



# The Ridgeline

A Publication of the New England Rhodesian Ridgeback Club est 1984



## New England Rhodesian Ridgeback Club Board of Directors Meeting – January 25, 2009 Sirius Fun Dog Training, Plymouth MA

The meeting was called to order at 12:20 pm. Board members present were Cheryl Fraser, Alan Fraser, Jean Gamble, Barbara Ferguson, Pamela Shattuck, Karen Heine and Helen McCune.

Jean made a motion to accept the minutes of the last meeting and to wave the reading of these minutes. Seconded by Helen. All board members voted in favor.

### SECRETARY'S REPORT - HELEN MCCUNE ~

**Here is the latest membership information;** There are 123 Total Memberships. Of those, 46 are Associate, 40 are Single and 39 are Family Memberships. As of January 23<sup>rd</sup> I have received a total of 76 renewals. So, as of today, 61% of the membership has renewed.

**There are no new First Reads.**

### New Members to be voted on by the BOD after February 5, 2009:

Brown, Rich & Nancy ~ Westborough MA ~ voting Family

sponsor: Helen McCune

Ciancolo, Eli & Eileen Elfers ~ Somerville MA ~ Associate

sponsor: Cathy Ford

Hoffmaster, Pat ~ Newport RI ~ voting single

sponsor: Helen McCune

Kafka, Susan & Billy Mobley ~ Stoughton MA ~ voting Family

sponsor: Cathy Ford

Kriete, James ~ Rochester NH ~ Associate

sponsor: Cathy Ford

Martin, Faith ~ Putney VT ~ voting single

sponsor: Bonnie Johnson

Moore, Elaine ~ Wellesley MA ~ voting single

sponsor: Joyce Myers  
Terrio, William ~ N Chelmsford MA ~ associate  
sponsor: Julie Paul  
Tyner, Sarah ~ Burlington VT ~ voting single  
sponsor: Ulla-Britt Ekengren

### TREASURER'S REPORT – ALAN FRASER~

Written report provided by Alan Fraser was reviewed. A copy of the report in its entirety is available upon request. Below is a summary of the financial activity for 2008.

**Balance as of 1/1/08** 13,752.36

#### Income

Deposits	11,051.75	
Rescue		1,390.25
Membership		1,905.00
Events		425.00
show committee		660.50
Health&Genetics		0.00
LC		6,009.00
ways&means		562.00
Donation		100.00

**Total Income** 11,051.75

#### Expense

Rescue Expenditures	1,992.36
Events	562.67
Show Committee	965.25
LC	5,634.49
Health & Genetics	-
ways&means	443.40
ridgeline	716.02
Club mgmt expenses	1,780.41
Donation	704.00

**Total Expense** 12,798.60

**Net Income Period** (1,746.85)

**Balance as of 12/31/08** 12,005.51

Uncashed Checks 1,003.71

Rhodesian Ridgeback Rescue 454.00

**Bank Balance as of 12/31/08** 13,009.22

### COMMITTEE REPORTS

#### BY-LAWS – ANITA CRAVEN –

Nothing to report.

#### SUPPORTED SHOW COMMITTEE – EVELYN STRAWN

Show Committee members; Evelyn Strawn, Bonnie

Johnson and Lisa Keating have resigned from this committee.

Cheryl moved to enter into Executive Session. Seconded by Barbara. Motion carried unanimously. Entered Executive Session at 1:00 pm Exited Executive Session at 1:35 pm The BOD is looking for volunteers who may be interested in working on this committee.

**LURE COURSING COMMITTEE – SUE ANN LESLIE**

We are all set with equipment, except motors. We will attempt to have several motors rebuilt and we will likely need to purchase several. Information on the motors will come in the spring.

Our schedule for 2009 will be June 13th and 14th, Sept. 5/6/and 7th, plus Oct. 17 & 18th.

We want to hold a day of practice and JC's/QC, however this as well as our trials are contingent on volunteers. We only have Celia O'Brien, Clay and myself doing the trials. This cannot be done. We need volunteers from club members. I could look at hiring several people but we DO NEED CLUB MEMBERS TO HELP!

**HISTORIAN REPORT – MARY WICKWIRE**

Nothing to report.

**MASS FEDERATION OF DOGS – JEAN GAMBLE**

For complete information on the topics mentioned below go to <http://www.massfeddogs.org/> but the condensed version is as follows:

Although this decision does not impact the Rhodesian Ridgeback, the AVMA has come out against docking and cropping for cosmetic reasons and encouraged removal of these from breed standards. The AKC feels that these procedures are not solely for the purpose of looks, and encourages members to contact the AVMA to voice their opinions.

The rewrite of chapter 140 dog laws (SP2624) was defeated and since this was very well written with a lot of cooperation from multiple groups, and widely supported by Mass Fed, Senator Jehlen has been asked to re-file the bill.

Thankfully house bill 5092 was sent to study based on the feedback at the hearing (which I attended) on October 23<sup>rd</sup>.

**MEMBERSHIP CARE – CHERYL COTE**

Sent Welcome notes to 5 new NERRC members

**WAYS & MEANS – LINDA KOCH**

Nothing to report.

**THE RIDGELINE – CHERYL FRASER**

Issue #3 for 2008 has been mailed and is available on the Member's Only section of the club website.

**RESCUE – CHERYL FRASER**

Nothing to report.

**WEBMASTER – CHERYL FRASER**

The club website has been revamped and is alive and available for use.

**POLICY & PROCEDURES – KENN WALKER**

Nothing to report.

**UNFINISHED BUSINESS –**

Discussion of Performance Achievements and Awards for club participants. Pamela will work on setting up an Awards program that will enable members to submit their dogs' achievements throughout the year. Awards will not just be AKC titles but will/should include such achievements as CGC, therapy work, puppy kindergarten graduates, etc. It is hoped that we can have an awards banquet in early 2010. More information will follow.

**NEW BUSINESS –**

Discuss providing matching club funds for the money raised from the basket of cheer raffle at the Holiday party, to be sent to the Rhodesian Ridgeback Donor Advisory Fund. Money raised was \$140.00.

Jean moved that NERRC match this \$140.00 and send a total of \$280.00 to RRDAE. Helen seconded. The motion passed unanimously.

Setting the dates for 2009 Board of Directors Meetings.

**Tentative schedule for 2009:**

- January 25<sup>th</sup> BOD meeting
- March 7<sup>th</sup> CGC testing at Sirius Fun in Plymouth (BOD meeting)
- June 13 & 14 Lure Coursing Test and Trials
- August 8<sup>th</sup> Summer BBQ at the Ekengren's (BOD and

Annual Meeting) rain date August 9th  
 September 5-7 Lure Coursing Tests and Trial  
 September 13<sup>th</sup> NERRC's supported show with the Cape Cod Kennel Club (BOD meeting)  
 October 17 & 18 Lure Coursing Test and Trials

Meeting adjourned at 2:30.

Respectfully submitted,  
 Helen McCune, secretary

**New England Rhodesian Ridgeback Club  
 Board of Directors Meeting –  
 March 7, 2009  
 Sirius Fun Dog Training, Plymouth MA**

The meeting was called to order at 2:45 pm. Board members present were Cheryl Fraser, Alan Fraser, Jean Gamble, Barbara Ferguson, Pamela Shattuck, Karen Heine and Helen McCune. SueAnn Leslie, our Lure Coursing chairman, was also present.

**SECRETARY'S REPORT - HELEN MCCUNE ~**

On February 10, 2009, Cheryl moved that the following applicants be voted into the club:  
 Brown, Rich & Nancy ~ Westborough MA ~ voting Family  
 Ciancolo, Eli & Eileen Elfers ~ Somerville MA ~ Associate  
 Hoffmaster, Pat ~ Newport RI ~ voting single  
 Kafka, Susan & Billy Mobley ~ Stoughton MA ~ voting Family  
 Kriete, James ~ Rochester NH ~ Associate  
 Martin, Faith ~ Putney VT ~ voting single  
 Moore, Elaine ~ Wellesley MA ~ voting single  
 Terrio, William ~ N Chelmsford MA ~ associate  
 Tyner, Sarah ~ Burlington VT ~ voting single  
Barbara seconded the motion. The motion passed.

On Tuesday, February 24, 2009, Cheryl moved that NERRC donate up to \$100.00 for sponsorship of both conformation and performance trophies for the 2009 National Specialty.  
Alan seconded the motion. The motion passed unanimously.

**TREASURER'S REPORT – ALAN FRASER~**

Written report provided by Alan Fraser was reviewed. A copy of the report in its entirety is available upon request. Below is a summary of the financial activity for 2008.

Balance as of 1/1/09	12,005.51
<b>Income</b>	1,143.00
Membership Renewals	1,080.00
Other	63.00
Total Income	1,143.00
<b>Expenses</b>	
Rescue Expenditures	349.02
General Fund	430.00
Total Expense	779.02
Net Income Period	363.98
Balance as of 3/6/09	12,369.49
Uncashed Checks	150.00
<b>Bank Balance as of 3/6/09</b>	<b>12,519.47</b>

Alan mentioned that the club's liability insurance policy is due.  
Helen moved to pay \$605 to renew the club's liability insurance.  
Seconded by Jean. Motion carried unanimously.

**COMMITTEE REPORTS**

**BY-LAWS – ANITA CRAVEN –**

Nothing to report.

**SUPPORTED SHOW COMMITTEE**

We have been granted permission to hold our Supported Show by the Cape Cod Kennel Club Sunday, September 13, 2009 and we will be sponsoring trophies for Sweeps, Breed Classes, Obedience and Rally. I also have received documentation from RRCUS that they will support the show with the Bronze Medallion. We will have special parking and am waiting to see if it is not too late to request a late morning judging time. The Sweeps Judge is Glenn Hoffman-- Bio is below. I will be sending a contract after the meeting.

GLENN HOFFMAN  
 237 E MOORESTOWN RD  
 WIND GAP PA 18091

I saw my first Ridgeback in the mid 80's while visiting a friend's horse farm in Pennsylvania. The beauty and intelligence of the dog remained with me over the years and I knew when the time came this would be the breed for me. Celia and I married in 1989. Shortly after our home was built and the pieces of our life were coming together one of the pieces still missing was our first Ridgeback. After searching for the right dog we decided on a lovely bitch bred by Jean Lynch of Tampo Kennels. We have been members of RRCUS for 15 years and have had the pleasure of working side by side with very knowledgeable Breeders. We have bred and shown our dogs to their championships as owner handlers and we are proud of this accomplishment. I am a past President of the Greater Valley Forge Rhodesian Ridgeback Club. I was co-chair at the

2008 National Spec. in Gettysburg. I had the honor of judging the Hound Show Sweeps in North Branch New Jersey the Hound Group at the Lehigh Valley K9 Learning, the Rockland NY Supported Sweeps and several matches. I teach handling classes at our local Owner Handler Club and will be judging their Spring match. I was nominated for the 2011 National Sweeps in South Dakota and I have accepted this nomination to be put on the ballot.

I was one of the Stewards at the Utah Nationals along with my wife Celia and Judy DePaulo. Celia and I will be acting as Chief Ring Stewards at the Michigan Nationals Puppy and Veteran Sweeps.

The Breed Judge is;  
Mr. Lowell Davis  
2476 Segovia  
LaVerne, Ca 91750

Trophy Donations are needed for many of the prizes offered – contact Barbara if you are interested in sponsoring a trophy.

I have not heard back from the Springfield Show Chair for Saturday and was directed to another person by the 2008 Show Chair and have not heard from him either, but will work on contact phone numbers.

**LURE COURSING COMMITTEE – SUE ANN LESLIE**

**LURE COURSING REPORT AS OF MARCH 7, 2009**  
Trials Scheduled for 2009 pending AKC approval;  
June 13 & 14 in Jacksonville, VT This will be are third year there. The PTA will again provide food to purchase. Judges are Vanessa Johnson, Denise Como and Richard Whritenhour. Judges affirmation forms have been mailed to the perspective judges. Sept 5, 6 (tests only, however GONE is having ASFA Trials) Sept. 7th will be our AKC trial. Sunday night we will have our cookout on the field! This is our 4th year at this field. Our judges are: Ping Purrung and Marilyn Smith.  
Oct. 17 & 18 at the Kinnie Farm in Griswold, CT. Food provided by Roadside Dogger. Our judges are: Moyra Hamilton, Sherita Tabner, Ian Davies and Carlee Davies  
NERRC will need to send a check to GONE for \$150 or storage and transportation of the lure coursing equipment.  
Send to: Moe Brodeur; Peabody, MA

The AKC has increased their application fees from \$25 to \$35 for each trial. I will need a check made out to the AKC for \$70. I will send this in with the application for the June Trials.

I will contact Alan Fraser during the summer to obtain checks for the Sept. and Oct. Trials.

We will look to having several motors rebuilt and will probably need to purchase several. I continue to look for volunteers to help with our trials. If you could commit to even one trial this year, it would be helpful!

**HISTORIAN REPORT – MARY WICKWIRE**

Nothing to report.

**MASS FEDERATION OF DOGS – JEAN GAMBLE**

Nothing to report.

**MEMBERSHIP CARE – CHERYL COTE**

Welcome Notes in the process of being written and sent out to new members.

**WAYS & MEANS – LINDA KOCH**

Nothing to report.

**THE RIDGELINE – CHERYL FRASER**

Nothing to report.

**RESCUE – CHERYL FRASER**

Rescue re-homed a Bullmastiff/RR mix. Rescue would like to ask club members to come and help out at the Ridgeback Rescue Booth set up at various Rescue Events being planned for the Spring & Summer Months. The first event is May 16<sup>th</sup> – Rain or Shine, at the North Attleboro High School for the 9<sup>th</sup> Annual “Strut Your Mutt” Dog Walkathon sponsored by the North Attleboro Shelter. The next Rescue event is May 31<sup>st</sup> at the 9<sup>th</sup> Annual Paws in the Park, at the Pierce House in Lincoln, MA. All that is asked is that you come and spend some time talking to the public about Ridgebacks, handing out information and fielding general interest questions. If this is something you could do, please let one of the Rescue coordinators know.

**WEBMASTER – CHERYL FRASER**

There have been several favorable compliments on the new redesign of the clubs website.

**POLICY & PROCEDURES – KENN WALKER**

Nothing to report.

**UNFINISHED BUSINESS –**

Complete the setting the dates for 2009 Board of Directors Meetings.

Discussion of Performance Achievements and Awards for club participants. Pamela has provided some preliminary information on the "Achievements and Awards".

**NEW BUSINESS –**

Jean Gamble has kindly volunteered to be the Regional News contact for RRCUS – thank you, Jean!

**OTHER**

- Received a phone call from Bruce Hupperts of the NWRRC and he is wanting to know how we as a regional club obtained approval for AKC lure coursing events. Helen will look back in the secretary's files to see if there's any information on this.
- The RRCUS Trophy Chair, Cindy Ackerman, acknowledged and Thanked NERRC for their \$100.00 contribution for trophy sponsorship for the 2009 RRCUS National.
- NERRC did receive a Thank You from RRR, Inc. for the donations made in the memory of Gil Toby and George Sexton.
- Of the 132 members from 2008, 101 renewed their membership for 2009.

Meeting adjourned at 4:10 pm.

Respectfully submitted,  
Helen McCune, secretary

**Additional First Reads:**

**Keith & Mitzi Beals** , N Andover MA, Associate sponsor: Helen McCune

**Jeffrey & Jessica Kaufman**, Burlington VT , Family sponsor: Helen McCune

**Bill Finizia & Lillian Ho**, Shrewsbury MA, Family sponsor: Helen McCune

**Jim Kinnealey & Cynthia Hyde**, Hope Maine, Family sponsor: Ulla-Britt Ekengren

**Susan Gilliland**, Medfield MA . Associate sponsor: Helen McCune

**NERRC 2009 Club Officers & Committees:**

- President**  
Cheryl Fraser 508-393-6966 chaza@pobox.com
- Vice President.**  
Barbara Ferguson 508-477-2063 SAHIBU@verizon.net
- Treasurer**  
Alan Fraser 508-393-6966 Alan\_C\_Fraser@raytheon.com
- Secretary**  
Helen McCune 508-690-2049 kanzih@comcast.net

**Board of Directors:**

- Pamela Shattuck 508-833-0211 shattuckyachts@comcast.net  
Jean Gamble 978-779-6112 jean.gamble@comcast.net  
Karen Heine 401-247-1381 KLHeine@cox.net

**Committees:**

- By-Laws:**  
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- Mass.Federation of Dog Clubs:**  
Jean Gamble 978-779-6112 jean.gamble@comcast.net
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- Historian:**  
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- Ways & Means:**  
Linda & Garry Koch 603 783 4483 Traveloffice2@yahoo.com .
- Lure Coursing :**  
Sue Ann & Clay Leslie 860-848-7629 sueanclay.les@snet.net
- Supported Show:**  
Contact the NERRC BOD
- NERRC Webmaster:**  
Cheryl Fraser 508-393-6966 chaza@pobox.com
- "The Ridgeline" Editor:**  
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*"He is your friend, your partner, your defender, your dog.*

*You are his life, his love, his leader.*

*He will be yours, faithful and true, to the last beat of his heart.*

*You owe it to him to be worthy of such devotion." – Unknown*

### NERRC Supported Show Update—Trophy Update

All the trophies for **Cape Cod** have been spoken for and I have received payments for all. I want to thank those of you who have been so very generous and supportive.

Deb Ridlon  
 Helen McCune  
 Evelyn Strawn  
 Sheila McNamera  
 Bill and Jean Gamble  
 Alan and Cheryl Fraser  
 Sue Kafka and Billy Mobley  
 Sue Ann and Clay Leslie  
 Connie Friederichs  
 Marie Lapointe  
 Joyce Myers  
 Diana Barrie  
 Linda Koch  
 Don Clark

**There are 3 Trophies left for the Springfield Supported Show in November. They are :**

Best of Opposite \$40.00,  
 High in Trial Obedience \$35.00  
 High in Trial Rally \$35.00.

**To support a trophy, contact Barbara Ferguson at sahibu@verizon.net or 508-477-2063**

*Disease in Dogs*. We will present this article in two parts, with Part I which includes her introduction, the definitions of different tick diseases, their symptoms and disease progression, transmission of the diseases and tick removal. Part II will come out in May and will provide information on tick prevention, testing and treatment. We trust you will find the information in this article not only timely with the season, but also eye-opening and very informative.  
 Lew Olson.

### **PART I: quiet killers: tick-borne disease in dogs**

**by Gil Ashe**

*... for Thunder and all the dogs who were diagnosed too late or not at all*

Something was wrong with Casey. Instead of bounding around with her usual energy and good spirits, she always seemed tired these days and her eyes were constantly bloodshot. Where once she would have been up like a shot and ready for the day, getting to her feet was becoming more difficult and sometimes she'd limp, first on one leg, then on another. Even her behavior had altered; the ten-year-old Border Collie/Keeshond mix had become aggressive toward one of the cats she'd lived with all her life. It was as if Judith Sookne had gradually acquired a dog that only looked like her Casey and she was at a loss to know why - until one evening an answer jumped at her as she checked through Casey's fur for ticks, something so obvious she wondered that she hadn't thought of it before. Judith took Casey and her newly aroused suspicion of tick-borne disease to the vet.

Tick-borne disease? Impossible. Her vet dismissed the idea. Evidently, where Judith saw a dog that might be helped, she saw a dog that was just getting old and refused a request for tests to find out if Casey had been infected with a tick-borne disease, saying that some minor arthritis was normal in a dog her age and Casey's bloodwork was normal. As it happens, however, signs of infection do not always show up in routine bloodwork and Judith knew it. She remained firm in her belief that there were reasons beyond age for what Casey was going through and eventually *demand*ed the tests that her vet opposed so adamantly.

Annoyed, her vet changed tactics and agreed to comply - up to a point. She would draw blood and prepare the serum sample but if Judith wanted these tests run, particularly if she insisted on sending them to a lab specializing in tests for TBD, she would have to mail the sample herself. As a deterrent, it failed miserably; Judith had no problem at all with using FedEx and, a few days later, held the test results in her hand: Casey had tested positive for both Rocky Mountain Spotted Fever and *Ehrlichia canis*.

As is often the case, Casey responded almost at once to treatment, made her peace with the cat, regained her spirits and stopped limping. Now past thirteen, she is

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### **B-Naturals Newsletter – April 2009 Tick-Borne Disease in Dogs**

**Lew Olson, PhD Natural Health**

In September 2003, B-Naturals featured Gil Ashe's article on Erlichia. Gil began researching tick disease when her beloved German Shepherd dog, Thunder, was diagnosed with Erhlichia risticii. She has generously shared her knowledge with others for many years in memory of Thunder.

B-Naturals is pleased once again to bring you another article written by Gil, titled '*Quiet Killers: Tick-Borne*

slowing down but not so much that she has lost her zest for life or her interest in squirrels. She was lucky.

Every day, dogs like Casey are taken to the vet because they just "ain't doing right" and every day, vets look at common, all-too-familiar symptoms and address them separately rather than asking themselves if they might not be looking at a syndrome, a group of related things that might point to something far more serious. The usual approach would seem to make sense. After all, how alarming, say, is a slight fever and diarrhea in a dog that has lost his pep and been off his feed for a few days? The trouble is, the usual approach doesn't work when you're dealing with TBD. In his foreword to *Ehrlichiosis, a Silent and Deadly Killer*, the first Internet website to make clear, well-researched information on TBD available to everyone, Ibulaimu Kakoma, DVM, Ph.D. notes that "the spectrum of syndromes and disease entities imitated by ehrlichiosis are incredible" and emphasizes the need to rule out ehrlichiosis for common infectious disease.

Tom Beckett, DVM, of Austin, Texas, whose years of experience in the field parallel Dr. Kakoma's in the research laboratory, has come to the same conclusion. "Many of the TBD cases I see have vague, nonspecific, "nagging" health problems rather than the more specific and dramatic symptoms the textbooks describe. The dogs seem to be somewhere 'in between' the symptoms-free subclinical stage and the definitively symptomatic chronic stage. Unfortunately, quite often one of two responses occurs: either the problems are dismissed as a (mis)perception of an overprotective owner or due to 'normal' processes such as aging; or a whole host of tests and other diagnostics is done - but the diagnostics do not include tests for TBD. There needs to be greater awareness among owners and veterinarians that dogs with these presentations should have a comprehensive panel of tests for TBD antibodies as part of their initial workup."

***The key to curing all tick-borne disease is early diagnosis and treatment.***

There are vets who refuse to consider TBD as a possibility and say "it can't happen here". That attitude can have serious consequences for dogs and one hopes it is becoming less common as knowledge of TBD and its danger spreads. Anywhere in the United States that the hard-bodied Ixodid ticks are found, the diseases they carry can be found. Dogs travel with their owners or to new owners from kennels or rescue facilities, and ticks go with them. A warming climate increases the range in which ticks can live and in places where it was once assumed that TBD could not happen, it does. Clearly, there are places where it is more likely, but no one can say, "it can't happen here", until they know where the dog has been and they make dead sure that tick-borne disease has never been found in their area.

Those veterinarians who have never seen, or more properly, recognized a case of TBD may be handicapped by their lack of knowledge. Focused on what appears to be wrong, they treat for it and are puzzled when the dog gets no better. Well, that wasn't

it. What else could it be? Considering a list of possibilities, the vet chooses another and the outcome is unfortunately the same. In the end, stymied and more than a little frustrated, he or she may suggest a specialist for what the dog appears most likely to have, or fall back on the diagnosis that is no diagnosis at all: a genetically defective immune system. There is nothing that points so suggestively to tick-borne-disease as a vet who is stumped or who sends you running to one specialist after another. It is a red flag alerting the dog's owner to think hard about having a tick panel run and doing it quickly. One luxury you do not have a great deal of in dealing with TBD is the luxury of time.

**The Tick-borne Diseases:** A very brief introduction to the five dollar words which can spell trouble for your dog.

***Ehrlichia canis***, found world-wide, is the most common and one of the most dangerous tick-borne disease organisms known to infect dogs; as it has been the object of the most study and as many of the TBDs follow its general pattern, it will be discussed in more depth than the rest.

Parasitic bacteria which share some of the traits of viruses, *E. canis* proliferate inside the white blood cells manufactured in the bone marrow. As the disease they cause progresses, it cripples the ability of the white blood cells to replicate correctly or, in the end, at all, and the immune system is effectively destroyed. But that's not the end of it; the list of symptoms and conditions that can be caused by *E. canis* seems almost endless; it can be mistaken for or cause leukemia, heart disease, cancer of the spleen, the brain and other organs, to name only a few. This is a dangerous, treacherous organism.

In the first, or acute stage of *E. canis*, the outlook for cure is best, but symptoms can be vague and easily missed or put down to a mild viral infection. If a dog is feverish, if his lymph glands are enlarged and he's generally off-color, a vet looking further may find the characteristic signs of early TBD: an enlarged spleen, an abnormal decrease in blood platelets, an abnormal decrease in white blood cells, and/or nonregenerative anemia. And just to make things more complicated, a *high* white cell count may be seen instead. Testing for TBD is useless for two or three weeks after a dog has been infected, however, as the immune system will not have had time to make the antibodies that register on a test until enough time passes. But a correct diagnosis depends on much more than numbers on a sheet of paper. Some dogs with *E. canis* never do mount a detectable titer and some have a very low titer that, by itself, would not indicate the need for treatment. It is your vet's knowledge and experience of TBD that can make all the difference then.

If a dog is unable to throw off *E. canis* by himself in the acute stage, the disease passes into the second, subclinical stage where there are no outward symptoms, hides out in the spleen and the dog becomes a carrier, although he may appear to be completely normal. *E. canis* may remain in this stage from months to years until something - another

infection, stress, or simply a body worn out by an unending struggle with the disease, particularly if he is ill with another - causes the dog to go into the final, chronic stage.

Once it becomes chronic, the prognosis for recovery is poor and the end can come with shocking suddenness if no one is aware the dog is infected. A serious deficiency of all the blood elements (pancytopenia) is quite possible at this stage; death may come from hemorrhage, multiple organ failure or secondary bacterial infection.

German Shepherd Dogs, many of whom died of *E. canis* serving as war dogs in Vietnam, "appear to have depressed cell-mediated immunity as compared to other breeds and are more likely to develop severe disease", according to Cynthia Holland, Ph.D., an authority on tick-borne disease in dogs and horses. For GSDs, prompt, early diagnosis and treatment of *E. canis* is especially critical. The primary vector for *E. canis* in the United States is the brown dog tick, *Rhipicephalus sanguineus*.

**Ehrlichia chaffeensis** is a less common cause of ehrlichiosis which was first identified at Fort Chaffee, Arkansas in the United States. Its known geographic distribution ranges from the South and South Central states to lower New England. Significant lameness is a marked symptom and *E. chaffeensis* is thought to be both serious and harder to clear from a dog than *E. canis*, which in many ways it resembles. It also occurs in humans. The brown dog tick, *R. sanguineus*, and the Lone Star tick, *Amblyomma americanum*, carry *E. chaffeensis*.

**Ehrlichia ewingii**, found mostly in North Carolina, Florida and Missouri, has been identified in ticks in Texas but its geographic distribution may be wider than currently realized. It shares characteristics of *A. phagocytophilum* and *E. canis* but does not appear to cause as much damage to the dog and, like *E. chaffeensis*, has been known to infect humans. *E. ewingii* is carried by the Lone Star tick, *A. americanum*.

**Anaplasma phagocytophilum**, once known as *E. equi*, is presently considered less of a threat than *E. canis*, though anecdotal reports of dogs suffering serious repercussions and/or dying from it may cause that conclusion to be reconsidered. *A. phagocytophilum* can cause painful arthritis in several joints, lethargy, high fever, loss of appetite, vomiting and diarrhea. Less commonly, a dog may have neck pain or seizures due to central nervous system dysfunction. *A.*

*phagocytophilum* is carried by *Ixodes scapularis*, the black-legged or deer tick, and *Ixodes pacificus*, the Western black-legged tick, both of which also carry Lyme disease.

**Anaplasma platys**, once known as *E. platys*, causes severe cyclic thrombocytopenia, targeting the blood platelets that stop bleeding and promote clotting. A few days after infection, platelet counts drop dramatically; in another few days, they rise to normal, then the cycle begins again. *A. platys* is self-limiting and gradually goes away *except* when another TBD is also present to aggravate it and be aggravated by it. There is grave

danger of hemorrhage during surgery on a dog with *A. platys* unless the surgeon knows about it and exercises caution. *A. platys* is carried by the brown dog tick. **Neorickettsia risticii**, once known as *E. risticii*, is best known as Potomac Horse Fever or Shasta River Crud and is not carried by ticks. So why is it here? Well, until a few years ago no one knew exactly what the vector (the agent carrying it) was and ticks seemed the likely candidate. Now, we know that it gets to the dog by a complicated process that starts in some freshwater snails and ends by the dog ingesting one of the insect vectors that live and fly over water. How? It may fall in his food, he may lap it up from a river or puddle, or, as many dogs do, he may snap at and swallow the infected insect. And the damage is done. Once established in its canine victim, *N. risticii* behaves like *E. canis* but with a virulence that makes it fortunate this disease is not considered common. Dogs which develop chronic *N. risticii* have almost no chance of surviving.

**Rocky Mountain Spotted Fever**, oddly enough, is found more often in the East than the West, though it occurs all over the continental US. Caused by *Rickettsia rickettsii*, RMSF is an acute disease which has no progressive stages. In considerable pain from the infection, a dog may be unable to keep his balance; he may hold his head at a tilt, act as if he is only half conscious, suffer seizures or go into a coma. Without treatment, he will either get well in two weeks or die. Because of the speed with which this disease can kill, chances of survival are much higher if the dog is treated with doxycycline *immediately the disease is suspected, without waiting for test results*. A pair of tests are run to confirm a diagnosis of RMSF, the second 21 days after the first. If the second titer is four times as great as the first, the diagnosis is rock solid.

Dogs which survive become immune to any further infection with RMSF, though they may carry detectable titers for a considerable time, perhaps for life. Those which manage to make it through on their own without help may always suffer varying degrees of neurologic dysfunction. The vectors of RMSF are the American dog tick, *Dermacentor variabilis*, the wood tick, *D. andersoni*, and the brown dog tick, *R. sanguineus*.

**Babesia canis and Babesia gibsoni** are protozoal parasites, not bacteria like the other organisms that cause TBD. Hemolytic anemia, essentially destruction of the red blood cells that carry oxygen to the blood, is the hallmark of babesiosis and half of all infected dogs will need transfusion. In the peracute (violent, sharp) stage, clinical signs may appear suddenly, followed by shock that cannot be reversed and death. The peracute and acute stages are not seen often in the US, however, as most adult dogs diagnosed with babesiosis are subclinical, i.e., carriers without evident clinical signs, and remain so unless something upsets the precarious balance between the immune system and the disease.

In the chronic stage, the jaundice and anemia of earlier stages is not as apparent but dogs are weak, their mucous membranes may be pale and body condition deteriorates along with appetite. The spleen of a dog

with chronic babesiosis is very enlarged, according to Ron Hines, DVM, Ph.D., and often kidney and liver function is poor. Feces may be yellow and the urine may appear orange. *Babesia canis* can infect any dog and is very often found in greyhounds rescued from race tracks, while *B. gibsoni* is almost always found only in pit bull terriers. Babesiosis is generally detected in blood work done on a dog without symptoms or in the chronic stage. Direct blood-to-blood transmission of *B. gibsoni* has occurred in fighting dogs. Unfortunately, the disease can be mistaken for Auto-immune Hemolytic Anemia (also called Immune Mediated Hemolytic Anemia) as an infected dog will test positive for AIHA.

Dr. Hines notes that another strain, *B. canis vogeli*, occurs all over the Southeastern US. While it is the weakest of the Babesia, an occasional dog will develop severe anemia from this strain and his blood will fail to clot. It is especially common in greyhounds. The brown dog tick, *R. sanguineus*, is the vector for *B. canis* and presumably *B. gibsoni* as well.

**Lyme disease**, caused by *Borrelia burgdorferi*, hardly needs an introduction to people in the Northeastern US where it is most prevalent and where it was first identified in the town of Lyme, CT. Lyme is not, however, as destructive as many of the other TBDs; as a rule, active Lyme disease may cause crippling arthritis but it doesn't kill. The exception to that is when it causes Lyme nephritis (glomerulonephritis), an inflammation of the glomeruli of the kidneys marked by a drop in the production of urine which will have blood and protein in it (proteinuria). The end result is renal failure. So far, Lyme nephritis does not appear to be common but it would be wise to have regular blood work done on a dog diagnosed with Lyme disease to keep an eye out for signs of kidney problems.

**Bartonellosis**, caused by *Bartonella vinsonii*, subsp. *berkhofii*, like most of the TBDs, is characterized by vague symptoms at first: lethargy, weight loss and lack of appetite. Fever is not one of the early signs. Half of all dogs with *B. vinsonii* develop thrombocytopenia (a serious reduction in blood platelets), according to Ed Breitschwerdt, DVM, of North Carolina State University, world-renowned for his work in vector-borne disease in dogs. He notes that, at present, the incidence of bartonellosis seems to be low and the disease occurs most often in dogs which roam free, live in a rural area and are heavily infested with ticks. Many of these dogs are also infected with *Ehrlichia canis* or *Babesia canis*. The brown dog tick, *R. sanguineus*, is a probable vector.

**Infection with more than one tick-borne disease is common and results in more serious illness.**

**Hepatozoon americanum** is an oddity in that the dog bites the tick, *Amblyomma maculatum*, rather than the other way around. The dog becomes infected by swallowing *A. maculatum*, found mostly in the humid regions surrounding the Gulf Coast, and the infectious parasites it carries migrate through the intestines to the muscles and the membrane covering the bone. The rapid proliferation of these parasites inside cells causes

the cells to rupture which, in turn, causes severe pain. Many of the symptoms found in other TBDs are also seen, including fever, lethargy, lameness and anorexia. To date, there is no cure, though good supportive care may relieve or lessen a dog's symptoms.

**Tick paralysis** is very different from other tick-borne disease in this respect: it doesn't depend on an infectious organism. It occurs when an engorged female tick produces a neurotoxin in her saliva, then injects that saliva into the dog on which she's feeding. The onset of signs is sudden and includes difficulty breathing or barking, rear end weakness and staggering. Starting with the hind legs, paralysis moves rapidly toward the head and the dog will soon be unable to move, stand, sit, or lift his head. If the tick is found and removed in time, improvement is generally seen within 24 hours. If the tick is not found and removed soon enough, the outlook is grim.

Animals have a great many more chances than humans to encounter ticks, so while the incidence of tick paralysis in humans is low, the threat to livestock and dogs is a good bit higher. No matter what the probability of tick paralysis might be, however, dog owners should be aware of how it operates as the outcome can be severe injury or death if it is not recognized and dealt with quickly.

**Ticks can be carriers for more than one TBD. Cross-infection is common.**

**Transmission**

When a tick has found a likely place to feed - often on the ear, close to the body under the leg, between the toes, on the neck or shoulder - it punctures the skin with pincers finer than a hair (chelicerae), then inserts a specialized mouthpart that it will use to drink the dog's blood. This mouth part, called the hypostome, has barbs along its length which are efficient at cutting in and help to anchor the tick in place. To make itself even more secure, the tick secretes a cement around the edges of the wound that will later dissolve when it is ready to detach. Once that is done, it is ready to feed. It is the tick's saliva that contains an anticoagulant to keep blood flowing freely and the saliva that carries disease. As the tick alternately regurgitates it into the dog and sucks blood out, peristaltic action causes the infectious organisms in its midgut to move up through the large salivary glands branching to either side of its body. Fortunately these organisms move sluggishly; it takes a minimum of 24 hours as a rule for them to reach the point where they will be pumped into the dog. On occasion, infection has occurred in less time but this probably doesn't happen often so we have a grace period after the tick latches on to remove the tick ourselves or for a preventive to stop the tick's ability to feed and kill it. Because the relatively small male is under the female as she drinks and is mating with her, when they die an entire new generation has no chance to be born. Sometimes nature is both wonderful and frightening.

**Tick Removal**

Never remove a tick with your fingers. Never burn it, put petroleum jelly on it, twist it or jerk it off the dog. Ticks breathe only a few times an hour so attempting to suffocate one is next door to useless. Grasping one with your fingers, you are all but guaranteed to squeeze the tick and propel any infectious saliva into your dog. Burning or using irritants on ticks can cause them to convulse and achieve the same outcome. As for 'unscrewing' a tick, they do not screw themselves in the first place. The best and safest way to remove a tick is to use a small, inexpensive, curved Kelly forceps, a pair of tweezers or one of the tools especially made for the purpose, catch the tick right behind the flattened 'head' (capitulum) as close as possible to the dog's skin, and pull gently straight out. Drop the tick in a solution of water and dish soap to kill it.

If your dog is covered with the tiny nymphs called seed ticks which are far too numerous to remove one by one, you can bathe the dog with Ivory dishwashing liquid. Work up a good lather, leave the suds on for 15 minutes then rinse thoroughly with plain water. Ivory liquid is gentle enough not to cause skin irritation but it will kill immature ticks.

**PART II: quiet killers: tick-borne disease in dogs**

by Gil Ashe

*for Thunder and all the dogs who were diagnosed too late or not at all*

**Preventing tbd****reducing the chances your dog will become infected with a tick-borne disease**

If you live where ticks are never seen from one year to the next, you don't have to worry about protecting your dog from tick-borne disease unless you travel with him. If you live in the South, one of the South Central states, the Southwest, the Northeast, one of the coastal states, or if there is a deer on your lawn, prevention is something you should be taking seriously, both on your dog and in your environment.

Environmental prevention is based on what we know about the hard-bodied tick, a creature which seems to be geared toward only two things, reproduction and survival, both of which depend on blood.

When an adult female tick has been impregnated by one of the much smaller males and has gorged itself on the blood of an animal, it falls off and dies after laying a batch of eggs that may number in the thousands. The tiny, six-legged larvae that emerge from the eggs do not all survive or we would be overrun with them, but those that do survive attach themselves to small mammals like field mice and have their first blood meal. This is where the trouble for dogs can start if that mouse is a carrier-host for tick-borne disease since ticks are not usually born infected.

Having fed once, the larvae molt, develop into nymphs and gain another pair of legs and the chance to become a carrier if the larger animal they feed on this time has a TBD, or to pass infection along if they are already vectors. Molting a second time, they become adults and instinct drives them to make their last meal so they can reproduce and assure the continuation of their species.

The Lone Star tick will actually chase a likely meal, but most ticks will only climb up a grass stalk or crawl along a low-hanging tree branch to a good vantage point and wait for your dog to come along, holding up their little front legs as if in anticipation of grabbing hold. In actuality, they have chemoreceptors in sensory organs on their front legs, something like little taste buds that test the air, and they use them to find their next meal. They know us by the carbon dioxide we and our dogs breathe out, moisture, our body heat and a chemical that all mammals give off, butyric acid, which smells to us like dirty socks but is ambrosia to a tick because it means dinner is coming. So when your ambrosial dog brushes by one, it will latch onto his fur and start looking for a good place to attach and feed. (Ticks do not jump but they will drop onto a dog - or you - if either of you is close enough.)

The way the tick behaves, the means it uses to sense us and our dogs, give us clues on how to keep them away, and while most ticks may not carry disease, they exist in such numbers that it only makes sense to do everything possible to protect our dogs from being bitten instead of playing the odds that one of those bites won't be from an infected tick.

Clear away all brush and tall grass in your environment. Trim back low-hanging tree limbs and keep dogs away from stone walls or woodpiles with all those little niches where mice that might carry TBD and ticks can hide.

Spray deer repellent around the perimeter of your property if they come to visit as deer are the number one host for the black-legged deer tick that can transmit several TBDs. If you know there are a fair number of ticks in your surroundings, you can put a few inches of a mild dish soap like Ivory liquid in a garden sprayer and spray the outside of your house and your yard with it. But do it in the evening when the beneficial honey bee isn't around because the soap that will kill tick larvae and nymphs will kill them. Rain, of course, will undo your efforts so until you've managed to reduce the tick population, you may have to spray several more times.

If your problem is worse and you have no close neighbors to offend, you can use a garden spreader to put down granulated sulphur wherever you want to repel ticks. Their little sensory organs really do not like granulated sulphur, which smells like rotten eggs to us, and for some people who have had a really bad infestation it has worked very well in getting ticks to beat a hasty retreat. Powdered sulphur will work but it does not stick to the ground as well and will have to be reapplied after a good rain. Even making a barrier of sulphur around your yard, if you cannot take having it all over the place, will provide a measure of protection.

Dry ice tick traps which rely on the tick's attraction to carbon dioxide are another way to get rid of ticks. According to a study of tick collection methods done in 1992, dry ice-baited tick traps were by far the most effective way of collecting ticks, over 5,000 of them caught as compared to less than a hundred by someone just

walking through an area filled with host-seeking ticks. Easily made with a styrofoam cooler and masking tape, these traps may not get all the ticks in the yard but they will significantly reduce the number. How to build a dry ice tick trap.

If the worst happens and you see scores of ticks crawling the walls inside your house, forget trying to handle the problem yourself. Call a professional exterminator and move out for a while to let them work and allow the chemicals time to dissipate before you move back in. Drastic problems call for drastic solutions sometimes, whether we like them or not, but be sure you get a guarantee that the exterminators will come back if necessary.

### Tick Preventives

Preventives take the battle to the dog, not only protecting them from the adult ticks which are easy to spot, but from the nymphs that may be as small as the period at the end of this sentence and difficult or impossible to see and remove. So, a good preventive is a must in tick season, which peaks in spring and fall.

Those listed below have proven themselves to be excellent choices for preventing TBD, both in research studies and in actual use by countless numbers of dogs. You have to realize, though, that nothing is perfect and there will be failures. Don't forget to check your dog for visible ticks and see to it that he's tested at least once a year.

**The Preventic Collar** made by Virbac sets the standard for tick preventives. The active ingredient is Amitraz. If you use the collar, you must read and follow the directions on how to fit it. It has no effect on fleas and takes 24 hours to provide complete protection. Rain doesn't affect it but immersion in water is not a good idea so a dog wearing the Preventic collar won't be swimming. Do not use it on sick dogs. Amitraz is toxic to cats and the maker cautions against using it if cats snuggle up to your dog. It is highly toxic if it is ingested so if there is a chance that your dog, or another dog he tussles with, would get it in his mouth, pass it by. The Preventic collar is in wide use and if none of the situations noted above are likely to come up, it is quite possibly the best product to use.

**Frontline TopSpot** and **Frontline Spray** are made by Merial. The active ingredient in Frontline is fipronil. TopSpot is applied directly to the skin between the dog's shoulders according to the manufacturer, though speaking from experience, dotting it in several places along the spine from shoulder to tail is less messy. Spreading over the dog, it settles in the sebaceous (oil-secreting) glands at the base of each hair and grows up with the fur, taking about 48 hours to cover completely. When a tick finds its way onto the dog, it has to slog through a forest of fur impregnated with Frontline, which works by paralyzing it. Even if it manages to attach, the odds are high that the tick will not be able to feed and transmit disease before it dies. Frontline Spray is especially good for dogs that have very short or dry coats which don't have a lot of oils in them. It is also good for spot spraying when you need quick coverage on places like the belly and feet.

A rare few dogs are sensitive to Frontline. If you are at all worried that your dog might be one, sacrifice one of the small vials by applying only a single drop to his skin so that

any discomfort he might have will be limited to a small area. You should know inside a day if he is going to have a reaction. Frontline may be removed, if necessary, by using a shampoo that contains benzoyl peroxide. It retains its effectiveness in water so a dog protected by Frontline can swim.

**K9Advantix**, made by Bayer, has also been around long enough to rack up a good record for safety and efficacy and it, too, is often recommended by vets. It is a topical like Frontline TopSpot, works in much the same way and also remains effective after swimming. K9Advantix contains two main ingredients: permethrin, which repels and kills ticks and mosquitoes, and imidocloprid, which kills fleas and flea larvae.

Permethrin is toxic to cats so be aware of this if you think of using K9Advantix and have cats that live peacefully in close proximity with your dog and sometimes groom him. If they do, it would be best to choose another tick preventive.

Do not stretch the time between applications! There is some real concern that ticks might survive the continually shrinking amount of Frontline or K9Advantix left on the dog after the recommended 30 day reapplication time and become immune to it. One thing we do not need is ticks that are immune to the few weapons we have to use against them. Whatever preventive you choose, however, one of these or another, **read the label**. It's there because it carries information you need to make an informed decision.

### Natural tick preventives.

No tick preventive is going to be an absolute guarantee against tick-borne disease but some are definitely better than others and all of these are commercial products. People who are concerned about using chemicals on their dogs often turn to so-called natural preventives, either making them from essential oils themselves or buying them ready-made. What they forget is that natural oils are chemicals, they are simply not man-made chemicals. Not being man-made, they have not gone through the rigorous testing that every commercial tick preventive undergoes, both for safety and how well they work. Nor can the ready-made natural products provide any documented proof on either score. For that reason, they are not named or recommended here.

### Vaccine prevention

The Lyme disease vaccine is the only one available to prevent a tick-borne disease in dogs. Whether or not it should be used is a matter of some debate and too involved to go into here. Briefly, the vaccine appears to work best on dogs which have never been exposed to Lyme disease, i.e., very young dogs in areas considered hot spots. It must be given every year. Dogs have been known to get Lyme even though they have been vaccinated. Most of the veterinary teaching hospitals do not recommend it unless you live in an area where there is a strong likelihood of infection. The ease with which Lyme can be detected and treated may weigh against using the vaccine. Very rarely, dogs can have a reaction to the vaccine which leaves them with all the painful symptoms of Lyme disease but no hope of being cured as there is no disease there to fight. Unfortunately, you cannot know if yours will be one of them before you vaccinate. That said, many dogs have been vaccinated, suffered no serious

reaction and appear to have been protected by the Lyme disease vaccine.

## testing and treatment

### When to test, what tests to run and what to do if test results are positive

*"I had to 'fire' my vet before I could get the proper treatment for my Cocker Spaniel, Ricky. It was almost a year before I could get the correct diagnosis and by that time, his digestive system was permanently damaged. I just spent this morning cleaning up poop and vomit and crying. He will certainly not live a normal life span. I will forever regret that I did not know about TBDs sooner." ~ Felicia Mazur*

The answers did not come easily or soon for Felicia and her Ricky, who seemed to have Inflammatory Bowel Disease and now probably does, given his scarred intestines. Weight was dropping off him even though he ate well. His energy level had plummeted, and (though this is not always a symptom) his eyes were bloodshot and weeping. You'd think Ricky would have been tested for tick-borne disease as a matter of course since Felicia lives in an area where ticks are far from rare and he was not responding well to treatment. It's not as if testing is invasive or expensive, certainly not expensive when compared to so many other things dogs are put through in the search for a diagnosis. *So why wasn't it done?*

While those of us who have watched our dogs die of tick-borne disease, or have seen them damaged for life as Ricky was, vehemently disagree, it would seem that TBD is not dangerous or wide-spread enough to be given much attention by the veterinary schools and journals responsible for educating vets. There are still many vets who do not even think of it when they start to determine what might be wrong with a dog. So, as you may have guessed, "when" to test is up to those of us not lucky enough to have a vet on our side who is knowledgeable about TBD. Because Ricky's vet didn't test and for a long time Felicia didn't know to ask, she went through the misery of seeing her dog get sicker without knowing why and without any hope he would get better until, at last, she got a new vet, a diagnosis and something to fight. But the delay was costly. After a period of doing fairly well, Ricky began having trouble again and is now on chemo for intestinal lymphoma.\*

If there are ticks in your area, educate yourselves about the early signs you can recognize yourself: diarrhea, lethargy, a lack of interest in food, changes in behavior, fever, and above all, lameness, which is the number one presenting symptom. If you suspect your dog has been infected, have your veterinarian send a blood serum sample for a comprehensive TBD panel to a laboratory with special expertise in TBD testing even if he or she tells you that it is useless and a waste of money. *It is your dog and your money* and without testing nobody can say that tick-borne disease is impossible. Even at the risk of appearing foolish or being wrong, *insist!* Pam Barbe, MT (ASCP), who maintains an extensive website on Samoyed health, told me something once I will never forget, nor should you. "You are your dog's only advocate," she said; "if you won't stand up for him, who will?"

### Testing for TBD

As vigilant as we might be, the early signs of TBD can be easy to miss or to dismiss as nothing important. So our best line of defense, apart from having a good vet and using a proven tick preventive, is to make testing at least once a year a regular part of our dogs' health care.

#### Snap tests

Snap tests are done in-house by your vet and take only minutes to show results for heartworm, *E. canis*, and Lyme disease on the Snap 3DX, adding *A. phagocytophilum* on the newer Snap 4DX. They are yes/no tests which only tell you whether or not one of those diseases was detected, not how low or high the antibody count might be. The Lyme portion of the test is as good as they get right now, showing very few false positives or negatives. Based on technology patented by IDEXX Laboratories, Snap tests are available to your veterinarian only from them. Blood samples may be sent directly to IDEXX for testing if your vet doesn't have them at present.

A positive Snap test for Lyme disease should be followed up immediately by sending a blood sample to IDEXX to have a Quantitative C6 Antibody Test run. The Quant C6 provides a baseline number of antibodies which will be invaluable six months later when you run this test again. The magic number is 30 units per millileter. Over that, you treat. If the number of antibodies has fallen by 50% when you retest, treatment is considered successful.

A drawback of the Snap 4DX is that its TBD tests are limited to Lyme, *A. phagocytophilum* and *E. canis*. While those are the most prevalent TBDs at the moment, there are others which can be equally serious. If there are clues in your dog's regular bloodwork, a CBC or blood chemistry panel, which point to TBD, and/or you still believe that he has one based on your knowledge of your dog despite a negative Snap test, your next option is to have an IFA tick panel run.

As a side note, never underestimate the value of having regular bloodwork done, both to establish a baseline of what is normal for your dog and to monitor any changes if he becomes ill.

#### IFA tests

Indirect Fluorescent Antibody tests give results based on titers. Titers are derived from blood serum samples which are suspected of containing antibodies the immune system makes to fight disease. The serum is diluted to a standardized starting point, for instance, 1:20, then that is diluted further by doubling the dilution over and over so that the series might go like this: 1:40, 1:80...on up into the tens of thousands in some instances. Or as Dr. Beckett explains it, "starting with the lowest dilution (e.g., 1:20), a same-size sub-sample from each successive dilution is tested until...at some point the serum is so dilute that the sub-sample contains too little antibody to trigger a reaction. The highest dilution which DID show a reaction is reported as the 'titer'."

Unfortunately, with tick-borne disease, you can never depend on easy answers. A high titer is not necessarily an indicator of a really bad infection. It may mean that a dog has a very strong immune system which is going all out to eradicate the invader. Conversely, a low titer may not mean you have nothing to worry about. Diane Politos's

Corgi, Calvin, a feisty little dog who loved to compete, was half way to his Master Agility Championship until *A. phagocytophilum* cost him his ability to walk without a cart and eventually his life, though he never mounted a titer higher than 1:80.

The best laboratory in the country for a tick-borne disease panel, in my estimation and that of many others, is ProtaTek in Chandler, Arizona. Run by Cynthia Holland, Ph.D., who has published many peer-reviewed papers on tick-borne disease, ProtaTek is accurate and fast. Moreover, Dr. Holland is extremely helpful when questions arise about which tests to run and what those results really mean.

### PCR Tests

Polymerase Chain Reaction tests ignore antibodies and look for DNA of the disease itself. If DNA of a specific TBD is in a sample of blood or organ tissue, they can find it. Their usefulness is limited, however, because there are few reliable laboratories with the expensive equipment needed for PCRs or the people qualified to run them and turnaround time can be slow. Dr. Ed Breitschwerdt, whose Tick Borne Diagnostic Laboratory at NC State is one of those few, recommends running at least 3 PCRs to rule the presence of a TBD in or out. A generic PCR test is now available at NC State which can be followed up by specific tests if results are positive for tick-borne disease. NC State does not, however, do PCRs for *N. risticii*.

### Oh, Lord, he's positive!

No dog owner who is aware of what TBD is and what it is capable of doing can escape the feeling that the bottom has just dropped out of his or her world when handed a diagnosis of tick-borne disease. But don't lose heart if it happens to you. There are effective weapons in your arsenal. Here they are.

### Doxycycline

The drug of choice for every TBD *except babesiosis* is doxycycline (Vibramycin), a semi-synthetic tetracycline which is processed mainly through the liver, works by inhibiting the ability of bacteria to reproduce, and has a superior ability to penetrate cells to reach the organisms it targets.

There is some dispute about how much doxycycline to use in treating TBD and for how long. On Tick-L, an Internet list for people dealing with tick-borne disease in dogs, most of us who have lived through the fight, some more than once, believe you should hit it hard and for an extended period in an effort to knock it out and prevent it from recurring. We believe and recommend that the dosage should be 10 milligrams per kilogram of body weight given every 12 hours for 6 to 8 weeks. For those who, like me, are metrically challenged, this is close enough to 5 mg. per pound. The standard treatment, as recommended in the Merck Veterinary Manual, is 5 to 10 mg/kg once a day for 10 to 21 days.

Tom Beckett, DVM, our advisor and mentor on Tick-L, has worked with rescued greyhounds and shelter dogs for more than 25 years; in that time, approximately a quarter of the large number he has treated for TBD had it recur when he used the standard protocol. He now prefers to

treat dogs aggressively, as recommended above. Suzanne Stack, DVM, who has treated large numbers of rescued greyhounds in Arizona for *E. canis*, agrees and has made aggressive treatment standard practice. Steven Levy, VMD, who has studied Lyme disease for more than 20 years and diagnosed the first case of canine Lyme carditis, treats with doxycycline at 10 mg/kg twice a day for 28 days. In *The Five Minute Veterinary Consult*, Max Appel, DVM, Ph.D., Emeritus Professor at Cornell, has also indicated a preference for treating Lyme disease with the high-end dose of doxycycline. In Greene's *Infectious Diseases of the Dog and Cat*, the dosage of doxycycline for the treatment of Lyme is given as 10 mg/kg every 12 hours for a minimum of 30 days; while at ProtaTek, Dr. Holland finds end-point titers for *E. canis* extremely important in determining treatment protocol, chronically infected dogs requiring a "more rigorous and lengthy treatment". As yet, however, many vets appear to prefer the standard treatment protocol for all stages and until more studies are done or experience convinces them otherwise, it will probably remain the treatment of choice.

If your vet chooses to use the standard regimen, be aware that TBD can rebound very fast if your dog's treatment was inadequate to the purpose and only succeeded in suppressing it for a while rather than stopping it cold. Be aware, too, that if TBD does recur, it will probably be harder to control or eradicate the next time. Don't relax too soon if your dog recovers. Have regular bloodwork done and stay vigilant.

### Considerations on giving doxycycline and other antibiotics.

Unlike other tetracyclines, doxycycline can be given with dairy products as the calcium in them doesn't affect its absorption to any appreciable degree. This means that the old standby for giving a dog pills that he doesn't want to take, cheese, is perfectly fine to wrap the capsules or tablets in. At other times, however, cheese, yogurt or any other milk product should probably be given in limited amounts to be on the safe side. There are medications, both prescription and over-the-counter, herbal preparations and minerals such as iron and zinc, which will stop doxy from working so you should be clear about this and discuss everything your dog might be taking with your vet.

Doxycycline can be irritating to the esophagus if it gets stuck on the way down so it should always be buttered, greased or hidden in something enticing. Capsules should never be broken. Since doxy comes in standardized amounts, it should be easy enough to get the correct dosage in a tablet or capsule. (For very small dogs, a compounding pharmacy may be able to help if even the smallest available dose is too much.) Give it with or after a meal. If you feed once a day, change your habits and feed your dog every twelve hours when he is due for his antibiotic if you are using the more aggressive protocol.

Antibiotics make no distinction between the beneficial bacteria that always populate your dog's gut and the harmful bacteria they are meant to eradicate. It makes sense then to do what you can to prevent any intestinal problems that might arise from those beneficial bacteria being wiped out by putting them back. Probiotics, live

bacterial cultures such as *Lactobacillus acidophilus*, *Bifidus* and *Bulgaricus* which are available in capsules at health food stores, will do the trick. Give them "two hours after" every dose of doxycycline. This allows the doxycycline ample time to clear the dog's body. Any antibiotic will negate probiotics as quickly as it does the normal bacteria in the digestive tract if it is given too soon so that delay is important. Of course, this means that the next time your dog gets his usual dose of doxy you have to give him probiotics again a couple of hours later, and the cycle goes on. But it is much preferable to leaving his gut unpopulated by any helpful digestive bacteria at all until his treatment is over.

A small number of dogs cannot take doxycycline. It appears to have a serious, detrimental effect on the liver of these dogs which can be detected quickly if regular bloodwork is done while they are being treated. "The values that go awry in liver damage are chemicals in the serum," Dr. Beckett notes, "so the specific tests involved would be in a serum chemistry panel rather than in a CBC."

Because the elevated values may be due to the tick-borne disease itself rather than doxycycline, you and your vet will have to determine whether or not to stop this antibiotic and try another one. A different tetracycline, such as minocycline, might work; chloramphenicol can also be used, though with this one you must rigidly adhere to the precautions your vet will advise you about as it can be harmful, not to your dog but to you if you do not handle it with due care.

### Amoxicillin

Amoxicillin can be used as an alternative to doxycycline for Lyme disease *only*. Bactericidal, (destroying the cell walls of bacteria) it is not effective against any TBD other than Lyme. Amoxicillin is processed through the kidneys so it is important to know whether or not your dog has any problems with them. It will help if you have established what your dog's normal blood values are early on in his life but whether you have or not, it is advisable to keep tabs on them during treatment to be sure his kidneys are continuing to function properly.

### Imizol

Imizol (imidocarb dipropionate) is used to treat *Babesia canis* and has been used off-label to treat *E. canis* and *A. phagocytophilum*. It is given in a series of two injections two weeks apart, either under the skin (sub-Q) or in a muscle (IM). Imizol burns, so a vet would be well-advised to minimize any discomfort the dog is going to have - and he *is* going to have it at the moment of the shot - by drawing the drug up with one needle, then changing the needle on the syringe for a clean one that has none of the drug on its outer surface. From my own experience and that of others whose dogs have been given Imizol, the worst that happens is a very loud yowl of protest, soon over, a drippy nose or excessive drooling, restlessness and/or a large desire to lie down and go to sleep later on. Once the shot has been given, the dog should remain in or very near the vet clinic for several hours just in case he does have a serious reaction, in which case atropine sulfate is antidotal and your vet will have some on hand. I have never seen anyone on Tick List say that the antidote was necessary for their dog.

Imidocarb dipropionate does carry cautions which may prevent its administration to dogs with lung, liver or kidney problems until they are under control but your vet should be aware of this as they are plainly noted on the product label. Imizol is

manufactured and sold by Schering-Plough and is now readily available in the US.

### Exposure and Infection

If your dog has a low titer for a TBD, your vet may conclude that he was only exposed to tick-borne disease and doesn't need treatment. Okay...but what does "only exposed" mean, exactly?

If the TBD organisms that are trying to invade are weak, few in number, or the *innate* (non-specific) immune system is in great shape and easily able to handle them, they may be stopped and wiped out before they can establish a resident population. The result is *exposure without infection*.

If the infective organism manages to stay in the body long enough to be noticed by the *adaptive* immune system, this more specific line of defense goes into gear. Identifying an invasive TBD as "not me" and dangerous, it creates antibodies to fight that particular disease, and *memory cells* which allow it to recognize the invader quickly if it ever encounters it again. When antibody production starts, it tends to continue for some time whether the disease is still present and active or not. "So," according to Dr. Beckett, "as a precise generalization, when our TBD tests indicate presence of antibodies, we only have evidence, strictly speaking, that the dog's adaptive immune system has had an encounter of some sort with (i.e., has been exposed to) the antigens of the organism in question." However, he goes on to say that it is "seriously flawed thinking to rigidly equate low antibody titers with 'only exposure'". Seriously affected dogs sometimes have low titers."

Dogs with extremely high titers, on the other hand, but no symptoms or clinical signs, may be challenging infection with TBD successfully on their own. The thing to do then may be nothing, to simply wait and continue to monitor your dog. So we come back to where we began and the realization that often there are no cut and dried answers.

When tick-borne disease becomes more widely recognized for the threat it is, and efforts by dedicated research scientists to discover its secrets and create vaccines are given the funding they deserve, answers may come more readily. Until then, your best weapon against TBD is a vet with an active and empathetic mind who will look beyond the obvious. May you all have a vet like that on your side and may no dog ever again live crippled from TBD, or die of it, for lack of one.

---

## afterword

In 2000, I lost my German Shepherd Dog, Thunder, to *Neorickettsia risticii*, a disease usually seen in horses which is truly devastating to dogs. I knew little about tick-borne disease then. It was only afterward that my grief and anger drove me to learn more about it. Later still, it came to me that while there was a lot of information on the Internet about TBD in dogs, it was widely scattered and not very easy for people who had no particular search skills to access. Having no idea what a job I was undertaking, I decided to remedy that by gathering as much of that information in one place as I could and began to construct a website about dogs and TBD. The end result can be found online at <http://dogsandtickdisease.googlepages.com> or its sister site <http://blackgsd.googlepages.com>. It could be better organized and one day will be, as time allows, but the text here is referenced

there for those who want to read further.

One of the greatest assets I had to draw on as I created that website was Tick List and the people on it who truly care when a new member joins, desperate for help. Long-time members such as John E. Burchard, Ph.D., Ellie Goldstein, Caroline Ehle, 'Guam Patty' Hoff, Gertrude Hinsch and Heather Minnich have made the list what it is, but above all there is our guide and mentor, Tom Beckett, DVM.

It is rare for a veterinarian, especially one with Dr. Beckett's knowledge and experience of the subject which brought us all together, to have the patience and generosity to spend so many hours teaching, correcting and guiding a list. It doesn't seem like much of a return for all he's done for us and our dogs, but *thank you*, Dr. Beckett, from all of us.

Gil Ash

November, 2008



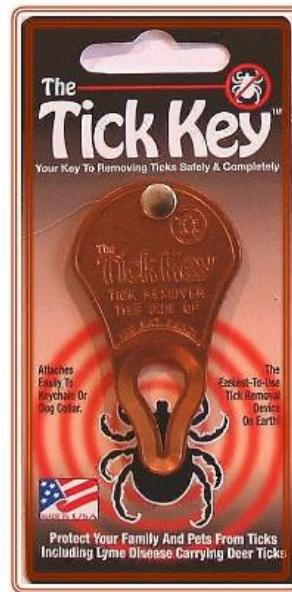
*In Loving memory of  
Bauernhoffen's Thunder  
2 September 1997 - 2 June  
2000*

www.b-naturals.com

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Other Useful "Tick" links:

- <http://dogsandtickdisease.googlepages.com/tbd>
- <http://dogsandtickdisease.googlepages.com/treatment>
- [http://www.tickencounter.org/education/tick\\_identification/](http://www.tickencounter.org/education/tick_identification/)
- <http://chppm-www.apgea.army.mil/ento/TickEd.htm>
- <http://saluqi.home.netcom.com/ticklinks.htm>
- <http://www.mirage-samoyeds.com/tick.htm>
- [http://chppm-www.apgea.army.mil/documents/FACT/Tick\\_Removal-April\\_2006.pdf](http://chppm-www.apgea.army.mil/documents/FACT/Tick_Removal-April_2006.pdf)
- [http://usachppm.apgea.army.mil/Documents/FACT/18-028-0107-Tick-Borne\\_Diseases.pdf](http://usachppm.apgea.army.mil/Documents/FACT/18-028-0107-Tick-Borne_Diseases.pdf)



**TICK KEY**  
**Order yours TODAY**  
**100% of your purchase goes to the Ridgeback Rescue fund**

TICK KEY is the only tick removal device on the planet that uses natural forward leverage to remove the entire tick, head and all, quickly and safely without touching or squishing even the toughest engorged ticks. The Tick key is 99.9% effective on all sizes and types of ticks.

**Tick Key Is The Easiest-To-Use Tick Remover On Earth!**

Place the key over the tick in the teardrop hole. Slide the tick into specially tapered slot. Pull key up from skin. The Tick is removed easily, head and all!

The Tick Key is:

- fabricated from high-strength anodized aluminum.
- Is available in 5 bright metallic colors; Green, Blue, Orange, Purple, Red.
- is flat and is easily stored in a wallet, pocket, on a key chain, collar, saddle, or leash.

**TICK KEY Order Form**

**Tick Keys \$5.00 each—free shipping**

Circle color choice : **Green Blue Orange Purple Red**

Note, if desired color is unavailable, will substitute another color.

Method of Payment  
checks only  
payable to: **NERRC**

Quantity = \_\_\_\_\_

@ \$5.00 each = \_\_\_\_\_

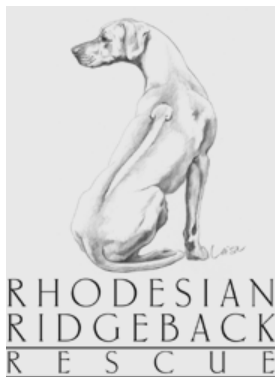
Name \_\_\_\_\_

Address \_\_\_\_\_

Town/City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please mail completed order form & payment to:  
Alan Fraser—NERRC Treasurer  
100 Pleasant St.  
Northborough, MA. 01532



**Ridgeback Rescue:**

It seems that of late, everyone is dumping their Ridgebacks. Nationwide, RRR, Inc is taking in 1.5 Ridgebacks per day. That is a huge increase from 2008.

Locally, here in New England, Rescue has gotten many requests and inquiries about the need to surrender Ridgebacks. 2 recent calls were from owners who need to surrender their older Ridgebacks. Both are 10 years old. One needs a new home because the owner has fallen on hard times due to the shift in the economy and cannot afford to feed the dog. The other older Ridgeback needs a new home due to a divorce leaving the single parent to care for the kids and no time for the dog.

And the phone calls and emails don't stop there. There is a 6 year old female, who has a history of seizures that is being turned over to Rescue because of the death of a spouse, leaving no time due to a busy work schedule to care for the dog. An 8 month old male has been turned in to Rescue because the young owner does not have time for the dog. And a 17 month old dog needs a new home because the husband doesn't want the dog and finally another email today about a 12 month old that must go.

**Rescue is in DIRE NEED for foster homes for ALL of these dogs. Won't you open your home to one of them????**

**Rescue Contacts:**

**Connecticut Coordinators:**

Marie LaPointe 860 395 1502 m.blovish@snet.net

**Massachusetts Coordinator (excluding Cape Cod):**

Cheryl Fraser 508-393-6966 chaza@pobox.com

**Massachusetts Coordinator (for Cape Cod):**

Barbara Ferguson 508-477-2063 SAHIBU@verizon.net

**Maine, New Hampshire, Vermont Coordinator:**

If there is a Ridgeback in need of rescue in ME, NH or VT., contact Barbara Ferguson or Cheryl Fraser

**Rhode Island Coordinator:**

If there is a Ridgeback in need of rescue in Rhode Island., contact Marie LaPointe m.blovish@snet.net

**New England Regional Coordinator:**

Cheryl Fraser 508-393-6966 chaza@pobox.com

**R.R.Rescue Volunteer Coordinator:**

Barry Sullivan 978-974-0719 worfsull@comcast.net

**President's Message:**

I hope this newsletter finds you gearing up for some summer fun with family, friends and your canine companions.



The Summer BBQ is approaching quickly. Plans are underway for that. We would welcome any help with that event. It takes quite a bit of work on the day of the event to set up tables, and tents and organizing of the sign in table. Please give a shout if you can contribute.

The Lure Coursing committee just held a very successful lure coursing event in VT. And they are fine tuning 2 more lure coursing events this year. It is a huge task and they work extremely hard. Many Thanks to Sue Ann and Clay Leslie along with committee members Lisa Keating and Celia O'Brien, they work tirelessly promoting this Sighthound Event.

NERRC will be sponsoring a supported entry at the Springfield cluster, on November 21. We are planning for a great turnout.

During the recent club renewal process, many of you left the "volunteer section" blank. Please consider getting actively involved in some club event. We cannot continue to rely on a small number of members to do the work of many. We need to avoid burnout. I would encourage you to lend a hand.

Hope to see you at the BBQ.....

Cheryl Fraser

**Motions Via Email:**

On May 20th, Jean Gamble moved to allocate up to \$750 for the purchase of two new motors for Lure Coursing. Cheryl seconded the motion. The motion passed unanimously.

On March 27, 2009 Barbara moved to have NERRC Support the Windham Kennel Club All Breed Show in Springfield, Saturday November 21, 2009 this year rather than Eastern Dog Club's Show in Rhode Island. Jean seconded the motion. The motion passed unanimously.

Delray Beach, FL, April 16th, 2009

## Pet Airways, (<http://www.petairways.com>)

Announced that it will be launching the first pet-only airline specifically designed for the safe and comfortable transportation of pets, with the first pet flights scheduled for July 14th of 2009. On Pet Airways, all pets travel in the main cabin not in the cargo hold.

Serving 5 cities to start -New York, Washington D.C., Chicago, Denver and Los Angeles - Pet Airways plans to expand nationwide with easily accessible pet check-in lounges to serve its "pawsengers" in major metropolitan areas.

A proprietary web-enabled reservation system will allow customers to book pet travel on the web. Owners will be able to track their pet's travel progress online at <http://www.petairways.com>.

According to Dan Wiesel, President/ CEO of Pet Airways, "Currently, most pets traveling by air are transported in the cargo hold and are handled as baggage. The experience is frightening to the pets, and can cause severe emotional and physical harm, even death. This is not what most pet owners want to subject their pets to, but they have had no other choice, until now."

### The Pet Airways Experience

The greatest issue facing pet parents when they want to transport their pets, aside from the dilemma and trauma of putting their loved ones in cargo holds, is the inability to know who, if anyone, is taking care of their pet and where or how their pet is being treated. It is a very stressful experience.

### Pet Airways has solved this problem completely.

Pet Airways ensures pets are in the good hands of people who love and know how to take care of pets. From the moment a pet is dropped off at a Pet Lounge, the pet is always under the care of trained Pet Attendants. Monitored by Pet Attendants, pets will fly in planes that are fully-lit, climate-controlled and have the proper level of fresh air circulation that pets require.

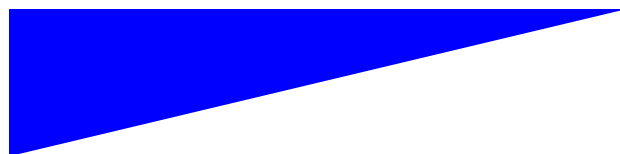
Pawsengers will be boarded and deboarded from planes as quickly as possible, never left in the cold or heat, and depending on transit time, will be offered toilet facilities, food and water as necessary during stops. Pet Parents will be assured of sensitive, careful handling and the peace of mind that

their pets are well looked after by people who care as much about their pets as they do.

The Pet Airways goal is to make the pet travel experience more comfortable and enjoyable for both pawsengers and their human families.

### About Pet Airways

Founded in 2005 by Dan Wiesel and Alysa Binder, Pet Airways was created to provide a safe and comfortable solution for the transportation of pets. Inspiration for the concept came from difficulties encountered when shipping Zoe, their Jack Russell Terrier, across the country.



## Upcoming Club Events

**August 8th**—Annual Summer BBQ at the home of the Ekengren's in Dunstable, MA,

**September 5. 6. 7-** AKC & ASFA All Breed Lure Coursing Trials & JC's Wolfwind Farm Ft. Plain/Starkville, NY

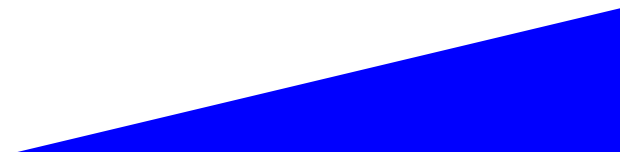
**September 13**—Supported Show at the Cranberry Cluster on Cape Cod. Mark your calendar for Sunday September 13, 2009. Sweeps Judge is Glenn Hoffman from Pa. and Breed Judge is Lowell Davis from Ca.

**October 17 & 18** Lure Coursing Test and Trials

**November 21**—NERRC will be sponsoring a supported entry at the Springfield, MA. cluster.

**Check the website for calendar updates**

[www.nerrc.org](http://www.nerrc.org)





### Frosty Pawz Dog Bonz

Created & Submitted by Linda Koch

I buy the raw bones for the dogs twice a week, so about a month ago, I realized I had empty raw dried bones everywhere, so I gathered them up, put them in a warm bath in the sink and dried them. Then I thought there has got to be a way to re-use these...Voila....a recipe is born

#### Frosty Pawz Filling:

- 32 ozs French vanilla yogurt
- 1 smashed banana
- 2 T honey
- 2 T peanut butter

Blended it all and put the bones on a flat plate and fill them. Then put in the freezer @ 1 hr and then put them in a plastic bag and back into freezer, I had about 20 empty bones, so for about \$5.00, I got about 2 dozen frosty paws



Have you visited the club website lately??

[www.nerrc.org](http://www.nerrc.org)



On Saturday March 7 NERRC held our annual CGC test. We had eight entries, a rescued Bernese Mountain Dog, Border Collie, two Boxers, Golden Retriever and three Ridgebacks. Of the eight dogs, six dogs passed. The 2 dogs who were not able to pass the test were both adolescent boys and we all know how their brains work or not!

#### Congratulations to club members:

- Pamela Shattuck and her Border Collie, Cooper
- Helen McCune and her father's Golden, Skully
- Pat Hoffmaster and her two Ridgebacks Margot and Beau.

Barbara Ferguson  
Certified AKC CGC Evaluator #32141  
[www.siriusfundogtraining.com](http://www.siriusfundogtraining.com)

**Wow!** What a great weekend of coursing! Thank you to everyone who pitched in and helped out.

Big thank you's to Sue Ann Leslie (FTC), Clay Leslie and a lot of Pharaoh friends who are always there to lend a hand...Ben and Moe Brodeur, Brenda and Warren Shattuck and Marlene Moore! Thank you judges Rich Whritenour and Vanessa Johnson.

Thank you to some new comers to lure coursing who stepped in to learn new jobs...Jesse Koslow and Kevin & Wendy Adamczyk. Thank you, it's important for the sport that new people volunteer and participate more in the running of a trial.

The BOB winners on both days were well deserving. Big congrats to Sue Ann and Clay on "STORM's" win on Saturday and to Sandie & Nicole's "Carson" for his win on Sunday. They both handled the courses like the CHAMPS they are. The field was in fine shape and a definite challenge. I think a lot of dogs were surprised by the fact that it was not a nice level polo field....great to keep them on their toes with different fields.

We also had a number of new JC qualifiers...Alicja Michnowicz has some "Zues" kids that are going to give everyone a run for their money soon!

Below are the "UNOFFICIAL RESULTS" for both Saturday and Sunday....

**Saturday, 6/13 results for Ridgebacks (Judge - Richard Whritenhour):**

**Open**

- 1st - "**Aladdin**" Ch Intrigue's Madeira Amazn Aladdin (3 pt major) Owner: Blaze Hillman  
 2nd - "**Wrigley**" Paradigm's Grand Slam (1 pt) Owners: Joel & Debra Sorosky  
 3rd - "**Livija**" Ch Dimond's Leading Lady SC Owner: Sandra Gordon  
 4th - "**Zuri**" Kuluta Heart of a Traveler Owners: Kevin & Wendy Adanczyk  
 5th - "**Ridi**" Shadyridge Waridi II SC Owners:

**Specials**

- 1st & BOB - "**STORM**" DC Aslan's Nor'Easter of Tophat MC LCX4 (3 pt major) Owners: Sue Ann & Clay Leslie & Carlee Davies  
 2nd - "**Reese**" FC Mystic Isle's Southern Cross (1 pt) Owners: T. Serin & J. Arvin  
 3rd - "**Carson**" DC Dimond's Spring Villy Ruff Act to Follow SC Owners: Nicole Severino & Sandra Gordon  
 4th - "**Gemma**" DC Dimond's Precious Gem SC Owner: Sandra Gordon  
 5th - "**Goldi**" FC Mystic Isle's Northern Light Owners: J. Arvin & S. Gayley

**Vet's**

- 1st - "**Lucy**" DC Rocky Ridge's I Love Lucy SC Owners: Dale Stammel & T. Serin  
 2nd - "**Nuka**" DC Tophats Chaminuka of Tumomak MC Owners: Sue Ann & Clay Leslie

**Sunday, 6/14 results for Ridgebacks (Judge - Vanessa Johnson):**

**Open**

- 1st - "**Zuri**" Kuluta Heart of a Traveler (3pt major) owners: Kevin & Wendy Adanczyk  
 2nd - "**Aladdin**" Ch Intrigue's Madeira Amazn Aladdin (1 pt) Owner: Blaze Hillman  
 3rd - "**Wrigley**" Paradigm's Grand Slam Owners: Joel & Debra Sorosky  
 4th - "**Stella**" Stella Dallas Owner: Bill Lindstrom  
 5th - "**Livija**" Ch Dimond's Leading Lady Owner: Sandra Gordon

**Specials**

- 1st & BOB - "**Carson**" DC Dimond's Spring Villy Ruff Act to Follow SC (3pt major) Owners: Nicole Severino & Sandra Gordon  
 2nd - "**STORM**" DC Aslan's Nor'Easter of Tophat MC LCX4 (1 pt) Owners: Sue Ann & Clay Leslie & Carlee Davies  
 3rd - "**Gemma**" DC Dimond's Precious Gem SC Owner: Sandra Gordon  
 4th - "**Nuka**" DC Tophats Chaminuka of Tumomak MC Owners: Sue Ann & Clay Leslie  
 5th - "**Zeke**" DC Jendaya's Azikiwe of Tumomak MC Owner: Elizabeth Keating

Thank you again everyone for a great weekend!

Respectfully,

**Lisa Keating - Field Trial Secretary**

**Cancer breakthrough: Tales of 'Trojan horse drug' and 'miracle dogs'**

"...and colleagues described promising results with a drug called nitrosylcobalamin (NO-Cbl) in battling cancer in Oscar and three other canines without any negative side effects. While it gives profound hope to dog owners, NO-Cbl also points to a powerful new cancer treatment for humans — one that infiltrates cancer cells like a biological Trojan horse."

Read more here:

<http://www.vetscite.org/publish/items/005127/index.html>

## 2010 FUNDRAISER CRUISE FOR RHODESIAN RIDGEBACK RESCUE, INC.

AN 8-DAY EXOTIC EASTERN CARIBBEAN CRUISE ONBOARD CARNIVAL FREEDOM

APRIL 24–MAY 2, 2010 · DEPARTS FROM FT. LAUDERDALE, FLORIDA

Ports-of-call: San Juan · St. Thomas/St. John · Antigua · Tortola/Virgin Gorda · Nassau

Balcony Stateroom **\$1137.88 pp** (includes port charges and gvmt tax)

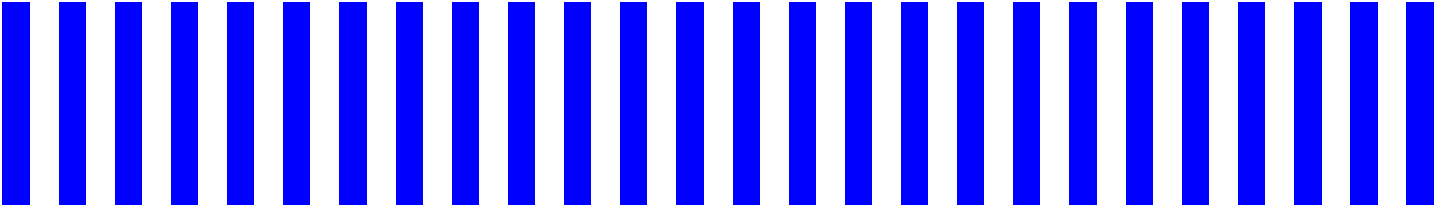
Ocean View Stateroom **\$907.88 pp** (includes port charges and gvmt tax)

**Only \$50 Reserves Your Cabin**

**Must be booked by Nov. 15, 2009**

For more information or to book the cruise, contact Travel Agent **Linda Koch**  
**603-783-0421** or e-mail **Linda** at [traveloffice2@yahoo.com](mailto:traveloffice2@yahoo.com)

**Cruise Flyer is on the club website**



### AKC Show Point Charts

Each year AKC publish a new Schedule of Points that consist of division, gender, and minimum required dogs for a given show point level. The schedule of Points for Division 1, shown below, is **effective May 13, 2009**. *Division 1 is comprised of Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont.* Previous years are included for comparison.

#### Division 1

**Table is for Rhodesian Ridgebacks only**

	DOGS						BITCHES				
	1PT	2PT	3PT	4PT	5PT		1PT	2PT	3PT	4PT	5PT
<b>2009</b>	2	6	9	11	15		2	6	10	12	16
<b>2008</b>	2	5	8	10	14		2	6	10	12	17
<b>2007</b>	2	5	8	10	13		2	7	11	13	18
<b>2006</b>	2	4	7	9	13		2	7	11	14	20
<b>2005</b>	2	4	7	9	13		2	7	11	14	20