



December 2, 2025

Dear Dr. Bailey,

On behalf of the American College of Veterinary Behaviorists (ACVB), we are writing in response to your comments regarding the use of shock collars on Steve Dale's October 19th Pet World Radio Show.

Because statements by the President of the AVMA carry significant weight with the public and the profession, representing more than 180,000 veterinarians in the United States, they must reflect the best available behavioral science, welfare considerations, evidence-based standards of care, legal obligations, and consensus among veterinary specialists. Endorsing, or appearing to endorse, the use of shock collars carries legal implications for veterinarians, especially when such recommendations could reasonably influence public behavior and cause harm.

The peer-reviewed scientific literature, including meta-analyses and primary research, is clear: electronic collars carry significant risks of fear, aggression, physical pain, and long-term welfare harm, and they perform no better than reward-based methods. Studies have demonstrated that shock-collar use elevates stress physiology (e.g., cortisol), increases fear-based behavior and avoidance, exacerbates aggression, and degrades the dog–handler relationship, including outside of training sessions (Schilder & van der Borg 2004; Cooper et al. 2014; Deldalle & Gaunet 2014; Vieira de Castro et al. 2020; Johnson & Wynne, 2024). Reward-based training is at least as effective, safer and more humane, and improves the dog–owner bond (China et al., 2020; Ziv, 2017; Fernandes et al., 2017).

Several specific statements in your interview require clarification, considering current science and accepted standards of care.

First, the statement that shock collars may be necessary when the choice is “between that and euthanizing the pet” does not align with evidence-based veterinary practice.

In situations serious enough to consider euthanasia because of behavior, the standard of care is to involve a veterinarian with advanced expertise in animal behavior, ideally a diplomate of the American College of Veterinary Behaviorists (DACVB). Board-certified veterinary behaviorists are specially qualified to assess risks, identify underlying medical or behavioral causes, develop detailed treatment plans, prescribe behavioral medications as needed, and manage dangerous or complex cases.

There is no evidence demonstrating that electronic collars reduce euthanasia risk. By contrast, multiple studies show that aversive tools, including shock collars, are associated with increased aggression, increased fear, and reduced treatment success (Herron et al. 2009; Casey et al. 2014;

Arhant et al. 2010). Referring these cases to a DACVB and/or consulting a qualified positive-reinforcement-based professional under veterinary supervision aligns with evidence-based practice and protects both animals and people. Not offering these referrals before resorting to aversive tools is inconsistent with the ethical obligation to provide or recommend the highest standard of care for serious behavior problems.

Second, the suggestion that shock collars can be used “in a humane fashion” as long as the pet “knows why it is receiving that shock” is inconsistent with how pet parents use shock collars. Animals do not reliably associate shocks with specific behaviors unless the timing, intensity, and context are precisely controlled, conditions that are not achievable in typical pet homes and are rarely achievable even in professional hands.

Poorly timed or poorly understood shocks, even if rare, increase the likelihood of fear conditioning, redirected aggression, and avoidance of the handler. Studies by Schilder and van der Borg (2004), Cooper et al. (2014), and Vieira de Castro et al. (2020) have shown that, even when administered by experienced trainers, aversive stimuli cause measurable welfare harms. Because aversive conditioning is often unpredictable from the dog’s perspective and easily generalized to unintended stimuli, it poses significant risks to both animal welfare and public safety. These risks remain even when the shock is delivered “infrequently” or as part of a warning-sound–shock pairing. Studies of small mammals show that a single shock is sufficient to produce fear conditioning and that the sound preceding a shock can elicit the same physiological response as the shock itself.

Third, the statement that a pet “needs to know when they hear a sound, there could be a shock” describes classical fear conditioning. This procedure can establish anxiety around the warning cue, the handler, the training environment, or other stimuli present at the time of the shock. Reliance on fear or the anticipation of pain to suppress behavior is inconsistent with humane training principles endorsed by international veterinary and welfare organizations (see below). Conditioning a dog to respond out of fear of a shock does not teach alternative behaviors, does not improve underlying emotional states, and is well documented to increase stress and risk of aggression (Ziv 2017; Fernandes et al. 2017).

Fourth, the idea that shock collars might be justified to prevent aggression or prevent a pet from “running into the road” is unsupported by the literature. Positive reinforcement and management-based training methods demonstrate equal or greater efficacy for teaching recall, leash behavior, and appropriate responses to triggers, without the associated welfare harms. Cooper et al. (2014) demonstrated, in the most rigorous study on electronic collars to date, that recall reliability did not improve compared with reward-based training.

When a case involves potential human injury, public safety, or a risk of the animal harming itself, the appropriate professional action is to recommend assessment by a board-certified veterinary behaviorist. Every AVMA member has access to the ACVB and its directory of specialists trained in risk assessment, aggression management, medication-based interventions, and structured behavior modification plans. The ACVB has long encouraged early referral because outcomes are better, risk is reduced, and owners receive comprehensive care grounded in evidence. Suggesting shock collar use in these cases without emphasizing referral overlooks a critical safety resource within the veterinary profession and is in opposition to the standard of care.

It is also important to note that the AVMA has already published guidance on training in the form of a JAVMA review on humane training principles and positive reinforcement methods (Yin & McCowan 2004). When AVMA leadership makes public comments about dog training tools, alignment with this existing JAVMA guidance is essential to maintain the consistency, reliability, and scientific integrity of AVMA recommendations.

From a legal and professional standpoint, if public statements by AVMA leadership contradict prevailing scientific data and specialist consensus, they may be interpreted as misleading to the public, inconsistent with the standard of care, or lacking reasonable evidentiary support. Veterinarians who rely on such statements could inadvertently expose themselves to claims of negligent guidance should a dog trained with a shock collar injure a person or another animal. Recent legal developments further underscore the need to revise shock-collar recommendations. This year, a class-action lawsuit (*Hernandez v. Radio Systems Corporation*) was settled for \$1.9 million — following allegations that the company’s electronic collars and containment devices were sold under false claims of being “safe” and “harmless,” despite documented instances of physical and psychological harm to pets (burns, skin damage, stress, aggression, and more). The settlement demonstrates that, even in a legal/consumer-protection context, the supposed safety of these tools has been challenged in court — reinforcing the scientific and welfare-based arguments against their use. In light of the recent legal action and the dearth of scientific literature that supports the risk of increased aggression, injury to handlers or bystanders, and worsening of behavior problems with aversive methods (Herron et al. 2009; Casey et al. 2014; Arhant et al. 2010), any organization promoting such tools may be viewed as contributing to foreseeable harm.

Internationally, electronic collar bans or restrictions in the United Kingdom (including England, Wales, and Scotland), Germany, Norway, Sweden, Finland, Denmark, and several Australian states, together with recommendations from the British Veterinary Association (BVA), European Society of Veterinary Clinical Ethology (ESVCE), Royal Society for the Prevention of Cruelty to Animals (RSPCA), and the New Zealand Veterinary Association (NZVA), demonstrate that the global standard is moving toward prohibiting the use of shock collars. When the AVMA conveys a position that is out of alignment with international veterinary guidance, it increases the organization’s exposure to issuing non-evidence-based outlier recommendations.

Finally, the broader message that sometimes we must “do things that feel unpalatable to protect our pets” conflates aversive training with medical necessity. When welfare risks exist, the veterinarian’s role is to seek the least harmful, most effective, evidence-based option. For behavior, that means environmental management, positive reinforcement–based training, and early referral to a DACVB when problems are serious or involve safety concerns. Shock collars are not medically necessary, are not evidence-based for preventing euthanasia, and are not aligned with the standard of care for behavior treatment.

Based on decades of clinical experience, peer-reviewed research, and global veterinary consensus, the ACVB holds that:

1. Electronic collars (shock collars) pose significant welfare risks and should not be recommended for any training context.

2. Positive reinforcement–based methods are equally or more effective for training needs, including recall, reactivity, and behavior modification.
3. Veterinary leadership should clearly discourage the use of aversive tools that inflict pain and fear.
4. Public statements from the AVMA should reflect the most current and robust science on animal welfare and behavior.

We respectfully request that the AVMA issue a clarifying statement that reflects the scientific consensus and aligns with best practices in veterinary behavioral medicine. As specialists, we stand ready to assist in developing evidence-based guidance for veterinarians and the public.

The health, safety, and welfare of animals—and the integrity of our profession—depend on clear, science-driven communication.

Sincerely,

The Board of Regents of the American College of Veterinary Behaviorists (ACVB)

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