Fall 2018 Edition

Setter Tales

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Therapy dogs bring comfort, connection at The Royal

Catherine Lewis, Royal Ottawa Mental Health Center

As published in the Ottawa Citizen October 3rd 2018.

Olive is a Great Pyrenees. She's four years old, large, plush-furred, and the very definition of "chill."

It is Tuesday and like she does every Tuesday, Olive is visiting The Royal's Mood and Crisis Unit with her owner Vanessa Gale and recreation therapist Ashleigh McGuinty. She lies on the floor in a common area as patients gather around. Many stroke her, and her eyes close and her body sinks further into the floor. Patients talk about dogs they've had and how nice it is to have a dog around. Some don't pet Olive, or even speak, but they're in a room surrounded by other people – a feat in itself.

"Olive has the perfect temperament for our unit. We have a lot of people here who experience severe anxiety and other mental health concerns. A more energetic dog approaching people and wanting to play would probably not work as well," says McGuinty.

One woman quietly approaches Olive, removing her glasses as she wordlessly sinks to the ground beside her. She rests her forehead on Olive's for a few moments, then kisses her head sweetly before lying down against her soft, warm body. Olive's calm, soothing presence creates an environment for connection, whether human or canine, for people who otherwise struggle to find it.

At The Royal, therapy dogs are celebrities. Gale intentionally arrives early for her volunteer shift because she knows she'll be stopped in the halls multiple times by people wanting to pet and ask about Olive. Recreation therapists say dog therapy is by far the easiest activity to engage patients in.

Therapy dogs offer patients an opportunity to connect – with the dog, but often also with those around them. Sometimes it's easier to connect with a dog than a human, but it somehow also seems easier to connect with humans when a dog is involved. Pet therapy is proven to lower blood pressure, prompt the release of calming hormones in the brain, decrease loneliness and feelings of anxiety, encourage communication, and diminish overall physical pain, among many other benefits.

Caileigh is an Irish Setter with silky red hair. Like Olive, she is a therapy dog. She's four years old, calm, and well-behaved, but that's the limit of comparison. While Olive engages passively, Caileigh is lively and curious. Once a week, she goes into The Royal's Geriatric Inpatient Units to visit patients there – many of whom have dementia and decreased mobility as well as mental illness. For them, Caileigh is a perfect fit.

Caileigh moves with a slow confidence towards people to greet them where they are, standing by their side and looking up at them, reacting and interacting

and enjoying every minute.

"I work with a lot of people who are severely depressed, and it's hard to get them out of bed and participating in programs. A lot of them will, however, accept a visit from Caileigh," says Marielle Schultz, a recreation therapist in the Geriatric Psychiatry Program.

"People who I otherwise never see smile, smile when they see Caileigh. You see love in their eyes."

One patient only speaks Polish and has severe dementia. The typically withdrawn woman's face lit up the first time she saw Caileigh, and she waved her arms in excitement – something Marielle had never seen her do.

Caileigh and her owner, Christine Phillips, volunteer everywhere from The Royal to universities to women's shelters, but Phillips says the goal is always the same.

"We're just trying to make a connection, often for people who aren't really making connections with other human beings," Phillips says. "Animals can reach people when other parts of life can't."

Dogs on Duty!

The patient stares ahead, a blank and vacant look on his pale and wrinkled face. His eyes are open but glazed over, not making contact with his surroundings. In a crowded hospital corridor, he is isolated and alone.

"Did you want to visit with a dog today?"

No acknowledgement. No response.

"Let's touch the dog. See how soft she is!"

The therapist brings the patient's hand to the dog's head. He doesn't look down. His eyes do not focus.

"Okay, maybe next time."

We turn to walk away but are startled when a low booming voice announces "That's a nice dog!" The health care providers exchange incredulous glances. This is the first time that the patient has spoken since his admission several days earlier. It is a significant moment. A connection has been made.

This is an every day experience for a therapy dog. Positive and beautiful outcomes are well documented in varied settings including hospitals, long term care facilities, schools, libraries, support groups and even court rooms. Therapy dog handlers all have touching stories to tell about their experiences.

How to Become a Therapy Dog

Many of our setters are extremely well suited for this work. Their size makes them easily accessible for people who are seated in wheelchairs or confined to a bed. Their astonishing beauty is often a conversation starter between two strangers. But most importantly many setters have the perfect temperament to excel in this role. They are calm and loving and connected to people in a joyful and enthusiastic way.

The concept of animal assisted therapy has gained

traction recently and has received positive coverage in a range of media outlets. As a result, most organizations providing this service struggle to meet the demand and are always looking for good teams to bring into the field.

The process of becoming a therapy dog is not complicated or onerous. These dogs are distinguished from "service dogs" and have different requirements. Most therapy dog organizations require applicants to attend information and orientation sessions. Following this, the teams are evaluated most often using the principles of the Canine Good Citizen test, with particular attention to the dog's reaction to noise, medical apparatus and his response to being handled by multiple people. A team that does not meet the standard of the organization during the evaluation may be encouraged to work on some skills and return for evaluation at a later date. However, if the dog displays aggression, anxiety or significant fearfulness, it is likely that the dog is not a good candidate for this type of work. A successfully evaluated team is then asked to shadow an experienced team for one or more visits. Following this, a series of "mentored" visits is undertaken with the new team being accompanied by an experienced handler until a comfort level and confidence are achieved.

After successfully visiting with adults for a period of time (usually at least a year), a team may be invited to be tested for work with children. The energy involved with children and the level of stimulation for the dog are quite different. For this reason a different series of tests is required and warranted.

As of January 2019, the Canadian Kennel Club will initiate an official Therapy Dog series of titles. To qualify, dogs must have their CGN title and have completed the requisite number of visits with a recognized partner organization. At this time in our area, both St. John Ambulance Therapy Dogs and Therapeutic Paws of Canada have registered with the CKC to have their members recognized with this title.

Working as a therapy dog team provides real value to real people. When we connect with people who are sick or lonely or stressed or who are struggling with disabilities, we are making a difference. And in the process we deepen our relationship with our canine companions. And we agree ---

"That's a nice dog!"

Field Notes

As we can all attest, a setter of any breed is a delightful companion; they are athletic, loving, willing to please, very clever and highly inquisitive.

Did you know that a setter's sense of smell is 10,000 to 100,000 times greater than your own? It's no wonder that they can't help, but to investigate what is on the kitchen counter! This phenomenal sense of smell and hundreds of years of purposeful breeding is what makes our setters so impressive in the field.

To put the canine olfactory sense in perspective, if we used vision as an analogy (instead of sense of smell); if a human can see clearly for 1/3 of a mile, a dog could see clearly for 3000 miles!

One of the biggest gifts we can give our setters is an opportunity to experience their innate instinct in the bird field. The majority of our dogs are hardwired to hunt and exhibit these traits when running loose in a field (even without birds). If

you watch carefully, you'll see their noses scenting the breeze and their direction changing while methodically covering ground. For the most part, this is instinctive behavior.

The first level of a field test is Field Dog Junior (FDJ). It's a simple pass or fail test that involves the dog (and you) in a field planted with birds. You can enter a dog in the test without training at this level and potentially pass if your dog can point briefly. A recognizable point is required for a pass. It is really assessing a dog's natural instinct….not YOUR training ability!

Dogs are assessed on the following: Desire to Hunt, Style of Running, Pace, Range, Pattern, Control, Pointing and Reaction to Shot. It's really all about them and judges are very happy to coach a newcomer on their first few times out. More experienced members would be happy to accompany you to observe others before it's your turn.

A few little training tips can help you be prepared for spring FDJ field tests:

Whoa: like wait or stand. Most easily trained at the door when they want to go out, in front of their food bowl, or with a treat in front…they must never get the treat/food/go out without whoaing. Use the command whoa and reward the behaviour enthusiastically. (NOT required for FDJ test, but nice to have to show off your control)

Recall: teach them to come when they're called and always give a positive reward! Say it once, make it happen and always on a leash before trying to train off lead. Commands spoken off lead without training is actually reinforcing their disobedience (or lack of understanding) of the command. Train on a leash until it's perfect, then a longer leash, then a small yard….then a bigger field!

Do not try to condition your dog to gunshots. The very best way to introduce the shot is while the dog is so intent on a bird that it barely notices the sound. It is fired behind the handler from a great distance away from the dog with low caliber gun (quieter than a shotgun). At this FDJ level, starters pistols are used simply to judge the dog's reaction to shot and the birds are not harmed.

If you're out for a leash walk with your dog, and encounter a bird, watch for a reaction. If their first inclination is to freeze, reward it and use your whoa…good dog command while preventing forward movement with the leash. This freeze is a sight point! A scent point will not be far behind.

Many members have FDJ experience; so don't be shy to ask.

Hope to see YOU and your dog in the field!

Alistair Sutherland
Harbinger Gordon Setters
GCHEx Triseter Celtic Player CGN RN FD MH (Field Dog and Master Hunter titles)
GCh Lainstaurn Annie's Song of Harbinger CA FDJ (Field Dog Junior title)

The Great Vaccine Debate (or not)

You decide! Be proactive with your Vet – your dog is <u>your</u> responsibility

The following is based on peer reviewed articles and other recognized sources. It is designed to help you make the best vaccination choices for your puppies and dogs, and not intended to substitute for professional veterinary advice or treatment. Refer to the references, below, for more information. OVASA/the author do not formally endorse the contents.

Over the past 10-15 years, noted veterinary colleges, medical schools and other researchers have re-assessed vaccination practices for dogs to:

- Confirm information independently from producers about the short and long term efficacy of vaccines in use.
- Document the impact on canine health of newer vaccines such as Leptospirosis, Canine Lyme Disease and the newer Canine Influenza vaccines, and of the more widespread use of polyvalent vaccines (those with a number of vaccines combined in one shot).
- Ensure that owners and veterinarians alike are made more aware of the possible negative reactions to vaccines, and whether there may be longer term negative impacts on some patients.

Some definitions

MLV (or modified live virus). rCDV (recombinant canine distemper virus – not live). Research has shown that, in general, modified-live virus vaccines provide longer-term immunity than killed virus vaccines do.

There is general agreement that canine vaccines should be divided into core vaccines and non-core vaccines. In practice, the vaccination protocol used should always take into account the individual patient's risk factors (breed, familial background, local environment, etc.), life stage and lifestyle.

Core vaccines should be administered to all puppies and adults. 3 are usually given in a combined shot, although there may be exceptions, depending on the individual patient. Rabies is required by law in virtually every jurisdiction; 1 and 3 year versions are available.

- Parvovirus/CPV - protection against diseases caused by any currently-recognized field variant/ 2017)
- Adenovirus-2/CAV2 - protection against infectious hepatitis caused by CAV-1 virus and respiratory CAV-2, a pathogen associated with canine infectious respiratory disease syndrome
- Parainfluenza Virus/CPiV - protection against the canine influenza virus
- The rabies vaccine (killed) is usually given separately, 2-4 weeks after the other core vaccines to reduce the stress on the patient's immune system.

Non-core vaccines - may be recommended depending prevalence of disease, dog lifestyle, age, etc.

These include: Bordetella vaccine varieties; Leptospirosis; Borrelia burgdorferi (Canine Lyme Disease); Canine Influenza Virus H3N8; and Canine Influenza Virus H3N2. Descriptions and when

and how to administer are given in detail in the Guidelines available at the website listed below. In the case of Lyme Disease, there are alternatives to vaccination (topicals, monthly pills).

Findings

Vaccine effectiveness – long term

Research undertaken since 1999 has shown that canine (and feline) vaccines provide immunity for more than one year. Two methods are used to test the long-term effectiveness of vaccines: serology (measuring blood antibody levels) and challenge studies (these assess the ability of the vaccine to give protection from shot application onwards).

Once your adult dog has been vaccinated, you could use titers to measure your dog's immunity instead of yearly vaccinations - except for rabies, legally required on a 1 or 3 year rotation once initial adult shot has been given. You should still see your vet on a regular basis for a checkup on your dog's overall health.

Possible negative reactions to vaccines

Both puppies and adults may react badly to vaccines. One of my girls only had a severe reaction (anaphylaxis) to Leptospirosis as a 6-year old adult after having had it 2 x previously in earlier adulthood because of local environmental factors (This resulted in a quick trip to the vet on a late Thursday nite!) This is reminiscent of the way that penicillin allergies are manifested in humans.]

Similarly, some puppies may not react at all, others may react with the first set of shots, and still others may react only on re-vaccination or late in life. It is not clear why this is the case, so be alert!

Type 1 Serious Reaction severe immediately or several hours later. Include defecation/urination difficulties, diarrhea, hives/itchiness, puffy face, swollen eyelids/lips/ears, vomiting. These progress to cold legs, drooling, elevated heart rate, hyper excitement/depression, lethargy, pale gums, shallow, rapid/ difficult breathing, weakness. Reaction is anaphylaxis and can result in death, if not addressed quickly.

Type 2 Less Severe Reactions occur almost immediately, and include bleeding and/or lump at injection site, eye discharge, irritable puppy, puppy doesn't like to be touched, loss of appetite, sleepiness, slight depression, sneezing/nasal discharge, swelling on face.

Long term Other auto-immune disorders – There is mounting evidence that shots and other environmental allergens (pollen, household chemicals, etc.) can cause the body's own immune system to become hyper-defensive, attacking its own cells, organs, and tissues (common examples include skin problems, allergies, thyroid issues, blood disorders, arthritis, renal failure, wasting disease, possibly diabetes, etc.). Also, injection site sarcomas may occur several weeks or even in years later.

Hypertrophic osteodystrophy (HOD) is a joint and bone disease that may occur in fast-growing large and giant breeds such as Irish Setters, Golden Retrievers. It typically first presents itself between 2-7 months and is self-limiting. It can cause significant structural issues and may be lethal if not treated or treated incorrectly. The debate continues as to whether HOD is an autoimmune reaction (there may be many causes), but there has been some success avoiding it where there is a history of the disease in a line by using what is called the "Weimaraner protocol."

Some suggested protocols

The basic puppy shot protocol. Puppy shots are both necessary because the immunity gained from mother's milk (colostrum) is starting to fade, and scary because puppy's immune system is immature and may not be able to handle the attack on his or her immune system over a short period of time.

The following has been adapted from the American Animal Hospital Association (AAHA) 2017 Guidelines on vaccinations to which veterinary practices in Canada and the US must adhere in order to be accredited by this organization, and takes into consideration conditions in the larger Ottawa area with respects to rabies.

Modified live virus

1st Distemper/Parvo/Adenovirus Type 2 week 6-8 breeder's vet

2nd Distemper/Parvo/Adenovirus Type 2 booster 4 weeks later new owner's vet (12)

3rd Distemper/Parvo/Adenovirus Type 2 booster 4 weeks later new owner's vet (16)

Rabies*week 20 (16) new owner's vet

*To avoid negative reactions, wait 2-4 weeks before giving rabies after the second booster at 16 weeks. If puppies are going to be where they could be exposed to rabies before week 20, a possible way to avoid giving the too much vaccine at one time, rabies could be given week 16 and the second booster at week 20 or do a titer to determine whether puppy is already sufficiently immune to drop the 3rd set of shots. Your vet and the local health authority will know whether there have been any incidents of rabies in your area. Fall and spring are rabies seasons – so take this into consideration. Your puppy will have his/her first adult rabies shot in a year after the puppy version and after than should be on a 3-year rotation with the rabies vaccine.

The Weimaraner protocol to avoid HOD and other possible auto-immune reactions by some Weimaraner puppies, Irish Setters and other large/giant breeds is similar. But instead of a 3rd set of vaccines at week 16, it recommends doing an antibody titer to confirm immunity and, if there is no evidence of antibody production, puppy should be revaccinated. Use of the non-core vaccines is not recommended unless the diseases are prevalent in the area and should never be given with or too close to core vaccines.

References

AAHA Guidelines (2017),

World small Animal Veterinary Association (WSAVA) Proceedings (2002),

Weimaraner Club of America (WCA), Policy on Vaccinating Weimaraners,"

Burns, Katie, "To Titer or Revaccinate," JAVAMA News (July 2016),

Hypertrophic osteodystrophy (HOD) in Wikipedia,

Bloat and Torsion

– this is a real emergency … and you need to go to your vet immediately as the "window" to save your dog is very short!

The following is based on what is currently known about bloat and torsion in dogs. The intention is NOT to frighten anyone, but to give you important information that could help save your dog. Research is ongoing, so there WILL BE changes in understanding the underlying causes, and in prevention and treatment as time goes on. A handy table on Bloat, what to expect and how to treat is attached to this article – print it out and put it on your fridge or somewhere else nearby for easy reference.

It is important that you speak to your vet about whether he/she is comfortable doing torsion surgery if necessary - and, if not, who she/he would recommend nearby and speak with that person as to whether you can reach him/her 24/7.

Any dog can experience bloat/torsion, but it is more common in deep-chested large and very large breeds such as Golden Retrieves, Labrador Retrievers, Great Danes, German Shepherds, Weimaraners, sight hounds, and all setters – although Irish and Gordon Setters appear to be the most prone of the four setters (most recent data published June 2014).

Note the relationship between the breed standards (deep chest, smaller stomach relative to body size) for hunting and sight hound breeds and the increased possibility of bloat/torsion.

Symptoms of Bloat

Bloat usually comes on very quickly. Time frame from first symptoms to death may be only a couple of hours and even shorter, depending on how early you recognize the problem. If your dog is showing these symptoms in the middle of the night, you need to get out of bed and get to an emergency veterinarian; waiting until morning to treat can be fatal for your dog.

Initially symptoms:

- Swollen stomach (if you gently put your hands on their stomachs, you often can actually feel the swelling)***
- Unexplainable pain when stomach is pressed***
- Dog paws at, looks at his/her stomach
- Restless; pacing***
- Anxious; panicked or distressed dog***
- Dog retching but cannot vomit; excessive salivating***
- Inability to lie down; fatigued but cannot sleep.

As the condition worsens, the dog may:

Collapse

- Have pale gums
- Have a rapid heartbeat
- Rapid, shallow breathing
- Be decidedly weak

Causes and Risk Prevention Strategies

Causes of bloat/torsion are unclear. However, if your dog comes from a line or has a close relative (littermate, parent, aunt/uncle) that has had bloat/torsion, there is a higher chance that you may have to deal with this. Male dogs are more likely to bloat when a housemate bitch is in heat. Dogs 3 to 7 years are more likely to have GDV than younger or older dogs. One study showed that the presence of a foreign object in the stomach

predisposes dogs to bloat.

Researchers are continuing to study what causes bloat/torsion, and what can be done to reduce the risk. I have indicated where there is some debate over causes and/or possible risk management strategies in blue.

Stress

Bottom line Stress of any kind is a risk factor. The happier the dog, the less chance of bloating and better chance that your dog will survive surgery, if required.

Some stress factors which make bloat/torsion more likely to be a problem:

Nervous, anxious, worried dogs under stress are more likely to bloat (e.g., dogs who exhibit regular separation anxiety – training may help this - check the internet for some solutions)

Food gulpers are more likely to bloat

Stress during eating – avoid competition and other stresses around eating

Risk increased when kennelling a dog away from home, especially when kennel is crowded with strange dogs, and when being trucked back and forth to dog shows.

Recent surgery

Some studies indicate time of year may be a factor (November to January - possibly drastic changes in temperature; summer – changes in routine, kenneled because owners on vacation, high heat/ humidity)

Food/water consumption

Avoid foods that are heavy in oil and fat

Do not feed using a raised bowl (advice to use raised bowls has been totally disproven)

Feed more than one time a day, preferably 3 times

Do not let your dog eat or drink too much too quickly

Drinking water should not be too cold (debates about this)

Dry dog food may also be a culprit (debates about this) - you can always add a bit of warm water to be safe.

Foods that can cause gas in dogs: out of date dog food, beans - especially soy beans, broccoli/ cauliflower, milk/dairy, table scraps, carbohydrates, corn and starches, and peas. (Some vets recommend probiotics with every meal as a preventative, found in 0% plain yogurt or human grade capsules opened and sprinkled on food if you are concerned about dairy.)

Exercise

Dogs engaging in a moderate amount of exercise are less likely to bloat.

Avoid rigorous exercise just before or after the dog has finished her/his meal – most vets and researchers recommend 1-2 hours before and 2 hours after a meal. You want your dog's system to return to its normal resting state before & after eating. (Recommended times vary among authors and few are uncertain whether this is an issue.)

Treatment and Prognosis

Treatment for GDV includes immediate stabilization by your veterinarian, including aggressive intravenous (IV) fluids, pain medication, electrocardiogram and blood pressure monitoring, anti-vomiting medication, and removal of the air/food from the stomach. Once the patient has been stabilized, immediate surgery is required to correctly position the stomach, untwist it, staple the stomach down (to

prevent it from re-occurring and re-twisting), and make sure none of the other organs or tissues (e.g., spleen, esophagus, intestines, etc.) are injured.

Treatment can exceed $2,500 for uncomplicated cases (2014 estimates) and is about 70% successful – higher with vet who is experienced with dealing with the issue. Some vets will recommend doing preventative surgery to staple the stomach down to prevent torsion (gastropexy surgery) on individual dogs where there is evidence of the problem in specific lines. However, keep in mind that all surgeries have risks – it is probably not a good idea to do this surgery unless you know whether there is a problem in your dog's lines, and you avoid the other identified risk factors to the best of your ability.

References

Lee, Justine A. DVM, DACVECC, "Bloat in Dogs", Trupanion Insurance, at .Lichtenberg, Deborah DVM, "10 Questions to ask your Veterinarian about Gastric Dilatation-Vulvulus: Bloat", at .Table on symptoms and treatment (attached), downloaded from the Irish Setter Health site (Facebook), October 2017.

WEB MD, "Dog Bloat: How to Protect your Pup", at at www.pets.webmd.com/dogs/gastric-volvulus-bloat-dogs#1

BLOAT

	What Is Happening	What The Dog Does	What You Should Do	Treatment
Stress ►►► Excitement ►►► Vigorous Exercise ►►► Large Meals ►►► Long Drink ►►► Swallowed Air ►►► Familial Tendency ►►►	Stomach function is normal. Gas accumulates in the stomach but the stomach does not empty as it should.	Dog behaves as usual. Seems slightly uncomfortable.	Keep the dog quiet; Do not leave the dog alone; Give Antacid if your vet agrees. Be aware of Phase I symptoms.	During this period the dog may recover without going on to develop Gastric Volvulus.
PHASE I GDV	Stomach starts to dilate. (Gastric Dilatation) Stomach twists. (Gastric Volvulus)	Anxious, restless, pacing; Trying to vomit-may bring up stiff white foam but no food; Salivating; Abdomen may be swollen.	Call your vet, tell him what you suspect and why. Take the dog to the vet without further delay.	During this period the dog may recover if your vet releases the pressure with a stomach tube.
PHASE II GDV	Blood suppy to part of stomach is cut off. Stomach tissue is damaged. Portal vein, vena cava and splenic vein become compressed and twisted. Spleen becomes engorged. Shock begins to develop	Very restless; whining & panting; Salivating copiously; Tries to vomit every 2-3 min; Stands with legs apart & head hanging down; Abdomen swollen & sounds hollow if tapped; Gums dark red; Heart rate 80-100 beats/min; Temperature raised (104°f)	Get someone to tell your vet you are on your way and why. Take the dog to the vet as quickly as possible.	During this period the vet will need to relieve the stomach pressure, start an intravenous drip and perform surgery to untwist the stomach.
PHASE III GDV	Spleen and stomach tissue become Necrotic. Shock now very severe. Heart failure develops. Shock now irreversible. Death	Unable to stand or stands shakily with legs apart; Abdomen very swollen; Breathing shallow; Gums white or blue; Heart rateover 100 beats/minute; Pulse very weak; Temperature drops (98°f)	Death is imminent. Get someone to tell your vet you are your way and why. Take the dog to the vet as quickly as possible.	As well as doing everything above, the vet will need to remove part of the stomach and the spleen. He will also need to use powerful drugs to counteract shock. It is no longer possible to save the dog's life.

OVASA Specialty

The OVASA Specialty, held at the picturesque Woodland Park, in Ingelside, Cornwall during the last week of August, once again, provided OVASA members the opportunity to show the quality of their Setters against a very competitive field of 43 English Setters, 28 Gordon Setters, 20 Irish Setters and 10 Red and White Setters representing clubs from the USA, and across Canada.

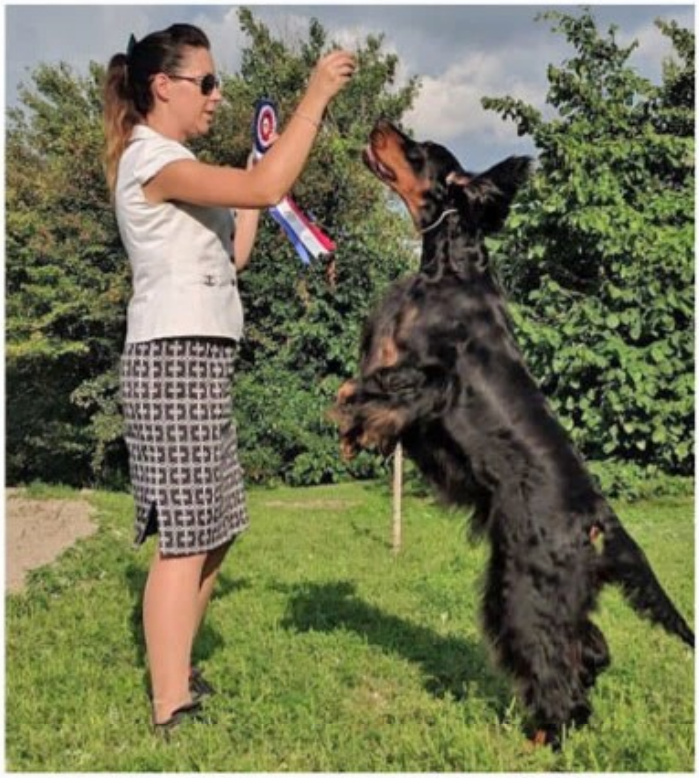
Here is a brief accounting of OVASA successes.

English Setter - Best Baby Puppy

A few moments of meditation prior to the big event for Broughall's Winner Takes All (Bentley)

Gordon Setter - Select Dog

Gordon Setter - Select Bitch



MBPIS GCh Am Ch CFC Ch Lainstaurn Annie's Song of Harbinger FDJ CA was Select Bitch at OVASA and Best of Breed at OVPDC

Gordon Setter - Best Baby Puppy

Gordon Setter - Best Puppy

Gordon Setter - Best in Veteran Sweeps

Am Can Ch Amberlove With My Usual Flair FDJ was Best in Veteran Sweeps at OVASA and got an Award of Merit at the Gordon Setter Club of Canada National

Irish Setter - Best of Breed

Captiva's Fletcher CGN, MBPIS, MBIS, MBISS AM CH, CAN GCHEX, RA, FDJ

Irish Setter - Best of Opposite Sex

Carannagh's Kayley - Best of Opposite, Winners Bitch and Best Puppy in OVASA Specialty 2018, under international judge Sandra Mashford (Australia) and handled by Noreena Seery.

Irish Setter - Best Field Dog

Carannagh's Callen awarded Best Field Dog in OVASA Specialty 2018 under international judge Sandra Mashford (Victoria, Australia) and handled by friend Ann Curran (groomer extraordinaire). Callen also made the cut for BOB.

Carannagh's Callen, awarded Best Field Dog, is the first winner of the Fallowfield Trophy (perpetual) shown above

Red and White Setter - Best of Opposite Sex

Fergus AM CH CAN GCH MacNeall Red and White Shadow Dog

Additional Brags

As if OVASA successes at SD&G weren't enough here are some additional photos chronicling member achievements in conformation this year!

Fergus also his American Championship in one weekend in Monroe, Michigan and won Award of Merit from the America Irish Red and White Association National Speciality in July, 2018 qualifying him for Crufts 2019 and 2020. He also qualified for Canadian representation to Crufts 2019 by winning an Award of Merit at the Canadian Irish Red and White National Speciality in June 2018.

Belleville

Matriarch Kahlua Ellerton

Matriarch's Marcus Roiron & Susan Howe, Best Baby Puppy in Multiple Breed Specialty - OVASA 2018

Trillium

Sheila Davidson, Gwyneth McClellan and Anne Perkins
are extremely proud of Willow finishing
her Canadian Championship at the Trillium Dog Show held in Lindsay

Silverstone Kennels

Just to Brag…Just received from the CKC Maggie's Grand Champion Certificate. So she is now officially GCH Silverstone Skye Bright future. A proud moment!

Pictured right, is Silverstone Seaside Sunrise (call name "Gypsy").

Gypsy has earned four Best Baby Puppy in Group awards

Congratulaton Connie on a very successful Summer!

Ontario Sight Hound Specialty

Ontario Sighthound Specialty running concurrently with OVASA,
Ch Caretta's Argyle of Harbinger (Alistair Sutherland, Susan Trow) went Best Veteran in Specialty.

Kars

The Caileigh brood did especially well at the 4-day Kars/Carp show in July (l to r): Ch Carannagh's Cillian with owner-handler Dennis Phillips GCh Carannagh's Caileigh, mom of the other three and active therapy dog with owner-handler Christine Phillips; Ch Carannagh's Eimear Sinead with owner-handler Gord Jones; Carannagh's Kayley with her junior handler Xander (owned by Shelley Asprey and Pierre Jodoin). Cillian - BOW/WD (Thursday, Friday), Best Puppy (Saturday), and Select Dog (Sunday). Caileigh - BOS (Saturday, Sunday). Eimear - BOS/Best Puppy (Thursday, Friday) and Select Bitch/Best Puppy(Sunday). Kayley - BOW/WB (Saturday, Sunday).

Bellevillle

Matriarch's Kahlua Ellerton BISS GCH ERINFYR WINTER CLASSIC (OVECHKIN) X CARANNAGH'S LITTLE MISS MAGGIE RN (MAGGIE) Best of Winners. then a 4th placement in Puppy Group..Thanks to Susan Howe for showing her & Judge: Denise Cornelssen for this win

Mike O'Brien

OVASA is proud to learn that Mike O'Brien, who joined the OVASA dog club last year, was recently acknowledged by the Irish Setter Club of Canada with a Print by Christine Raymo (right) as well as a National Irish Setter lifetime membership for his outstanding contribution to the Irish Setter National Organization.

Mike has worked tirelessly and effectively, over the years, to advance the cause for the Irish Setter as to increase the awareness of the breed Nationally.

Above, we see Mike sharing a tender moment with his new best-friend "Clancy" from the Monrova Kennel.

OVASA would like to extend our wish to Mike and Clancy for many years of happiness as they embark on a new journey together!

Christmas Party

Don't forget the annual OVASA Christmas Party to be hosted by Christine and Dennis Phillips at their home at 17 Cypress Gardens, Stittsville Ontario.

The party kicks off at 4:30pm with drinks and appetizers, followed by dinner at 5:30pm.

Don't forget to bring a wrapped gift value of approx $25.00 for the gift exchange.

Please RSVP by December 1, 2018 to Christine email:c.phillips@rogers.com.

Wendy Watson will be calling around to organize pot luck. Holiday Cheers! Hope to see you there!

OVASA Annual General Meeting

The AGM will be held at Your Independent Grocer (2600 County Rd 43 Kemptville Mall, Kemptville ON, Canada between 2:00 and 4:00pm on November 17, 2018.

This is an election year so try to be there if you can:

Several of the current members of the board of directors have expressed interest in staying on as candidates, but we are also looking for nominations of club members to take an active role on the board. This is a great opportunity to be involved in the planning and running of OVASA.

Members may nominate themselves, or others (with their permission) to run for any of the following positions:

President, Vice President, director (2-4 are needed), treasurer/membership and secretary.

Please forward nominations to Susan Howe via email: s.howe949@hotmail.com and/or declare your nomination at the AGM.

Members in attendance will vote for nominees at the AGM on Nov. 17 by secret ballot and a new Board of Directors and Club Officers will be chosen.

Hope to see you all there! Coffee, tea and snacks will be provided!

Tina Cockram

The OVASA executive is pleased to report that Tina Cockram, true to her tenacious character, has made a significant recovery from her recent illness, and is now convalescing at a private residence in Ottawa".

We are pleased to report that Tina will shortly resume her current duties as OVASA Vice President and look forward to working along side her in the future.