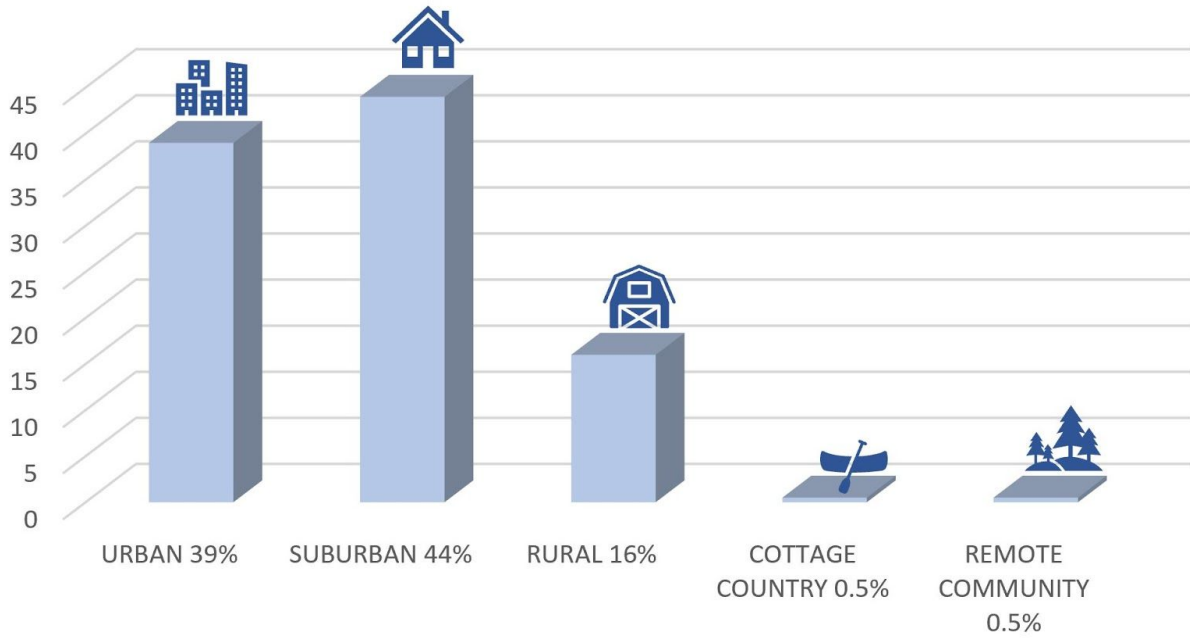
■ 18-34 ■ 35-54 ■ 55+

CLIENT GENDER



■ Female ■ Male ■ Non-binary

RESIDENCE ENVIRONMENT



Pet Species

56%	33%	3%	8%
Dog	Cat	Horse	Other

Pet Age at Death

3%	3%	21%	44%	25%	3%
<2	2-4 yr	5-9 yr	10-14 yr	15-19 yr	20+ yr

Age of Client at Pet Death

4%	89%	6%	1%
Older Adult	Adult	Youth	Child

Length of Client-Pet Relationship

5%	9%	20%	49%	16%	1%
<2	2-4 yr	5-9 yr	10-14 yr	15-19 yr	20+ yr

Multiple Losses

82% yes	no 18%
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FINDINGS & RECOMMENDATIONS

The following findings and analysis are embedded in a Start, Stop, Continue approach. The findings reveal that there are many areas of practice in which the veterinary industry is providing a high quality of care to its clients, and these practices will be encouraged to continue. In some instances, new practices will be suggested to begin, and unhelpful practices will be discouraged.

INTERACTIONS WITH VETERINARY STAFF

Compassionate Support

Clients feel that veterinary teams are providing information in an effective manner. 84.7% said they would rate their overall communication experience with their veterinary staff excellent or near excellent.

Nearly 85% of respondents rated the level of compassion they received from their veterinary staff excellent or near excellent which indicates that veterinary teams are displaying empathy and understanding to their current situations.

In a comparison analysis, 86.4% of clients who had a cat or dog rated their communication experience with veterinary staff as excellent or near excellent and 87.2% with the level of compassion they received. When compared to any other pet, excluding cats or dogs, only 66.6% rated their overall communication experience as excellent or near excellent and even less, 58.3%, with a near excellent rating for the level of compassion they received.

People that have a pet that is not a cat or dog state receiving less adequate communication and compassion from veterinary professionals as compared to people who have cats or dogs.

Not surprisingly then, while 38.7% of respondents believe that pet loss is understood as a valid form of grief by society, many shared that societal acceptance depends on the species of animal. The value of the pet appears to translate to the level of social acceptance of grief (i.e. more compassionate responses for dogs and cats and less compassionate responses for pets such as reptiles, fish, birds and rodents).



In a profession that cares for many different species, it is thought that each pet would be treated equally. However, clients of these pets feel otherwise. The differences in these percentages show a discrepancy with how clients of “non-traditional” pets are being treated. It should be mentioned that the clients of these pets (not cats or dogs) only accounted for 10.3% of the respondents in the survey, therefore, this may not be representative due to the sample size. However, the differences in ratings from these groups of clients deserves to be further explored to discover if there is a true discrepancy that needs to be addressed.

RECOMMENDATIONS

1. Veterinary professionals need to be aware of how they treat clients who do not have either a dog or cat. Although they may not represent a majority of pets served, they still deserve the same level of care as do their clients. “Non-traditional” pets can still create the same level of grief impact as a cat or dog on a person. Further research is warranted to ascertain whether losing a pet that is not a cat or a dog is further complicated because of less compassionate responses, both at a veterinary and larger societal level.

Hospice & Palliative Care

Hospice and palliative care are a seemingly underutilized option in veterinary medicine. 71.4% indicated that hospice or palliative care options were not discussed with them. Of the people who indicated options were not discussed, 68.2% said they still would not be interested in discussing the option with their veterinarian.

“I put the needs of my pet before my own and **did what was best** for her vs. buying myself time to accept I was going to lose her.”

In a majority of cases it was not even provided as an option by the veterinary team. 17% of respondents said they would be interested in discussing it further and the remaining respondents did not specify.

Many of the respondents who were not given the option indicated that it would not have been a viable option for their pet, or that euthanasia was the more compassionate choice in their situation. The clients also emphasized the suffering of their beloved pet and that they needed to put their pet’s wellness above their own desires to keep their pet alive.

Due to this, it can be questioned if the veterinarian was aware that palliative care was not an option in these circumstances and therefore did not provide it to the client, or if people's perceptions on hospice and palliative care would be different if it was introduced earlier in the treatment plan.

RECOMMENDATIONS

1. Because clients may have preconceived ideas about what hospice and palliative care means, veterinarians may need to consider the way in which they explain palliative and hospice care to ensure the client understands and can make an informed decision for their pet. These conversations need to happen early when deciding treatment plans.
2. When providing an explanation of palliative care in particular, a more nuanced explanation of what it entails is required (e.g. ongoing kidney disease treatment can be considered a form of palliative care). Clients should be informed that palliative care options can still occur in some cases with the end result still being humane euthanasia.

End of Life Discussions

It is reassuring to note that the vast majority (94.9%) of respondents were included in the end of life discussions pertaining to their pets. In these cases, 96.9% said that euthanasia in particular was discussed. When asked if any other treatment options were discussed as an alternative or in addition to euthanasia, half of respondents said options were discussed with them. More specifically, 59% indicated that treatments presented were intended to resolve the issue, while 41% said that treatment options presented would not.

Despite a majority of the people being offered options that had the possibility of resolving the issue, many indicated that the success rates were low. Some also shared that despite being given options other or in addition to euthanasia, euthanasia was the better option in the circumstances.

“21-year-old kitty with ongoing kidney disease.
Any further treatment would've been selfish, **it was his time** and he let that be known.”

Of note, 50.6% of people said that no other treatment options were discussed with them. Of these respondents 44% said nothing else was discussed because there were no treatments available to resolve the issue or that the client knew it was time. The remaining people did not specify the reasoning or that their pet passed away suddenly and therefore could not have been given other options.

RECOMMENDATIONS

1. More information is needed to better understand if alternative or additional treatment options would be more viable should they be offered in conjunction with end of life options, and/or if they are offered sooner in the treatment plan (i.e. prior to clients feeling that their pets' health had declined to the point of requiring euthanasia).
2. Veterinarians need to offer additional options to pets and their clients, like hospice and palliative care, on a case by case basis.
3. Ensuring that clients are aware of all treatment and medical options is important with clear explanations of pros and cons, so they can make informed decisions as this can also help reduce clients' guilt.

End of Life Decisions

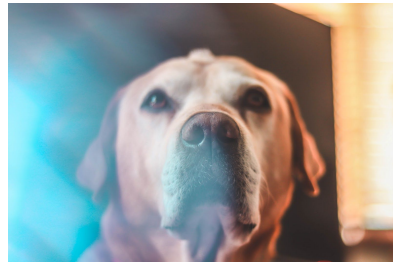
88.2% stated that their pet was euthanized. As we are aware, this can be a difficult decision impacted by many factors. Of particular interest is that 66.6% of these clients stated that financial restrictions had little to no impact on the decision they made.

Reassuringly, 84.4% of clients shared that they were able to openly discuss challenges they were facing in making the decision whether to euthanize their pet with their veterinary care professional. Of this group, 65.6% said that discussing their challenges with a veterinary professional was helpful.

“They were very supportive and let me know we had tried all we could but that we were only **extending** her life not **improving** it”

Only 15.6% said they were not able to openly discuss challenges with their veterinary professional about the decision to euthanize. A varying degree of reasons for what

prevented the discussion from happening were provided. For some, the veterinary professional was not approachable for a conversation due to a communicative relationship breakdown between the client and the team/team member. Whether actual or perceived, the breakdown left the client feeling that they could not reach out to the clinic. For others, they had already made their decision and therefore did not have any specific challenges to discuss.



“I was **ashamed** that I let her tumour grow for so long without consulting the vet, but knew I didn’t have the money for surgery”

RECOMMENDATIONS

1. It is important that veterinary professionals create an environment where clients feel comfortable discussing any challenges they are facing. They need to convey that they will not pass any judgement towards the client or their situation to prevent the client from delaying or neglecting to see a veterinary professional. This also ensures that the pet receives the most immediate care.
2. Further consideration is needed on how veterinary teams can provide clients with the reassurance they are seeking in their decision-making processes while still working within one’s scope of practice.

Euthanasia Location and Environmental Impact

66.2% of respondents stated that the environment in which the euthanasia occurred had some to great impact on their loss. However, it is important to note that environment is just one factor impacting grief as many respondents stated that although the environment in which their pet passed did not have a significant impact on them, they still reported dealing with a high level of grief.

Only 17.1% of euthanasia’s occurred at home however numerous participants mentioned they would have preferred this option. It is unclear why this discrepancy exists, but

possible reasons could include not being informed of home euthanasias or no such services existing in their area.

Our findings noted that only 11% of clients whose pets were euthanized in their regular clinic mentioned that they would prefer a home euthanasia. However, those that responded provided this information voluntarily as they were not asked directly about a preference for home euthanasia. Without being asked directly, 16 participants mentioned in their voluntary answers that they would have preferred a home euthanasia to their pet being euthanized at their regular clinic.

“My dog never liked the vet. She tolerated it but to lay on a blanket that wasn’t hers, in a room that didn’t smell right. I have carried that memory of **guilt** for many years”

While 60.8% of euthanasia’s occurred at the client’s regular veterinary clinic, it is important to consider that 18.8% occurred in emergency hospitals, representing the second most frequent location in which pets were euthanized.

RECOMMENDATIONS

1. Given the strong interest in at-home euthanasia, veterinarians should be informing their clients of this option where such services exist. If clients express interest, veterinarians should be referring clients to mobile veterinary services. In areas where no such services exist, practices may benefit from adding this valuable support to options they can provide. Having the regular veterinary clinic perform home euthanasia’s can ease some of the challenges during this difficult process by providing familiarity to both the client and the pet. However, to ensure that this remains a viable option for people, ways in which this compassionate service can be offered at an affordable price needs to be explored.
2. Thought should be taken to create a calm, quiet and tranquil environment from the moment the client arrives to when they leave.
3. Veterinary teams should be ascertaining the level of detail the client wishes to receive during the euthanasia process and communicate accordingly to stay within the client’s comfort level.

4. There may be a need for designated staff trained in grief counselling or in providing best practice guidelines in emergency clinics to deal with these cases. Although this may be helpful in all hospitals the need may be more in emergency hospitals due to the decreased level of familiarity and the added stress of being in an emergency situation.
5. Whenever possible veterinary staff should keep the pet with the client for the entirety of the euthanasia procedure rather than taking them out of the room for catheter placement or otherwise. This allows the client to be with their pet for their very last moments.
6. For those clients whose loss is imminent, it is important for veterinarians to provide clients with information on what to do should their pet pass unexpectedly at home.
7. Clients may experience difficulties leaving their pets after the euthanasia has occurred. In part, clients want to know that their pet's bodies are being treated with respect once they can no longer care for them. This means providing warm and comforting material to wrap the pet's body in, carrying the body with care, and informing clients of what will be done with their pet's body should they inquire. At bare minimum, letting clients know that the pet will be treated with dignity and respect can help alleviate some of the difficult emotions clients may be experiencing. In addition, there should be a staff on standby to stay with the pet as the client leaves. This can help provide the client with some comfort as they leave the practice.

Support Factors Surrounding Loss

In 63.6% of cases, the clients were present at the time of their pet's passing. 51.6% had family members present (of which 7.4% included children), and 4.4% had a friend present. What the findings reveal is that a majority of people prefer to have family present when possible at the time of the loss. This would make sense as family has a greater likelihood of living in the same home as the pet and also developing a bond with them. It could also be that the family is better able to support the person during their loss.

While many had their loss in the presence of their regular veterinarian (35.2%), there was a large portion that were with other veterinarians either at the same clinic or elsewhere (64.8%). This may be explained by the circumstances in which the loss took place. In

some cases, the pet loss could have been emergent and therefore the client was not able to see their regular veterinarian.

No respondents indicated having a social worker present which could speak to the lack of veterinary social work supports available in Canada. It is unclear whether this type of support would be accessed if the option was to be provided.

RECOMMENDATIONS

1. Familiarity is an important variable to the pet loss experience. Providing clients the option to include whoever they deem important to their support network should be supported.
2. The regular veterinarian should reach out to any client who has experienced the loss of their pet out of their regular practice within a 24-hour period.
3. Veterinary social work services are slowly emerging in Canada but are generally still not understood nor readily available. Greater opportunities for veterinary and social work professions to collaborate should be explored both at an academic and practice level in order to improve the interdisciplinary nature of veterinary medicine.

Aftercare Decisions

It is encouraging to note that 85.9% of respondents experienced good communication with their veterinary providers when deciding how to handle their pets after they passed. People noted that this communication rested on discussion with the veterinary team, informational booklets or pamphlets with options, as well as the use of the internet to research or make decisions with the pet crematorium.

A recurring theme throughout the data emerged in that many respondents already knew what options existed for caring for remains due to experiences of a previous loss. More specifically, discounting the respondents who indicated they work in the veterinary industry, 20% of respondents indicated that they knew how they wanted to care for their pets' remains or they already knew of what options existed. While it cannot be confirmed from this data alone, one possibility could be that new aftercare options were lost in

discussion due to preconceptions of available services based on previous loss(es). In other words, newer options (e.g. aqua cremation) may not have been discussed.

68.2% of respondents indicated that the cost of aftercare had little to no impact on decisions made regarding their pet's remains. This would support the finding that cost is not a considerable deterrent to aftercare options. With 85.9% of respondents indicating good communication surrounding options, the majority of respondents still opted for private cremation with a memorial urn return.

Although the majority of respondents felt that communication surrounding decision-making was positive, 14.1% did not. Respondents shared examples such as the absence of sufficient information provided, lack of diversity in options offered, as well as feeling rushed during the decision-making process. One poignant response shared the effort at staying in the moment of death therefore making it difficult to process other details:

“Did not really ‘take in’ the information at the time. The **decision to euthanize was so difficult** that all thoughts/energy was on managing the procedure and being present for our pet.”

RECOMMENDATIONS

1. Regardless of how many losses a person has experienced, it is important to provide a wholesome set of options that a client can consider and make an informed decision on during each loss. This means that veterinary teams have a responsibility to stay current on options available and update their communication to clients reflecting new practices.
2. Provide more information about end-of-life options to clients earlier in the care and treatment plan. Possibly make end-of-life options available to all clients through posters, pamphlets, printouts that are constantly available in clinics. Using methods such as these presents information in a non-threatening way and allows clients to absorb information in a way that is comfortable for them.
3. Some clients will not feel ready to make a final decision at the time of their pet's passing on how to care for their remains. As part of the process of ensuring clients can make informed decisions, veterinary teams should

provide clients with written and/or digital information they can take with them upon leaving as verbal communication is not always sufficient. When possible, provide families with a flexible yet reasonable amount of time to confirm their aftercare decisions after they leave the hospital in case they need more time to process options or in the event that they change their mind.

4. When possible, veterinary practices are encouraged to have one staff dedicated to spend time with the family to discuss all aftercare options so that clients do not feel rushed and are provided with ample time to discuss options.

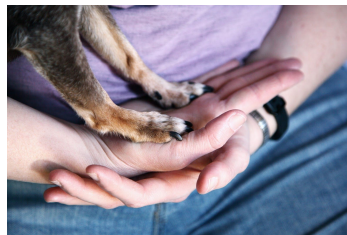
Follow-Up Communication

Another encouraging finding is that 77.6% of respondents received follow-up communication from their veterinary provider, and of these, 88.1% found the communication helpful. This illustrates the veterinary teams are nurturing the veterinary-client relationship even after the pet has passed.

A few respondents provided details about why follow-up communication from their veterinary team was not helpful. These comments show that the staff still provided compassionate care, but that the communication in and of itself cannot be attributed to lessening their clients' grief.

When addressing the respondents who did not receive follow-up communication from their veterinary team, 40% believed that it would have been helpful. Feelings described indicate that respondents equate follow-up communication with compassion and validation.

“I think it's helpful for people that were part of your loss to communicate sometime after so you know your **animal's life impacted them too**”



In contrast, a surprising 60% indicated that it would not have been helpful. The common theme was that veterinary service ended with the life of the pet.

RECOMMENDATIONS

1. At minimum, clients should be offered the option to elect out of follow-up communication so that those who believe the support will not be helpful or believe the follow-up could be triggering, are able to decide what is best for them. If the client has not opted out of follow-up, veterinary teams should be following up with each client after each loss in a personalized and compassionate way. This means not sharing a standardized message to each client, but rather tailoring the messaging to the uniqueness of the client and their pet, and signing the message from all members of the veterinary team that were part of the pet's life and/or death.
2. No one should be left alone when going through pet loss, and if there are unresolved feelings of guilt and regret which are outside the professional scope of a veterinarian, veterinary teams could refer individuals to other community supports better equipped to support individuals in situations of complicated grief. Follow-up communications between the veterinary team and client could be a crucial point to determine if the client is in need of a referral to community support.
3. When following-up with clients, veterinary teams should consider providing a list of community resources (e.g. pet loss support groups, pet loss grief counsellors) that could provide continued care after their pet's death.
4. Any practice with the means (specifically emergency hospitals) should strongly consider integrating veterinary social workers as part of their interdisciplinary teams. Veterinary social workers can help strengthen the relationships between the veterinary team and its clients, by supporting clients from end-of-life discussions to aftercare, as well as the veterinary teams themselves with issues such as dealing with difficult cases, burnout, secondary trauma, compassion fatigue. In the absence of this, practices should build relationships with veterinary social workers in the community to build a continuum of care.

MEMORIALIZATION

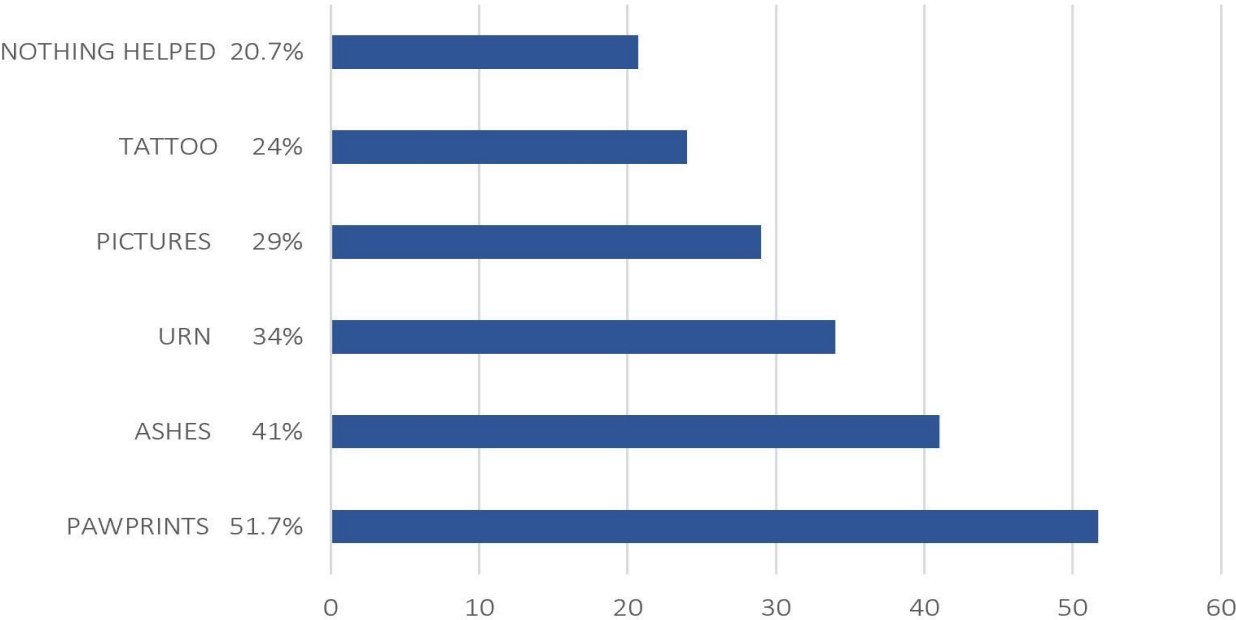
Commemorative Practices

Many respondents received or participated in activities to commemorate their pet, with several participating in more than one of the following:



The responses to this question were not very surprising or unusual, but when we explore other methods that people used to commemorate their pets, we gain insight into how diverse the experiences of loss can be. Ten participants created different forms of homemade or personal memorabilia to commemorate their pets. These displays ranged from painted garden rocks to memory boxes to planting an oak in their pet’s honour. Other types of personalized tokens included jewelry, often encasing the ashes of the lost one, a stuffed pet look-alike, and holding on to the collar and tags.

More specifically, respondents also shared which commemorative practices they found most helpful to their grieving process and the results were as follows:



The process of making mementos was often a way to involve children and to have a more personal and unique way of keeping the pet close. This widespread tendency to keep physical representations of the pet present reflect the concept of continuing bonds, and the idea that individuals find ways to feel their loved ones still with them, no matter where that loved one may be. It is also important to note that 11 participants in this survey did not engage in any sort of commemorative activity, including two individuals who stated that “no options were given.” When unsatisfied with the care given, some individuals were prompted to find their own ways of processing their emotions through commemorative practices.

There were also several other activities named by individual participants which helped them through their loss which included the support expressed by their personal network and all the professionals involved, a private celebration of life, and even having a toast to their dog. Many found ways to integrate their activities of mourning into the same activities they did with their pet while they were alive, whether that be burying them in their favourite spot or walking their pet’s favourite paths in their memory.

The responses in this section also demonstrated how rituals are present in the pet loss experience, especially for those who have lost pets before. For many, the ashes or urn were the central point of the ritual, often burying them in the same place as previous pets. These were also the same items that helped others process the loss and come to terms with what had happened. The theme of closure is present throughout several responses, and they demonstrate how impactful a physical item can be in reaching that final point. Closure does not necessarily mean moving on or never returning to the memories that were shared between an individual and their pet, but it was necessary to understand how to continue with life, without their trusted companion by their side.

"Having the **ashes and urn returned** to me was the most helpful. I got to spread the ashes at a local pond that I visited often and where my other pets' ashes were spread. It was comforting to finally have her **back home** and with some of her pet siblings."

A number of responses solidified how important support from social and professional networks are during the time of pet loss. For many, the most helpful activities were those where they could include their social support networks, either in the burial, memorial walk, or simply reminiscing over shared memories. When individuals felt that they could

not include those in their support networks, they often felt alone and this further saddened the situation.

It cannot be overlooked that 20.6% of respondents expressed that nothing was able to ease their pain. There were several reasons for this including overwhelming feelings of guilt, loss of control with family members and the veterinary team, or simply a lack of options. Regardless of the reasons, individuals should never be overlooked during the time of pet loss because the effects can be massively detrimental. Based on the responses, we see that many struggled with feelings of guilt and regret and were unable to share their life with a pet for many years later.

RECOMMENDATIONS

1. Veterinary staff are encouraged to engage in open conversations with clients to get an idea of the different activities clients hold to express their grief. Veterinary staff could then validate these activities for clients who may feel alone in their grief, and provide ideas to other clients who may be struggling to find a way to express their grief.
2. Veterinarians could inquire about previous pet loss experiences and discover some of the emerging rituals individuals engage in to process their loss. This would be beneficial in creating compassionate and empathetic communication between the client and veterinarian which has been cited as being crucial to a positive pet loss experience.
3. Veterinary teams are encouraged to remain current about new memorialization products and services so that clients are kept informed of the array of options available to them.
4. Veterinary management is encouraged to establish a process of quality control to ensure that anything that is being returned to a client (e.g. urn with ashes, pawprint, etc.) is correct and of high quality, in order to avoid any painful mistakes.



5. In the absence of a Veterinary Social Worker, veterinary teams are encouraged to remain current about new memorialization products and services so that clients are kept informed of the array of options available to them. To achieve this, management should support dedicated staff members who will facilitate this process as providing quality aftercare support is important to the overall business success.

Faith and Spirituality

65.7% of those that responded stated that they were not able to integrate any faith or spiritual practices into commemorating their pet. It may be that religious beliefs were underrepresented in this survey but the findings should nonetheless be taken into account.

Some people who integrated faith were able to use their own religious or spiritual practices for commemorating their pets. These included praying, burial or using religious symbolism (such as coffins or star of David). While only two respondents indicated speaking with an animal communicator after their pet passed, this could be considered a meaningful spiritual option for some.

RECOMMENDATIONS

1. Clients should be assured that integrating any faith or spiritual practices into the pet's final moments and thereafter will be respected and accommodated to the best of the veterinary team's ability. While this option may not be important for all, mentioning it as an option will ensure that clients feel validated and supported should they choose to do so.
2. Some clients may perceive burial as a type of spiritual or religious ceremony. Burial options should be offered to clients understanding demographic limitations.
3. Veterinary practices should understand any bylaws in their area that may prevent from burying pets on their properties as well as any advantages and disadvantages to educate the client. Examples are: If it is in the winter or early spring the ground may be too hard and burial may need to wait; if the property is sold their burial site would be as well; burials should be dug deep to prevent wildlife excavation.

Experiences with Pet Crematories

While only 32% of respondents shared interacting with a pet crematory, most had positive experiences. Just over half (56%) of respondents rated their overall communication with their pet crematory as excellent, and 64% stated that the overall level of compassion received from staff was excellent.

82.4% of respondents did not receive follow-up communication from the pet crematory. Few participants elaborated on their feelings about follow-up communication with the pet crematory, but those who did found it helpful to know that the crematory cared about them and their pet. Crematories had different ways of following-up, either through sending a condolence letter, donating on the pet's behalf, or sending a certificate of cremation. There was very little contextual information provided in this question to determine how helpful or impactful this communication really was, but at the very least people appreciated knowing that they cared. For others, they did not find the certificate helpful or necessary.

RECOMMENDATIONS

1. Individuals should be given the choice to determine if they would like further communication from the crematory, and what that communication will look like. This could be an area of practice consideration for the pet crematory industry to explore in terms of establishing best practice recommendations.
2. Further research is warranted to better understand clients experiences with pet crematories and how these experiences impact clients' grieving processes.

SOCIAL SUPPORT

Disenfranchised Grief

Of completed responses, only 38.7% of people believed that pet loss is understood as a valid form of grief by society. Several respondents shared that prolonged grief is especially not understood.

An overwhelming number of respondents stated that those who have experienced pet loss or at bare minimum, have a pet themselves, can understand and/or relate to their grief (often referred to as “pet people”). This speaks to the importance of establishing community amongst those who have experienced pet loss, as those who have first-hand experience are more likely to provide compassionate support than those who have not.

“Basically, it depends on with whom you are speaking about the loss. If it is someone who has had a pet as part of their life, then they understand completely. If the person has never had any type of pet, they **don’t understand** how you can be upset over **‘just an animal’**.”

Several mentioned coworkers not recognizing or supporting their grief, including veterinary practices. For example, one respondent stated: *“We do send cards to clients after patients have passed and I was slightly hurt to have not received one myself”*. It was also shared that bereavement leave policies at their workplaces do not include pet loss.

In addition to places of employment, some respondents stated receiving unhelpful responses from teachers. This speaks to the need for larger systems that individuals interact with to become both better informed about the impacts of pet loss, as well as simple ways to provide support.

RECOMMENDATIONS

1. Community public education is required to help reduce the stigma and increase understanding amongst those who have not experienced pet loss. Awareness and education is required across societal institutions.

2. There is a need for community-supports such as pet loss support groups, counsellors, etc. to ensure that prolonged grief is supported in meaningful ways.
3. All workplaces with bereavement leave policies are encouraged to adopt pet loss as a form of bereavement.

Guilt

Of completed responses, 63.4% stated that they experienced guilt while mourning the loss of their pets. 58.7% of these respondents expressed not receiving support to process the guilt and as a result, some expressed internalizing the feeling. Of the 41.3% of people who did receive support, family and friends were cited as the most common source of support.

“I felt guilt because **I gave the ok** to take her life”.

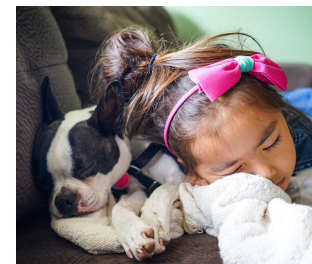
Given that the majority did not receive support and many stated not knowing where to seek help from, coupled with the earlier finding that many people do not believe that pet loss is recognized as a valid form of grief, this could validate the need for more community-based support.

RECOMMENDATIONS

1. Community-based support plays an integral role in helping people process feelings of guilt, which are especially pronounced in situations of pet loss. This should continue to be addressed by grief counsellors as well as those facilitating pet loss support groups especially if individuals do not have existing support to process such guilt.

Children

Approximately one third (31.3%) of respondents had a child(ren) at the time of their loss. While 61.6% did not receive support from their veterinary clinic and/or pet crematory to support their child(ren) through the loss, only 8% stated that they expected such help. Of those who did, the majority expected to receive support



from their veterinary team, not the pet crematory. The vast majority of respondents (92%) stated that such support was not required as they saw it as their job as parents to support their children. This finding suggests that the question may have been misunderstood as it appears people interpreted the question to mean that professionals should provide the help directly, as opposed to offering parents tips and suggestions for how to help children cope with the loss.

RECOMMENDATIONS

1. Further research is needed to explore the extent to which parents require support to help their child process the loss of a pet. While some literature currently exists, deeper research could help reveal specific challenges experienced by parents and families which would help in the formation of supportive resources.

Pet Loss Support

Of those who responded, 92% of respondents stated that they had supportive family and/or friends to turn to during their grief which is a positive indicator that community support includes informal networks. Only 26.9% stated that they read literature on pet loss while 73.1% did not. Of those who did, the majority referenced searching for the literature themselves.

Of particular concern is that only 16.3% were informed of pet loss community supports (e.g. pet loss support groups, counselling). The following depicts the referral sources from most to least: veterinary clinics, friends, pet crematories, family, and pet insurance providers. Even more interesting is that of the 83.7% who were not informed of community support, 43.1% stated that it would have been helpful to have received such information. Respondents shared that receiving information from the following providers would have been helpful (in order from most to least): veterinary clinics, pet crematories, pet insurance providers, friends and family. Less significant sources but still important to consider included: places of worship, pet stores, physicians, psychologists, and humane societies/shelters.

Not surprisingly then, a very low number of respondents expressed accessing pet loss community supports (5.8%) and of those who did, 85.7% found them helpful. Just over half (51.9%) of respondents stated they would consider using pet loss community supports now or in the future. In fact, several respondents stated they wished they knew

such services existed at the time of their loss. Based on this data, it is reasonable to surmise that the low rate of accessing community support can be attributed, at least in part, to the lack of awareness of such services (and/or perhaps the lack of availability of such services).

RECOMMENDATIONS

1. Providers such as veterinary clinics, pet crematories and pet insurance providers are encouraged to have appropriate literature available to share with clients who they believe could benefit from it.
2. Every veterinary practice has a responsibility to be aware of pet loss services available in their area (e.g. support groups, grief counsellors). When such services exist, every client that experiences the loss of a pet should be provided with a list of such services. This list should also include telephone crisis lines, web-based supports (e.g. online pet loss support groups and chat rooms), in-person services as well as relevant reading material. Given the changing nature of services, clinics are encouraged to have one staff member dedicated to ensuring this list is kept up-to-date.
3. While Veterinary Social Workers have been suggested throughout these recommendations, the educational gap in Canada must be filled in order to ensure there are sufficient qualified practitioners to meet the industry demands. Colleges and Universities are encouraged to explore interdisciplinary teaching and learning opportunities so that this important practice gap can be addressed. In light of a recently formed International Association for Veterinary Social Workers, further guidance on how to fill this gap can be provided from industry experts.
4. In addition to making referrals to external sources, veterinary practices may find value in integrating pet loss support into their suite of services. For example, hiring Veterinary Social Workers or in-house grief counsellors would be a valuable way to provide support to clients, and reduce the emotional strain on the veterinary team.

Impacts of the COVID-19 Pandemic on Pet Loss Experiences

This survey was sent out at the beginning of the COVID-19 pandemic in Canada (late March, 2020), and several responses indicate that all aspects of the pet loss experience have been severely impacted or halted due to the widespread quarantine, physical distancing, and stay-at-home orders. Conversations with industry experts have revealed that clinics have made dramatic changes to their euthanasia procedures to comply with physical distancing measures. These changes include limiting the number of people who can be with the pet during the procedure, the time that can be spent with the pet, and where the euthanasia can take place (e.g. sterile room, compassion tents, client's vehicle). Responses from the survey demonstrate that commemorative practices have also been affected by the global pandemic. Specific examples include postponing tattoo appointments and plans to get together with family members to spread ashes. The changes in euthanasia procedures and in the carrying out of commemorative practices has significantly affected the mourning for many individuals and families whose entire pet loss experience has suddenly been upended. A separate study looking solely at the effects of the COVID-19 pandemic on experiences of pet loss would be an important area of further study.

CONCLUSION

The death of a pet is a tremendously difficult stage of clientship that can have a lasting impact. The extent to which compassionate care is provided from end-of-life discussions to after the pet has passed has significant impacts on a client's grieving process. That leaves expectations of mercy, empathy, transparency and reassurance placing great responsibility on veterinary teams to facilitate a 'good death'.

The research confirms that many veterinary teams are actively including compassionate practices in their end-of-life processes. The research also confirms that there are specific areas of practice that can be further developed to support clients through their pets' end of life journey. While not all recommendations may be feasible to adopt, the inclusion of even some recommendations in current practice would improve both the client and team experiences during pet end-of-life. And, as a result of clients' experiences and expertise from researchers and industry experts, we have gained tremendous insight into the ways that these recommendations could also improve the veterinary-client relationship. The culmination of these findings has led to the creation of [Pet Loss Best Practice Guidelines for Veterinary Teams](#) which we anticipate will serve as a useful tool for practices to consider adopting into their work in order to improve outcomes for all involved.

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