

# *The Gun Dog Supreme*

NEWS BULLETIN of the WIREHAISED POINTING GRIFFON CLUB OF AMERICA  
EDUCATION & RESEARCH FOUNDATION

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## LETTER FROM THE EDITOR

Hunting season is now in full swing, and if you're like me, you don't have time to think of much else. If you find more typos than usual, well my focus is more on boots, shells and dog collars than on the spell-checker.

This issue has a couple good reprinted articles on canine health issues. Thanks to our alert members for bringing them to my attention. We've also included the hunting adventure of one of this year's pups, **Briar of Wolf Fork Canyon**.

We'd like to print more hunting stories in the December issue, so please send me tales of your adventures. We can also post them on our Facebook page. Jon Hoffart is now helping manage the page.

Thanks to Tia Roller for photo contributions for this issue. We can always use more. The WPGCA has an on-line photo album set up for your hunting photos. It's super easy to use. Just go to this Guest Upload URL:  
<http://www.smugmug.com/photos/guest/LtrRmv/2013GriffsHunt>

Hunt hard and shoot straight,

*Rem DeJong*

## **On the Cover: Good boy!!**

Jon Hoffart celebrates the culmination of a great point and retrieve of a North Dakota rooster by **Abe of Ash Coulee**.  
 (Photo by Tia Roller)

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## To the Breeding Committee and All Who Support the WPGCA:

I would like all of you to know how many compliments I have received on my two dogs, Bibe (**Birkley Belle of Dutchman's Hollow**) and Aggie (**Agatha Christie of Fitzgerald's Prairie**), over the last twenty years. Although I haven't been able to be actively involved in the Heartland Chapter for the last eight plus years, I truly am grateful for the dogs you are producing. They are gentle, mild-mannered, great with people—especially grandkids, very good house dogs and great hunters!!

Aggie is really starting to show her hip dysplasia at 10 years of age, but with NSAIDS, glucosamine/chondroitin, and pain meds, I am still able to allow her to do what she wants: HUNT. It has been an amazing 24 years with this truly remarkable breed, and I just want to say: Thank you to all involved!

Sincerely, Dave Birk

**Note:** Dave and his wife Marilyn are long-time griffon owners from Wells, Minnesota where Dave was a large animal veterinarian and is of course, an avid bird hunter.



Jon Coil snapped this photo of his wet but happy griffon, **Cocco of Sandhill**, on a rainy day Minnesota grouse hunt.



**Above:** Darren Robbins on ND youth hunt with **Ace of Two Rivers crossing** and **Abe of Ash Coulee**

**Below:** On point! **Ace of Two Rivers Crossing** holds on a Dakota ringneck.

(Photos by Tia Roller)



**Note:** The following article first appeared in Dr. Walt Cottrell's "The Healthy Dog" column from the Winter 2012 and Spring 2013 issues of *The Upland Almanac*. The two items are combined here as one article. Thanks to Dr. Cottrell and the Upland Almanac for their gracious permission.  
Find many more articles of interest to bird hunters at: <http://uplandalmanac.com/>

## Healthy Dog by Walt Cottrell, DVM

### To Neuter or Not to Neuter, That Is the Question

Dear Dr. Walt:

My husband and I just got a female puppy, and that brings us to three dogs. The others are 6 and 10, one a male and one a female. We have always had our dogs neutered or spayed at about 6 months. Our veterinarian has suggested that we might want to rethink that decision this time because we have a breed that is known for calm dispositions, and we live in a very rural area. He also said there are some side effects to the process that we would want to avoid. What do you recommend?

Lorraine, New York

Dear Lorraine,

I agree with your veterinarian. The decision to neuter or not, like what vaccinations to give and when, should be reached after examining all of the issues and risks as they apply to that dog, in that location, and in light of the kind of life it would be likely to lead. Several years ago studies began to accumulate some pretty sobering information about detrimental effects of neutering, the term referring here to both males and females. We began to see that relying on a general recommendation that only addressed messy heats, unwanted litters, and wandering wasn't appropriate anymore, and that we as a profession needed to make sure we weren't violating the first rule of medicine, "Do No Harm."

In your case, and I suspect many others, we are not talking about situations where inconvenience, population control, or accidental breedings are issues. And even though there are some notable exceptions, sporting breeds (like yours) are not aggressive by nature. Even where that potential exists, it seems logical that the high degree of training and control we expect for them can prevent the dangerous situations. In addition, it seems unlikely that sporting dog puppies would find themselves in conditions where they might be considered for the relatively recent practice of pediatric neutering. So



*WALT COTTRELL* practices veterinary medicine at State College, Pa., and is a certified wildlife biologist. He hunts upland birds whenever he can with two English setters.

with those aspects of the question set aside for now, let's examine the question in light of the evidence I mentioned, starting with females.

Most of the studies in the two review papers from which I drew the figures that follow are retrospective studies, which examine large groups through the lens of time. There are also some prospective studies where the question is asked first, and then the group is followed through time. These investigations are harder to do and the sample sizes are necessarily smaller, so sometimes less can be said about the conclusions, but the variables are typically better controlled. Except where noted, these figures are not specific to the sporting breeds, but I don't feel that detracts from their relevance to the discussion since after all, a dog is still a dog. That said, we know that genetics plays some role in every disease so there are breed predilections.

On the positive side, neutering female dogs greatly reduces the risk of mammary tumors, the most common (3.4 percent) tumors in female dogs with 50 percent of these being malignant. Cocker, springer, English setter, and Brittany are reported to be breeds at risk. This remarkable protective value is associated with the number of estrus cycles the dog has had, the fewer the better. Removal of both the ovaries and uterus substantially reduces the risk of pyometra (a uterine infection), which affects about 23 percent of intact female dogs, though is not usually fatal. And lastly, neutering removes the very small risk ( $\leq 0.5$  percent) from tumors of the uterus, cervix, and ovaries.

Conversely, neutering significantly increases the risk of osteosarcoma (bone cancer); this is a common cancer in larger breeds including Irish setters and carries a grave prognosis. It also increases the risk of splenic hemangiosarcoma by more than twice, and cardiac hemangiosarcoma by a factor of five; these are common cancers and major causes of death in some breeds, including several sporting breeds. Neutering may as much as triple the risk of hypothyroidism, and it increases the risk of obesity. Both of these are common problems in dogs with their own constellation of associated health problems. Neutering causes urinary incontinence in 5 to 20 percent of female dogs. This in turn increases the risk of persistent or recurring urinary tract infections, dermatitis in the area of the vulva, and vaginitis, especially for female dogs spayed before puberty. It further affects the urinary tract by as much as doubling the small risk of urinary tract tumors. Though infrequent ( $< 1$  percent) numerous sporting breeds are among those at risk for these usually fatal tumors. And, very importantly for sporting athletes, neutering increases the risk of orthopedic conditions. This includes hip dysplasia and rupture of the anterior (cranial) cruciate ligament. And lastly, while it doesn't seem to be a widespread problem in sporting dogs, neutering is reported to increase the risk of adverse vaccination reactions.

### **Effects of Neutering on Male Dogs.**

Again starting on the positive side, removal of the testes from male dogs eliminates the risk of dying from the one of three types of testicular cancer. Eliminating this risk is a common reason for recommending the neutering of young male dogs, but the risk of death from testicular cancer is quite low, reported at less than 1 percent. And the cure rate upon discovery with routine physical examinations is quite high, at over 90 percent. The exception is the puppy that at 6 months is confirmed to be a bilateral or uni-

lateral cryptorchid, meaning that one or both testes have not descended into the scrotum. Having testes that fail to descend is a hereditary trait, and those that are retained in the abdomen or the inguinal canal are somewhere near 13 times more likely to develop tumors than descended testicles. So removing these testes has a dual benefit: removing the genes and removing the risk. Neutering reduces, but does not eliminate, the risk of non-cancerous prostate disorders such as abscessation and cyst development. We will discuss more about the effects of neutering on the prostate later.

It is well known that the incidence of perianal fistulas is higher in sexually intact animals. And while we are in that part of the anatomy, neutering reduces the incidence of the fortunately infrequent incidence of perineal hernias. Some general data suggest that neutering may reduce the risk of diabetes, though that association has not been proven and might only reflect the effect of eliminating progesterone, which makes the disease more difficult to treat in females. More on diabetes further on.

Now on the negative side. In contrast to the effect on noncancerous disorders of the prostate, the effect of neutering on prostate cancer itself is quite another matter. For years we were taught that neutering conveyed protection against prostate cancer, but we now know that is probably not true. It is now thought that while castration does not initiate the development of prostatic carcinoma, it does allow tumors to progress. The relatively low incidence of prostate cancer in intact dogs suggests that testicular hormones are actually protective.

Neutering male dogs increases the risk of osteosarcoma (bone cancer). The risk is greater the earlier the procedure is done. Just as it is for females, this is a common cancer in males of medium, large, or giant breeds and carries a very poor prognosis. Neutered males are more likely to develop another common cancer called hemangiosarcoma. Also as for females, neutering doubles the risk of tumors of the urinary tract, which thankfully is less than 1 percent in dogs, but these are also commonly fatal when they do occur.

Setting the cancers aside and turning to metabolic and inflammatory issues, neutered dogs are more likely to be overweight or obese than intact dogs. And overweight dogs are more likely to become hypothyroid and have an increased risk of developing conditions like diabetes, skin disease, and pancreatitis. With that weight also comes stress on bones, tendons, and ligaments, resulting in greater incidence of orthopedic conditions. This includes osteoarthritis and rupture of the cruciate ligament, conditions that can have a major long-term impact on the abilities of a sporting dog.

Neutering predisposes to increased risk of geriatric cognitive impairment and the associated decrease in his quality of life. As we previously mentioned, neutering carries an increased risk of adverse reactions to vaccinations, though this is thankfully not a common problem in sporting breeds. Let me emphasize that the decision to neuter or not should be reached only after consultation with your veterinarian, carefully weighing the risks and benefits. Having the same talk with the breeder to discover what their experience has been with more, and also presumably genetically similar, dogs might be a good idea as well.

**Introduction by Allen Fonken**

Alexis Newman, DVM, is the author of the following article relating to Bloat/Gastric Dilatation Volvulus (GDV). Dr. Newman has been working as an emergency veterinarian and medical director of an emergency animal hospital for several years. Her special interests include trauma and emergency surgery and she works extensively with police dogs. Dr. Newman is involved with the American Animal Hospital Association, the American Veterinary Medical Association and the International Veterinary Academy of Pain Management. She has served on the board of directors for the Chicago Veterinary Medical Association since 2005 and is the current president. Personally, I'm convinced this is all a result of Dr. Newman receiving her Doctor of Veterinary Medicine from Iowa State University.

I was fortunate to meet Dr. Newman during an unfortunate incident. June 25, 2011, I picked up my 10 week old WPG, Calli of Sandhill, from Pete Engman and family in Wisconsin. I drove to Chicago to visit my daughter and family and to show off my new pup, arriving at 11:00pm. At 12:30am June 26, I was racing through the suburbs of Chicago at 65-70 mph with my 8 year old WPG, Beretta of Eagle's Point, in full blown GDV. The crew at Arboretum View Animal Hospital saved my buddy and Dr. Newman talked me through the procedure and performed the gastropexy surgery.

It has been over 2 years since this occurred. Calli is now 2 years old, and Burr is 10 and acts like he is 2. Burr was the third WPG I've owned that has gone through GDV, so I am a firm believer we all should know how to recognize GDV, what we need to do if it occurs and have a plan of action to put in motion as quickly as possible. I suggest you check with your vets to see who has experience dealing with GDV and when they are available. GDV occurred after 11:00pm with all three of my dogs and you don't want to waste time at that point gathering information.

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## **Recognizing and Responding To GDV**

by

**Alexis Newman, DVM**

Everybody's heard of it... the dreaded "BLOAT". After reading this article, you should understand the syndrome, know the symptoms, understand the medical and surgical treatments, and know the surgical procedures that can be performed to prevent your dog from having "Bloat" occur.

## What is Bloat?

“Bloat” is actually a slang term for Gastric Dilatation Volvulus or GDV. When broken down, this means the

Gastric= Stomach

Dilatation= Dilation or expansion

Volvulus= Twisting of the intestine causing

Think of this as a balloon that is inflated and then twisted (think balloon animal)

The medical term “bloat” really refers to stomach becoming “bloated” or distended with gas or food, without the twist. This can occur when a dog ingests a large amount of food or other material, but distension of air without an underlying cause is very uncommon. This can be compared to the balloon being inflated and distended, but not twisted. Gastric distension is treated differently than GDV.

For this article, the term “BLOAT” will refer to distension only; *See Diagram 1*

The acronym “GDV” will be used when discussed the syndrome of Gastric Dilatation Volvulus; *see diagram 2*

There are some difference between distention alone and gastric dilatation volvulus:  
*Bloat: Gastric Distention*

- Stomach retains normal anatomical position
- Not common
- Often treated medically, but may require hospitalization
- Often has an identifiable underlying causes (ingestion of too much fluid or material, outflow obstruction from stomach, intestinal disease causing decrease in motility)
- Can progress to become a critical condition

*GDV (“Bloat”) Gastric Dilatation Volvulus*

- Stomach is distended AND rotated
- Life-threatening, surgical emergency
- Medical management is warranted if patient cannot get to immediate surgery, but surgery should not be delayed beyond what is necessary

**Why do some dogs develop GDV?** That is the million bone question. As with any syndrome, the underlying causes are multifactorial, and not completely understood.

A list of risk factors include:

- Breed
- First relative “bloated” greatly increases risk
- Deep Narrow Chest
- Age
- Once-a-day meals
- Lean dog (less abdominal fat)
- Stress
- 

You may have just thought to yourself: “ that’s exactly my dog”!

So, let's review these risk factors:

- Breed: some breeds are predisposed to GDV- this may be based on genetics as well as body confirmation- especially having a deep chest
- Deep Narrow Chest- these dogs have an abdominal cavity that allows the room for the stomach to be able to turn
- Age- GDV can occur at ANY age, but the risk increase after 7 years of age
- One-a-day meals: this is one risk factor that you can actually minimize. Dogs who eat one large meal at a time are at risk of stretching the ligaments that hold the stomach. This may increase the risk of developing risk GDV over time. I recommend feeding at least two meals daily.
- Having an extremely lean dog without significant fat in the abdominal cavity can also allow room for the stomach to turn
- Having a first-relative who has had GDV makes your dog at risk of developing GDV.
- Stress – this is a common risk factor. GDV is often seen after a period of boarding, a veterinary visit, or travel.

### **Symptoms:**

Symptoms progress as your dog becomes more painful and as they develop cardiovascular shock. Time is important, but how tightly the balloon (stomach) is twisted is equally important in the progression of the symptoms and your dogs status and prognosis (remember- balloon animal).

- Abdominal distension- as the stomach becomes more gas dilated, you may notice your dog's abdomen becoming enlarged. Be careful though: if your dog is very deep-chested, the stomach may be tucked up under the ribs, and you may not be able to appreciate the distension. Do not rely solely on this as a symptom (see the anatomy in Figures 1 and 2)
- Hypersalivation- may dogs are nauseous, and they may not be able to pass fluid into the stomach, so it accumulates. You may see thick, ropey saliva, or foamy fluid
- Vomiting, dry heaving- depending on how tightly the stomach is twisted, your dog may still be able to expel food or water. However, they are often not able to get anything out of their stomach, despite it becoming more distended. If this is the case, you will see dry heaving or retching.
- Groaning"- GDV is a very painful condition, and patients begin to go into cardiovascular shock. Many dogs begin to vocalize or groan as the condition progresses.
- Weakness, shock- as the stomach becomes more distended, patient will go into cardiovascular shock. This occurs for several reasons, including decreased blood flow to the heart, increased pain, and devitalization of the stomach tissue. The result is decreased blood pressure with an increase in heart rate. The heart and other tissues are therefore not able to obtain enough oxygen.
- Excessive panting- this occurs due to the pain, pressure on the diaphragm and in

the abdomen, and increased heart rate; this is one of the ways that the body attempts to get more oxygen.

### **At home care- what you can do prior to receiving veterinary care:**

It should be stressed that nothing should delay veterinary care. GDV is a life-threatening condition. However, at times, it may be appropriate to provide some care to your dog prior to receiving veterinary care.

- Keep patient quiet- minimizing additional stress or unnecessary movement is important
- Avoid abdominal pressure- as the stomach becomes distended, it resembles the overinflated (and twisted) balloon. Increased pressure on the stomach will increase pain, and potentially increase the risk of the stomach rupturing if it is severely compromised
- Rapid transport: as discussed this is a life-threatening emergency, which can progress rapidly. Presentation to a veterinarian trained to treat this condition is imperative.

### **How is a dog with GDV treated?**

Let's walk through the process from admission to recovery in our hospital:

Patients can present in varying degrees of stability – they can be serious but stable or in critical condition. Keep in mind that without treatment, this is a life-threatening condition.

- At least one IV catheter is placed, and IV fluids are started at shock doses. The blood pressure and heart rate need to be controlled.
- As previously discussed, GDV is a very painful condition which contributes to the cardiovascular shock. Patients are treated aggressively with pain medication at time of presentation.
- Oxygen is an important component since the tissues are compromised
- The stomach can be trocarized with a needle to quickly 'deflate' the air in the stomach; the ability to do this is variable. The amount of time the stomach remains decompressed is also variable.
- If a stomach tube can be passed, it is extremely valuable to decompress the stomach and relieve discomfort. Most patients will not tolerate placement of a stomach tube without sedation or anesthesia or unless the dog is minimally responsive. The tube is passed from the mouth into the stomach. Depending on how tightly twisted the stomach is, a tube may or may not be able to be passed into the stomach. See Diagrams 4 and 5; this dog is under anesthesia
- Radiographs or x-rays are taken to confirm GDV. This is the standard for diagnosing the condition. This will differentiate "bloat" from "GDV". If your dog is older, radiographs may also be taken of his or her chest to look for any other underlying disease, prior to pursuing surgery.
- Bloodwork- an otherwise healthy dog with GDV may have normal bloodwork. However, it is important to evaluate bloodwork to look for any underlying disease, especially in older dogs.

- General anesthesia- performed prior to surgery. If a stomach tube was not previously passed, an attempt is again made to pass stomach tube after the endotracheal tube is placed to protect the airway. The patient's abdomen is clipped and sterilely prepped.
- The patient is taken to surgery, as soon as possible, to relieve the distension and volvulus. During surgery, the first step is to decompress the stomach further, if needed. The stomach is then rotated back into its normal anatomical position.
- The stomach tissues are evaluated to determine if any of the stomach has been damaged enough to warrant removal. If a portion of the stomach is not viable, it can be surgically removed; this is called a partial gastrectomy. If the entire stomach is devitalized, or if the portion of the stomach that attaches to the esophagus is devitalized, euthanasia may be recommended, if your dog will not be able to regain a good quality of life.
- The spleen is evaluated to determine if it should be removed. When the stomach "twists", it is not uncommon for the blood vessels of the spleen to be compromised. Splenectomies are not uncommon during surgery, and patients can still have a good recovery.
- Finally, a gastropexy is performed, which is the surgical attachment of the stomach to the abdominal wall. There are several ways this can be performed. The procedure I perform is in an incisional gastropexy; the stomach is sutured to the abdominal wall, just behind the last rib on the right side. If performed appropriately, a patient will not be able to have a GDV occur in the future, although this does not prevent a simple "bloat".

### **What happens after surgery?**

Your dog's recovery depends on how stable (s)he was prior to surgery, and what procedures were performed during surgery. In a fairly stable patient, post-op hospitalization is typically about 48 hours, and consists of IV fluid support, and medical care to control discomfort and nausea. Typically, these patients should be eating and drinking, and comfortable, to be ready to be discharged.

### **What is the prognosis?**

The prognosis is very dependent on 1) length of time of problems before medical and surgical intervention, 2) the "tightness" of how twisted the stomach was prior to care, since this can determine if the stomach tissues are able to survive, and 3) the degree of damage to internal organs and amount of blood loss.

### **Can this occur to my dog again?**

As discussed above, if the gastropexy is performed appropriately, this should permanently adhere the stomach to the body wall, which eliminates the potential for the torsion to occur again. However, the stomach could still 'bloat'; however, this is unusual without an underlying cause, such as ingesting too much food or water, or primary intestinal disease.

### **Can this be prevented from occurring in my dog?**

It is difficult to avoid some of the risk factors that were previously discussed. However,

there are some procedures that can be performed to eliminate the risk of GDV. There are three techniques that can be done to perform a ‘prophylactic gastropexy’:

**Abdominal surgery:** a dog can be taken to surgery to have the gastropexy performed, even if they have not had GDV occur. The incision is along the mid-line of the dog’s abdomen, near the ribcage. This procedure should be considered whenever an at-risk dog is taken to surgery for other causes, such as a spay, urinary surgery, intestinal foreign body removal. However, this should only be performed if your dog is stable in surgery, and the veterinarian is comfortable with the procedure.

**Laparoscopy assisted gastropexy:** this is performed instead of an ‘open abdominal surgery’. Under anesthesia, camera and instruments are inserted through surgically placed ports into the patient’s abdomen. There are pros and cons to this procedure over the open abdominal surgery (she chart)

**Endoscopy assisted gastropexy-** this is a more recently reported procedure. Under anesthesia, a gastroscope is passed from the dog’s oral cavity, and into the stomach.

The light from the endoscope is then used to guide a skin incision, over the stomach. The incision is then continued, and the stomach is sutured to the abdominal wall. This can be compared to performing a gastropexy from ‘outside’ of the dog, instead of from inside, but accomplishes the same result.

As with anything, there are pros and cons of each procedure:

	Abdominal surgery	Laparoscopy assist- ed	Endoscopy assisted
Cost	\$\$	\$\$\$	\$\$-\$\$\$
Readily availa- ble	Yes	No	Variable
Recovery and return to duty	10-14 days Strictly limited activity	10 days Mild/moderately limited activity	10 days Mild/moderately limited activity
Veterinarian training	Moderate	Advanced	Moderate to ad- vanced

I strongly encourage you to inquire whether your dog is a candidate for a prophylactic gastropexy if they are in surgery for another reason. For other dogs, the pros of gastropexy must be weighed against the cons. There is an associated cost, but in general much less of a cost than if your dog were to have surgery for GDV. Also, it is important to remember that no surgical procedures, even minimally invasive, are without risk.

References and additional information available upon request.

Facebook: **Police K-9 Veterinarian - Dr. Alexis Newman**

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## The Rookie

by

Rem DeJong



**Come on, Dave! I tracked your grouse! Gimme some of that smoked salmon!**

**Briar of Wolf Fork Canyon** keeps a close eye on owner, Dave Read, at chow time.

Photo by Rem DeJong

Dave Read and I have begun a tradition of celebrating each new hunting season by tent-camping with our griffons on a bluff over the Escanaba River in the Upper Peninsula of Michigan where we spend our days scouring the aspen thickets for grouse and woodcock. Each evening, Dave fires up the grill and we dine on whatever birds we've been fortunate enough to bag that day. Then we sit around the campfire at dusk and wait for the woodcock to buzz our camp as they fly over the Escanaba from the timber to roost in the open field behind our camp. You can set your watch by it. As the stars fill the darkening sky, we'll sip a toast of Knob Creek, tell some more tales and maybe hear the not-too-distant howl of timber wolves. As the temps drop, it's off to our tents to burrow into down-filled bags for a good night's sleep. When first light seeps into the tent, the dogs stir and we crawl out of our bags, shiver into some clothes, and make a

bee-line for the coffee pot. Next day, repeat the whole cycle all over again.

This year was a tad different. Dave's super grouse dog, **Ammo of the Hundgaard**, had died in early spring; he was only eight and in his prime hunting years when he succumbed to a tumor on his heart. Dave was starting all over with a brand new rookie, **Briar of Wolf Fork Canyon**. Not much over four months in age, Briar gave grouse camp a whole new flavor.

"Briar! No! Briar, get off of there!"

These were the most frequently uttered words in bird camp this year. Briar's favorite spot was the fire pit. Whenever he was bored (He was bored a lot.), he'd go scrounge in the ashes for treasure or bacon grease. "Briar! Get out of there!" Briar would glance up and maybe saunter over or maybe shove his nose back to the ashes, just to see if Dave was really serious. The low, camp table was especially tempting with all sorts of fun things to rip up like paper towels, bags, and of course food. Not just any food, but bacon, smoked salmon, and brats. More than once, Briar's crimes led to a period of solitary confinement in the crate. He was only momentarily penitent.

My dog, **Burley of Salmon River**, afforded him some distraction and amusement. Briar would come bounding up and the two of them would go tearing through camp, dodging tent ropes and table legs (not always successfully). Eventually, Burley would get fed up with the harassment and give Briar a snarl and loud bark. Briar would temporarily back off, then wave a paw in Burley's face and they'd be at it again. It was poetic justice for Burley, who had spent his early years harassing my old dog **Brinker of Indian River**. Brinker, meanwhile, wisely slipped off to the back of the SUV where he snoozed away, above the young-dog chaos.

Each day, Dave and I hunted separately so Briar could have a chance to develop his hunting ability without distraction. Every day saw more improvement. Briar showed interest in birds and soon he was pointing the woodcock. Dave shot one. Briar wasn't sure about retrieving, but with encouragement from Dave, he was soon bringing it back when Dave tossed it for him. Back at camp, Briar was climbing on the tailgate to find "his" bird. The next day, more pointing and now he was picking up the birds for short retrieves. On the last day, Dave crippled a grouse that promptly ran off through dense blow-downs. Briar tracked it a good sixty yards with Dave crawling and climbing to keep up. Briar ran that grouse down. The tail was plucked; the bird was pretty scruffy, but beauty is in the eye of the beholder, and Briar with bird was a fine sight indeed. Back in camp, Dave recounted the story and Briar climbed over the tailgate to muzzle "his" bird one more time.

We broke camp after a last hunt. Now, Briar was back in the fire pit. He hauled Dave's shoe out of his tent and lugged it over to mine. As the tent came down, Briar stomped across the white fabric with his ash-covered paws. "Briar! No!" Briar swaggered off the tent and made one last check of the fire pit. "Briar! Come!" Briar paused, looked at Dave and bounded over. He chomped down his reward cookie and settled into his crate for the long ride home. Rookie camp was officially over, and the little punk was on his way to becoming a hunter. Look out birds; just wait until next year.



Top: 4 1/2 month old **Briar of Wolf Fork Canyon** retrieves a woodcock.

Bottom: Part bird dog and all puppy, Briar “helps” owner, Dave Read, dismantle bird camp tent.

(Photos by Dave Read)