

Knowledge of veterinary practitioners of small animals from Baixada Santista on animal welfare**Conhecimento de praticantes veterinários de pequenos animais da Baixada Santista em bem-estar animal**

DOI:10.34119/bjhrv3n2-136

Recebimento dos originais:25/03/2020

Aceitação para publicação:07/04/2020

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ABSTRACT

Objective: To evaluate the veterinarian's knowledge of small animals, from Baixada Santista, about animal welfare and if they use animal welfare concepts technically in the appropriate place of care and ethically in the sale of pet shop products. **Methods:** by means of a questionnaire vets of small animals from Baixada Santista were interviewed about the basic concepts of animal welfare and ethical use of such information. **Results:** Eighty-six vets were included in the study. Among those interviewed, 53.49% believed they knew animal welfare, but it was noticed that among all of them, 52.33% were not able to define animal welfare, 79.07% were not able to define animal sentience and 80.23% did not know the five freedoms. 69.77% of the professionals interviewed reported they were concerned about using ethically the concepts of AW in 76 to 100% of the times in the professional routine. In general, the most sold products were clothes, toys, beds, food and beauty accessories. However, unfortunately, we identified 77.42% of professionals who, despite declaring to be concerned with the ethics related to AW, sold accessories such as bows and ties, 70.97% shoes and 51.61% perfumes in *pet shops* of their responsibility. The majority of veterinarians (77.91%) reported not having a physical infrastructure that consider AW and 62.79% reported not adopting any type of positive reinforcement action so that animals

are better accommodated at the site of consultation. Conclusions: The veterinarians of Baixada Santista are unaware of basic and important principles of animal welfare and do not technically use animal welfare considering the adaptations in the clinic, nor ethically considering the sale of products in pet shops.

Keywords: Animal sentience. Pets. Five freedoms. Ethology. Ethics.

RESUMO

Objetivo: Avaliar o conhecimento do médico veterinário de pequenos animais, da Baixada Santista, sobre bem-estar animal e se ele aplica, tecnicamente, os conceitos de bem-estar animal nas adequações do local de atendimento e eticamente na venda de produtos em *pet shop*. **Métodos:** por meio de questionário médicos veterinários de pequenos animais da Baixada Santista foram entrevistados quanto aos conceitos básicos de bem-estar animal e do uso ético dessas informações. **Resultados:** Oitenta e seis médicos veterinários foram incluídos no estudo. Dos entrevistados, 53,49% acreditavam conhecer bem-estar animal, mas foi notado que de todos eles, 52,33% não souberam definir bem-estar animal, 79,07% não souberam definir senciência animal e 80,23% não conheciam as cinco liberdades. Dos profissionais questionados 69,77% relataram preocuparem-se em usar eticamente os conceitos de BEA em 76 a 100% das vezes na rotina profissional. De maneira geral os produtos mais vendidos foram roupas, brinquedos, camas, rações e acessórios de beleza. Entretanto e infelizmente, foram identificados 77,42% de profissionais que, apesar de se declararem preocupados com a ética relacionada ao BEA, vendiam acessórios como laços e gravatas, 70,97% sapatos e 51,61% perfumes nos *pet shops* de responsabilidade deles. A maioria dos veterinários (77,91%) relata não ter estrutura física que considere BEA e 62,79% relataram não adotarem nenhum tipo de ação de reforço positivo para que os animais se ambientem melhor no local de consulta. **Conclusões:** Os médicos veterinários da Baixada Santista desconhecem princípios básicos e importantes de bem-estar animal e não usam, tecnicamente, o bem-estar animal considerando as adequações no local de atendimento clínico, nem eticamente considerando a venda de produtos em *pet shops*.

Palavras-chave: Senciência animal. Animais de estimação. Cinco liberdades. Etologia. Ética.

1 INTRODUCTION

The relationship between humans and pets has been the target of scholars of animal behavior. The main point refers to the fact that humans have developed, with a member of another species, a form of very close relation to what it has with the members of their own species, signaling that such close coexistence is due to the benefit to both¹.

The development of this relationship with the pet occurs simultaneously to important behavioral changes in society, including: fewer children in families, in contrast to greater monetary, psychological and educational resources; raising the pet to the *status* of a member of the family; spending more time inside the house; providing significant

physical space for the pet; predicting expenses for pets in the family budget , looking after them in life and well assisting them in death².

Cats and dogs represent the animals that are most closely involved in human coexistence, and the benefits of this interaction reflects on the state of physical and mental health of their owners. Many studies claim that the possession of a pet is beneficial to the human being in various aspects, including physical and mental health³.

The understanding and recognition of this new reality have a positive impact on the practice of veterinary medicine, since the model of veterinary care relies on these relationships. However, in the veterinary professional literature, attention to the subject of attachment in these groups has been small⁴.

However, the scarcity of information on the well-being of dogs and cats and, especially, the lack of knowledge of the subject by veterinarians and owners makes it impossible to propose initiatives that minimize the welfare compromise experienced by a large number of animals throughout life⁵. Thus, this research aimed to evaluate the degree of knowledge about animal welfare of the veterinarian of small animals of the Baixada Santista. As well, if this veterinarian technically uses the concepts of well-being in the adaptations of the place of care and ethically in the sale of products in pet shops.

2 METHODS

A cross-sectional study was conducted with the participation of 86 veterinarians, who work in the area of clinic of small animals in Baixada Santista.

The participants answered a questionnaire (**Annex 1**) with 21 questions. The referred questionnaire was divided into three sections; the first directed to the collection of demographic data, including graduation time, specialty, and the city where the veterinarian works. The second section was based on the knowledge about the theme, such as the veterinarian assesses, diagnoses and treats problems related to impairment of well-being. In the third section, questions relating to ethics in the use of technical information for animal welfare and the conduct adopted by the professional in the routine of work followed.

The veterinarians were invited to participate in the research on a voluntary basis. The inclusion criteria were: to be a clinical veterinarian who works in small private practices, clinics or hospitals. The exclusion criteria were: veterinary doctors considered irregular by the class council.

It should be emphasized that the questionnaires were applied by only one professional and that all participants read and signed an Informed Consent Form. The questions were asked orally, and the professionals had no access to the responses. After the vets answered the questions, the interviewer pointed out the answer among the alternatives for each question.

The sample size calculation for this population of professionals was performed by the program G Power®, assuming a confidence level of 95% and a sampling error of 2%. The power of the sample was established in 75%, and after the analyzes the recommended sample was 84 individuals. After the confirmation of the normality of the data obtained by the Shapiro Wilk test, we chose to use the Student T test for independent samples when comparing the elaboration time for questions 4, 5, 6 where two groups were considered: G1 to right answer and G2 for wrong answer. The level of significance was set at $p < 0.05$.

3 RESULTS

Among the 86 interviewees, 46 (53.49%) reported knowing AW, and 75 (87.21%) did not have the discipline in the graduation course. Among these professionals, 41 (47.67%) knew how to correctly define animal welfare; only 18 (20.93%) got the definition of animal sentience right and 17 (19.77%) got the five freedoms right. The description is presented in Table 1.

Table 1 – Number of veterinarians from Baixada Santista who know basic settings on Animal Welfare (AW).

Knowledge of the vets on AW, sentience and five freedoms	No	Yes %	No	Not %
Claim to know the science of the AW	46	53.49%	40	46.51%
Had AW discipline in the graduation course	11	12.79%	75	87.21%
Attended a lecture or course on AW	45	52.33%	41	47.67%
Knew how to define AW	41	47.67%	45	52.33%
Knew how to define animal sentience	18	20.93%	68	79.07%
Knew how to define the five freedoms	17	19.77%	69	80.23%

Considering only the vets who claimed to know animal welfare, 30 (65.22%) of them attended courses and lectures on the topic, 16 (34.78%) knew how to define animal

sentience and 15 (32.61%) knew how to define the five freedoms. The description is detailed in Table 2.

Table 2 - Knowledge about sentience and the five freedoms of vets who believe to know the science of Animal Welfare (AW).

	No	Yes %	No	In %
Had AW discipline in the graduation	10	21.74%	36	78.26%
Attended a lecture or course on AW	30	65.22%	16	34.78%
Knew how to define AW	30	65.22%	16	34.78%
Knew how to define animal sentience	16	34.78%	30	65.22%
Knew how to define the five freedoms	15	32.61%	31	67.39%

The theme AW is quite discussed during the consultations, because 78 (90.70%) of the 86 vets responded that they talk with owners of animals on the theme. A detailed description can be found in Table 3.

Table 3 - Questioning of customers about animal behavior and personal perception of vets to advise their customers.

	No	Yes %	No	Not %
Questioning about animal behavior during the consultation	78	90.70%	8	9.30%
Feel able to guide customers about AW	69	80.23%	17	19.77%

We observed that a significant number of professionals that identify animals with behavioral disorders in their routine, because 63 (73.26%) of the interviewees reported such behaviors in their patients. A detailed description can be found in Table 4.

Table 4 - Frequency of behavioral disorders identified by vets in their professional routine

Presence of behavioral disorder in their patients	No	%
Yes	63	73.26%
No	16	18.60%
I can't identify	7	8.14%

In relation to the behavioral disorders most frequently identified by veterinarians, separation anxiety was the most frequent (83.91%) and the aggressiveness with other animals less often (33.33%) diagnosed. Data presented in Table 5.

Table 5 -The most frequent disorders and behavioral issues identified by the veterinarian in their work routine.

The most frequent behavioral disorder and questioning identified	No	%
Separation anxiety	73	83.91%
Licking of the paws	59	67.82%
Problems due to aging	50	57.47%
Destructive behavior	38	43.68%
Aggressiveness with animals	29	33.33%
Fear of fireworks	23	26.44%
Aggressiveness with people	20	22.99%
General guidance to puppies	15	17.24%
Obedience training	13	14.94%
Socialization	11	12.64%
Training for the physiological needs	6	6.90%
Run behind the tail	4	4.60%
Nausea and vomiting in car trips	4	4.60%
Nausea and vomiting in air travel	0	0.00%

Considering the routine activity or the interest of the professional, the intervals at 76 to 100%, 51-75%, 25 to 50% and 0 to 24% of the times were established for quantification. In this sense, 74.42% of the interviewees believed they have important role in the guidance of the theme to the owners in 76 to 100% of the times of professional routine. In relation to interest in courses, lectures, guides or even expertise that number was variable. The description is detailed in Table 6.

Table 6 - Interest of vets in Animal Welfare and the importance of the role of the professional guidance of owners on the subject considering the intervals at 76 to 100%, 51 to 75%, 25 to 50% and 0 to 24% of the times.

	76-100%	%	51-75%	%	25-50%	%	0-24%	%
Interest in lectures, courses or guides on the subject	42	48.84%	35	40.70%	6	6.98%	3	3.49%
Importance of veterinarians in guidance to owners on the subject	64	74.42%	21	24.42%	1	1.16%	0	0.00%
Interest of vets in doing the specialization course on the subject	9	10.47%	20	23.26%	30	34.88%	27	31.40%

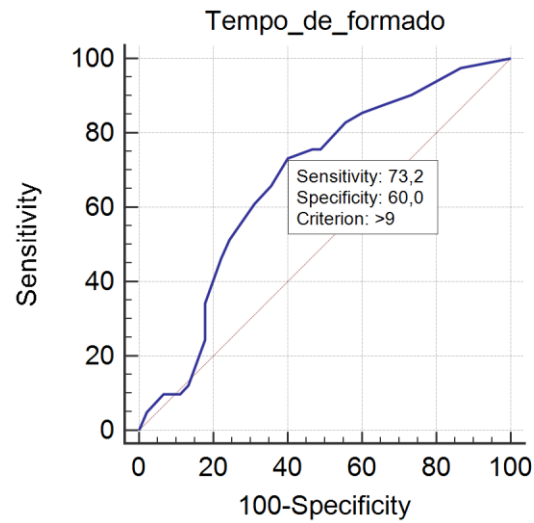
In relation to the definitions of Animal Welfare, the five freedoms and animal sentience, professionals who had been graduated for a longer period of time were the ones who got most of the right concepts. The description is detailed in Table 7.

Table 7- Concepts of Animal Welfare, sentience and five freedoms and graduation time of vets. Values are expressed on average and standard deviation

Average graduation time of vets	AW	Sentience	Five Freedoms
That got the right answer	13.07 ± 7.87	13.88 ± 6.39	15.35 ± 9.24
That got the wrong answer	8.69 ± 8.25	9.84 ± 8.46	9.65 ± 7.74

Considering the ROC curve and the data presented in Table 10, the vets who had been graduated for nine or more years were those who knew the concept of AW more correctly.

Figure 1-ROC curve of the hits of the concepts of animal welfare and the graduation time.



In relation to the conduct of vets in the cases of behavioral problems in animals, 43 out of the 86 professionals treated the patients with homeopathy, followed by 17 who indicated changes in the animal routine, 14 delivered the case to a trainer and only 5 professionals interviewed recommended a veterinarian specialized in the subject. The description is detailed in Table 8.

Table 8 - Indication of vets for animals with behavioral deviations.

	No	%
Allopathy	4	4.65%
Homeopathic medications	43	50.00%
Modifications in the routine of the animal	17	19.77%
Environmental enrichment	3	3.49%
Trainer	14	16.28%
Specialized veterinarian	5	5.81%

Out of the 86 questioned insurance companies, 55 of them 63.95% worked in clinics which were not associated with pet shops and 31 veterinarians (36.05%) who worked in clinics which were associated with pet shops.

Whereas knowing technically the concepts of animal welfare may not be directly related to apply them in favor of the animals, among the professionals interviewed, 69.77% of vets reported concern in applying (ethically) the concepts of AW in 76 to 100% of the times in the professional routine.

In relation to know the technical information of animal welfare and the implementation of them, by the professional, in the routine work (ethical conduct in the professional routine), we evaluated which products were sold in pet shops associated with the clinics. It should be pointed out here that the sale of products that foster the humanization of animals as ties, bow ties, shoes, panettone and ice cream and perfume or scented products, which hinder the expression of olfactory natural behavior, were considered to be at odds with the concepts of animal welfare (ethically incorrect). In 24% of the pet shops beauty accessories such as ties and bows were sold. Shoes were sold in 22% of the pet shops and perfumes in 16% of them. These data are listed in Table 9.

Table 9 - Products sold in pet shops according to the classification of ethical and unethical.

	Ethical/ Unethical	No	%
Clothes	Ethical	30	96.77%
Toys	Ethical	29	93.55%
Beds, drinkers and feeders	Ethical	26	83.87%
Pet food	Ethical	25	80.65%
Not scented shampoo	Ethical	24	77.42%
Accessories shop (tie, bow)	Unethical	24	77.42%
Shoes	Unethical	22	70.97%
Perfumes	Unethical	16	51.61%
Ice Cream	Unethical	2	6.45%
Panettone	Unethical	2	6.45%

Among the veterinarians who work in clinics, 67 (77.91%) reported not having physical infrastructure considering AW. The minority of the professionals who, according to them, consider AW reported only large rooms as a characteristic associated with AW. The description is detailed in Table 10.

Table 10- The physical infrastructure of the workplace and related to AW. Results were expressed in absolute numbers and percentages.

	No	%
Yes	19	22.09%
Large Room	10	52.63%
No answer	9	47.37%
No	67	77.91%

Most of the vets questioned 54 (62.79%) does not offer any kind of positive reinforcement to ensure that the animal is adapted in the clinic where they work. Only 16 (18.60%) adopt some kind of action of this kind. The description is detailed in Table 11.

Table 11 – Veterinarians and the offer of positive reinforcement to adapt the animal at the consulting room.

	No	%
Yes	16	18.60%
Treats/Biscuits	8	53.33%
No answer	7	46.67%
No	54	62.79%
Once in a while	16	18.60%

Among the veterinarians questioned, 52 (60.47%) did not adopt separate environments for dogs and cats at admission. The description is detailed in Table 12.

Table 12 - Adoption of separate environments for dogs and cats at admission.

	No	%
Yes	8	9.30%
Do not	52	60.47%
Has no hospitalization	26	30.23%

4 DISCUSSION

Animal welfare is a new theme in veterinary medicine and society, but it has been demanded intensely. In April 2017, the Federal Council of Veterinary Medicine, in order to meet this demand, launches a national campaign #bemestaranimal, with promotional material available in prime time on television and in movies and on the Council website, podcasts and tests of knowledge and even posters and leaflets in the Universities. And the Government of the state of São Paulo, identifying the importance of this campaign, launches the Pet São Paulo program, in defense of domestic animals with the aim of encouraging municipalities to hold adoption fairs, training, educational campaigns on responsible guarding of dogs and cats, and also to sign agreements to support castration and microchipping. Specific rules^{6, 7, 8} and the Pet São Paulo Seal have been laid down for the municipalities that join the Program. However, despite the importance of the theme, the present study showed that the vast majority of veterinarians of Baixada Santista who participated in this research, despite claiming to know animal welfare, did not know how to define basic and important concepts such as AW, animal sentience and the five freedoms. These data are in agreement with some studies in the literature that have identified that veterinarians were not aware of the main concepts of AW^{9,10,11}.

This lack of knowledge about the subject can be justified because of the high number of veterinarians who did not have AW specific discipline or the theme discussed transversally during graduation. The curriculum of the veterinary courses is mainly devoted to the maintenance of the physical health of the animals, considering nutrition and animal husbandry, preventive medicine and medical and surgical clinic. This curriculum is different from that of developed countries where the AW theme has been part of the curriculum of universities that offer courses in veterinary medicine and zootechnics for more than two decades^{10, 11}.

One can also think that, because they are technically unaware of the subject, the professionals who have erred the definitions and claimed to know them are mistakenly based on their good feelings for the animals and confuse these good feelings with knowing technically what is best for them¹². In this regard, it is crucial at this early discussion to make it clear that the science of animal welfare is new - appearing in England in the mid - 1960 - and is always based on scientific data, always considering what is best for the animals from the point of view of . Unfortunately, in recent years, people have been confusing what

loving animals is, often in an emotionally exploratory way, and knowing what is good for them. These aspects will be included in subsequent paragraphs.

Among the 86 vets interviewed, 52.33% attended a course or lecture about AW, demonstrating the interest of these professionals in the subject. Among those who reported knowing AW, 65.22% attended a course or lecture and knew how to define AW; however, although these veterinarians refer to know animal welfare they did not know how to define sentience and the five freedoms^{13,14}, basic concepts of the subject in question, which suggests very limited technical knowledge; this fact demonstrates that the qualification of practitioners in AW becomes urgent.

Regarding the owners' approach to the behavior of their dog, a large number of them (90.70%) were questioned at some point during the consultation. These data are in line with those reported in the international literature, in which most veterinarians stated that they were questioned about animal behavior problems during the medical visit^{15,16,17,18}.

A fact of great impact refers to the majority of respondents (80.23%) feel able to advise their clients about AW and to ignore basic and important concepts like sentience and the five freedoms. How can a professional technically guide a topic that he does not know technically? The animal sentience is what guides us regarding the ability of animals, particularly vertebrates and some invertebrates - until then - feel complex emotions, both positive and negative, and especially for this, their suffering should be avoided. If a practitioner is unaware of this concept, it is most likely that he will not pay attention to the negative emotional states experienced by the animals, which could be modified to positive with management changes. A simple example of this would be the negative emotional state of boredom of a dog that lives in an apartment and does not go out for a walk - or does it rarely - being his life very predictable, without new interactions of the olfactory and visual senses, among others. A simple management correction, with guidance of regular daily walks that allow this dog to exercise natural behaviors of the species, would tend to lead it to positive emotional states.

The ignorance of the basic concepts of AW may also suggest that many animals that already have behavioral disorders are not identified by these professionals or are diagnosed incorrectly, if the lack of technical knowledge also extends to the area of the animal behavior. A simple example of this is the fact that the dog is taken to the veterinary clinic because it presents a lesion in some part of the body by repetitive licking - a frequent stereotypy in dogs that present, for a long time, negative emotional states - and the

veterinarian only cares about the physical aspect of the lesion, recommending local application medicine and Elizabethan collar placement. With only these recommendations the emotional state of this animal will not be modified to positive; it would be fundamental for the veterinarian to give attention to the cause of the behavioral disorder.

Among the most frequently identified behavioral disorders, we can highlight the separation anxiety (in 83.91% of cases), which is also referred to in the scientific literature as the most prevalent¹⁹, followed by the licking of paws, problems related to aging, destructive behavior and aggression. These data contradict some studies in which the aggressiveness is listed secondly¹⁷. This may lead us to think that in the population studied, in this research, the humanization is more frequent, because it is reported as the most common cause of separation anxiety, unlike the excessive aggressiveness, which is associated with the chronic impairment of animal welfare²⁰.

Behavior-related disorders and minor complaints were those associated with nausea and vomiting and how to avoid them in airplane and car travel, running behind the tail, training needs in the right places, such as learning how to urinate in the specific location, followed by socialization.

Most interviewees (74.42%) believe that the role of the veterinarian is important in the orientation of the owner (20), and 48.84% of them are interested in courses, guides or lectures, although they are not interested in a course of specialization in the subject. This demonstrates that in order to bring specific information to the veterinarian beyond the insertion of the discipline in the graduation, guides and lectures would already be very enriching in the opinion of the professionals interviewed.

Considering the number of hits, the professionals with nine years or more of training since graduation were the predominant in setting the basic concepts of AW. This fact may suggest that, perhaps with a longer period of professional experience, they may identify more behavioral disorders in their patients, and this encourages them to seek information related to the subject. It should be noted, however, that the number of these professionals in relation to the interviewees was small.

Considering the conduct of veterinarians in the face of behavioral problems, it was noted that the vast majority try to solve cases alone, prescribing medicine, mainly homeopathic medicines. These results are similar to some of the work referred to in the literature that also prioritized the Homeopathy in the treatment of behavioral disorders in dogs^{21,22}. It is noteworthy that there were no specialists in homeopathy among the

professionals interviewed. It is curious that a non-homeopath prescribes homeopathy. Back to the question: how can a professional guide technically on a topic that he does not know technically? Perhaps here also fits, in due course, the confusion between technically ignoring a theme and being able to exercise it. Although the area of action of the professionals was not the objective of this research work - it was approached only to identify categories - it draws our attention a homeopathic prescription by a non-homeopath, since there is a great deal of distinction between the two, the first dealing with similar effects and the second dealing with adverse effects.

Considering also the behavioral disorders of the animals treated, some of the professionals interviewed refer such cases to a trainer, and the minority refers them to a specialized veterinarian. This can occur due to some factors such as lack of interaction among veterinary colleagues, fear of losing the client¹⁷, non appreciation of behavior problems, simple negligence²³, not being able to identify this type of problem or not being able to forward due to the reduced number of colleagues with technical competence in this area^{16,19}.

In this research, most veterinarians did not sell products that promote the humanization of the animal (considered as unethical) in the pet shops that were technically responsible. This data may suggest that they were concerned with ethically using of AW knowledge – i.e. knowing what is best for animals, considering the science of animal welfare, and adopting actions that respect (in accordance with) this better - which was also verified in some research works available in the consulted literature²⁰. But another reading can be made from these data because, in fact, the minority of these professionals worked in clinics linked to pet shops. In general, the best-selling products were clothing, toys, beds, pet food and beauty accessories. Meanwhile, unfortunately, 77.42% of professionals who, although declared to be concerned about AW-related ethics, were selling beauty accessories such as ties and bows, 70.97% shoes, and 51.61% perfumes in pet stores of their technical responsibility. Such products are closely linked to the humanization of dogs, which is a situation which contributes greatly to the occurrence of behavioral disorder in these animals. Also, the use of perfume or perfumed products in dogs and cats prevents or hinders the expression of their natural olfactory behavior, as well as being strongly related to the humanization of these animals. This fact indicates that even professionals who consider themselves concerned about the ethical use of animal welfare concepts still confuse themselves with the theme, since for the science of animal welfare the best for the animal is

always the point of view of the animal, which reinforces the need for clear technical information to assist them. In relation to the above, we identified even more than 20% of professionals not concerned with ethically using the concepts of animal welfare. That is, veterinarians who, despite knowing or thinking that they know the science of animal welfare, are not worried about acting according to it. This is a fact worth discussing, because it is not enough to know, the important thing is how the professional will use the information known; this will make a difference to the animals, what will be done by and for them. Many times the style of modern life, with multiple needs, the intense demand for daily work and tiresome and disrespectful behavior adopted by many owners can induce the veterinarian of small animals to a faster consultation and less reflective behavior, focusing only on the aspects of physical health, forgetting their obligation to identify and change measures that interfere negatively and adopt those that are positive for animal welfare.

The majority (77.91%) reported having no physical structure that considers AW, and those who report having this structure affirm that a large room is enough for animals welfare, which is against the basic knowledge of the science of AW. The simplistic view of the veterinarians interviewed contrasts with studies that emphasize that an environment with physical structure aimed at animal welfare should attend to details that involve from the lighting, texture and color of clinic walls and odors among others²⁴ and ratify the little knowledge of them in the subject in question.

Among those interviewed, 62.79% reported that they did not adopt any type of positive reinforcement action so that the animals were better settled at the site of consultation. This corroborates the findings that veterinarians do not know the main concepts of animal behavior^{5, 13, 25}.

It is essential for the veterinary professional medical knowledge of the science of animal welfare so that they can identify situations in which there is impairment of AW and develop measures to solve the problem. Particularly, when the issue is animal behavior and the identification of immediate solutions that prevent the occurrence of more severe behavioral changes. It is even more important in a period, as it is now, when pets are so closely related to humans that they represent the multi-species family in which, in addition, was identified the relationship between physical and mental health of the owners and the presence of pet³. However, it is emphasized in this question that humans, in many cases and regardless of the good intentions and love they feel, have adopted emotionally exploratory behavior in relation to their pet. A trivial example is the fact that they want and succeed,

commercially, to offer to the beloved artifacts and situations that do not comprise the list of emotional or ethological needs of dogs. The most commonly found situations today are wearing ties, bow ties, necklaces, nail polish, perfume and caps, offering panettone, beer and ice cream, elaborating birthday parties and weddings. All this makes people induce their dogs to have a human being behavior and not a dog behavior, and this is not good for them.

All of the foregoing corroborates, even more, the importance of the science of animal welfare in the professional routine of the veterinarian considering the well-being in its physical aspect, mental and the expression of the naturalness of the species. What can be noticed, generally in this work of research is that the interviewees do not technically dominate the subject in question. It can be clearly observed that there is a gap between knowing and believing that we know how to adapt the clinical care space and which products do not humanize the animals and can be sold in pet shops and to know, technically, what is good for animals.

In this sense, it is essential that the science of animal welfare compose, necessarily, the curriculum of the training of the veterinary doctor, so that he discusses, from the beginning of his professional training subjects such as the relation of human beings with animals, bioethics, euthanasia, animal use of animals in teaching and research and in a critical and feasible way analyze the systems of creation and transportation, clinical care, surgery, hospitalization and the end of life concerned to always refine these systems so that animals can have a better life.

5 CONCLUSION

In a group of 86 veterinarian doctors from Baixada Santista, a lack of knowledge about important basic principles of Animal Welfare was identified. Due to the lack of knowledge, the professionals do not technically use the Animal Welfare considering the adaptations in the place of clinical care and nor ethically considering the sale of products in pet shops.

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ANNEX 1**QUESTIONNAIRE ON ANIMAL WELFARE**

Name: _____ Identification of the official veterinarian: _____

Sex: F M Phone number: _____

Which college he/she studied: _____

Graduation year: _____

Area of professional action: General Practice Specialty: _____

Workplace: office Clinic hospital City: _____

1) Do you know the science of Animal Welfare?

a - Yes b - No

2) Did you have an Animal Welfare discipline in college?

a - Yes b - No - Has any discipline addressed the theme? _____

3) Have you ever been to lectures or attended courses on the subject?

a - Yes b - No

4) What do you understand about Animal Welfare?

a - Ability to adapt to the environment, supplying their needs, physical, environmental and psychological

b - Related to the absence of disease (physical health)

c - The animal has water, food and does not have any disease

d - Related to behavior

e - Related to nutrition

5) What is animal sentience?

a - Ability to have feelings and emotions (pleasure, happiness, fear)

- b - () The animal in good physical health
- c - () The animal well-being
- d - () Acts that the animal practices or ceases to practice
- e - () Does not know

6) What are the 5 freedoms?

- a - () Behavioral freedom of the animal
- b - () Free of hunger and thirst, free from discomfort, freedom from pain, illness and injury
- c - () Comparison with the human being
- d - () Nutritional freedom, health freedom, environmental freedom, behavioral freedom and psychological freedom
- e - () Does not know

7) Do customers ask about animal behavior in the everyday professional routine?

- a - () Yes, often
- b - () Yes, with moderate frequency
- c - () Yes, but rarely
- d - () No

8) During the consultation do you adopt any techniques for the patient to settle the hospital/clinic?

- a - () Yes – Which ones? _____
- B - () No

9) Are pets with behavioral disorders frequent in your day to day?

- a - () Yes
- b - () No
- c - () I cannot identify

10) What behaviors are most identified in your routine?

- () Separation Anxiety
- () Licking of paws
- () Run behind the tail
- () Aggressiveness with people
- () Aggressiveness with animals
- () Socialization
- () Obedience Training
- () Training for the needs
- () General orientation with babies
- () Fear of fireworks
- () Questions about car trips
- () Questions about air travel
- () Problems due to aging (Geriatrics)
- () Destructive Behavior (bed, slippers, objects)

11) What do you indicate for animals with behavioral deviations?

- a - () Medicine Which? () Allopathy () Homeopathy
- b - () Changes in the routine of the animal
- c - () Use of environmental enrichment
- d - () Other: _____

12) Do you feel able to guide the owner regarding animal behavior?

a - () Yes, completely b - () Yes, partially c - () No

13) Is your clinic associated with any Pet Shop?

a - () Yes b - () No

14) Which products are sold in pet shops?

() Clothes	() Perfumes
() Shoes	() Pet food
() Toys	() Ice -cream
() Beauty accessories (ties, bows)	() Panetone
() Beds, drinkers and feeders	() Shampoo

15) Do you worry about using Animal Welfare ethically?

a - () 76-100% b - () 51-75% c - () 25-50% d - () 0-24%

16) Are you interested in lectures, courses or guides on Animal Welfare?

a - () 76-100% b - () 51-75% c - () 25-50% d - () 0-24%

17) Do you think that the veterinarian has an important role in the information and education of the owner on the subject?

a - () 76-100% b - () 51-75% c - () 25-50% d - () 0-24%

18) What is your degree of interest in doing a specialization course in the subject?

a - () 76-100% b - () 51-75% c - () 25-50% d - () 0-24%

19) Does the physical structure of your clinic consider Animal Welfare?

a - () Yes - What? _____ b - () No

20) Do you often offer treats to your patients as a positive reinforcement or other action to set the animal at your place of work?

a - () Yes - What? _____ b - () No c () once in a while

21) At the time of hospitalization, do you adopt separate environments for dogs and cats?

a - () Yes b - () No c - ()has no hospitalization