30th of October 2015

South African Veterinary Council

Att: The Registrar
Mrs Lynette Havinga

Email: savc@savc.org.za

Dear Mrs Havinga,

VETERINARY CERTIFICATES

The NSPCA would like to bring an urgent matter to the attention of the South African Veterinary Council. This matter involves many members of the veterinary profession. When issuing certificates stating that an animal is fit to compete in any organised working event, we believe that every effort should be made to ascertain what exactly the event entails and what effect it would have on that specific animal.

The National Council of SPCAs has been monitoring the rapidly growing sport of American Pit Bull Terrier Working Events over the past year. During this time some serious welfare concerns and contraventions have been identified and while this organisation does not support any “sporting event” where animals are put at risk of injury and potential suffering a specialised team is currently enforcing strict standards at these events in an attempt to address the animal competitors’ welfare.

The monitoring of these shows has revealed that the dogs that are used in these events often suffer a low standard of care with limited attention being given to injury status, disease, health and welfare.

One of the aspects that the NSPCA has insisted on is that no animal with compromised teeth or any dental condition can compete in the long hang or high jump events as the events are particularly harsh on the teeth. Dental infections also present an infection risk for the other animals. The NSPCA also insists that animals with any dental conditions who are only competing in other disciplines also require appropriate dental treatment. Recently the event organisers have presented the NSPCA with veterinary certificates acquired from owners of dogs with severe dental conditions stating that dogs are fit to compete despite evidence contrary to this. We do not believe that many letters are based on sound veterinary dentistry principles.

The Long Hang event requires a dog to jump up and bite onto a square of hard flat conveyer belt and hang there, supporting their bodyweight by their teeth and jaw for as long as possible...
(the SA record being almost five hours). Again, some of the methods of training the animals for this event are barbaric and the effect on teeth and jaws are extreme.

The owners train (with questionable methods) the dogs to grasp on to hard objects and hang for long periods of time during training and competition, there are therefore a large proportion of dogs with uncomplicated and complicated dental fractures appearing at these events.

According to all literature available including what is used in the veterinary education curriculum in South Africa, all teeth with direct pulp exposure (complicated crown fractures) should be treated with endodontic or exodontic therapy. Ignoring them is NOT an option. Some of the veterinary certificates advise against treatment as the patients are deemed to be without pain or infection. This is usually assessed by appetite or probing the tooth/teeth. These methods are poor indicators. Appetite should not be used to measure discomfort in any animal especially a Pit Bull who has been bred to camouflage discomfort for centuries and it is documented that hunger can override the effects of chronic pain. That a veterinarian would be able to probe a tooth in a conscious American Pit Bull Terrier’s mouth is questionable. If there is a painful reaction to the probe, we should imagine that many veterinarians would suffer serious bite wounds. International Veterinary specialists have reported a rapid improvement in habitus when these teeth have been treated in the appropriate fashion. There is a claim that dentin will produce and cover the penetration into the pulp but this according to the literature is completely unsubstantiated.

There is a possibility that animals may be not be experiencing pain at the time of examination due to necrosis of the pulp but again veterinarians are taught that necrotic pulp can result in further complications such as periapical granulomas, periapical cysts, periapical abscessation and finally osteomyelitis. These conditions are likely to result in pain. Furthermore if left untreated the infection can spread to the heart and kidneys causing the condition to become life threatening. The direct communication between the oral cavity and vasculature as a consequence should be of concern to the owner and the veterinarian.

There is sufficient evidence to suggest that even uncomplicated fractures require therapy due to the hydrodynamic mechanism of dentin hypersensitivity. Pulpitis may still develop in reaction to bacterial, chemical or thermal changes. Treatment for this can include removal of the sharp edges with a bur and sealing of the exposed dentin with a suitable liner or restorative material. It is questionable to suggest that even dogs with these fractures should compete in these extreme events. While dentin can be produced, if the rate of wear is faster which would happen in these events then pulp necrosis can result.

In good conscience we cannot allow for some of these dogs to not be adequately treated to alone compete in events that would cause them pain and potentially worsen their condition and health in general. We do not believe that appropriate treatment should not be undertaken because the treatment might result in the animal not being able to compete for a long period of time. We therefore request that veterinarians refrain from writing such certificates under these circumstances and for the South African Veterinary Council to take a position.

Kind regards,

Dr Bryce Marock, BVSc
NSPCA Veterinary Unit