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DIALOGIC DOGS AND PHATIC FELINES: SPEAKING TO AND THROUGH OUR PETS

A Thesis

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Master of Arts

in

The Department of Geography and Anthropology

by Nicole M. Dufour B.A., Louisiana State University, 2001 August 2003



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ABSTRACT

While many pet owners acknowledge that they speak to their pet, Pet Communication has remained mostly overlooked by researchers. Through discourse analysis, this thesis is an attempt to analyze Pet Communication, which deals with human speech to a pet, about a pet, or through a pet. I analyze data which I transcribed in the waiting room of the Louisiana State University School of Veterinary Medicine Small Animal Clinic. Data were collected from conversations that took place between pet owners, between pet owners and the Clinic's staff, pet owners and their pets, and between staff and pets. These data were then analyzed using various linguistic theories including analysis of repetition, frames, kinship, and notions concerning ratification.



CHAPTER 1: ANTICS OF THE PETS' HUMANS

We consider them to be family members, yet they are not of our species. We speak to them as though they are related to us in a deeply embedded kinship system. Pets have become members of our families; they eat with us, sleep with us, and they share with us times of grief and joy. With over sixty-three million households in the United States alone possessing pets in the year 2000 (American Pet Products Manufacturer's Association, "Pet Industry Facts," 2002), the intricate relationships we have with pets will continue to grow as the number of household pets does.

Both in ancient times and in current culture, domesticated animals such as the dog and cat play important roles in human lives. This can be seen in the United States today, as billions of dollars are spent every year by consumers in order to "better" the lives of their pets. From health care to pet toys, our society raises the status of pets to that of near human. The American Pet Products Manufacturing Association, (APPMA), estimates that by next year the total amount of money spent in the United States on pets will exceed thirty-one billion dollars annually (American Pet Products Manufacturer's Association, "Pet Industry Facts," 2002).

From pet groomers and spas to pet bakeries, many people place as much emphasis on the care of Fido as they do on the healthcare of Junior. Shopping in a pet specialty store, such as those that provide fresh baked goods, is a way to pamper pets, as well as a way for the human companion to raise his or her social status. Pet bakeries are usually found in more elite areas of large cities such as Seattle (personal observation, July 2002). These stores often allow pet owners to share the shopping experience with their pets. Once again, this is more of a social concern of owners to show off their pets than it is a necessary part in the life of a healthy pet. Doggie bakeries seem to be one of the newest ways to raise the social status of people while at the same



time raising the status of pets. Specializing in fresh baked dog biscuits, these bakeries are popping up all over the United States. Barker's International Gourmet Bakery: "The Bakers of Barker's Biscotti" offers one glimpse into this world of consumerism (Barker's International Gourmet Bakery, Ltd. 2002). Their advertisements go as far as saying that the products they make will be pleasing to not only the pet but the owner as well. This is visible in the following advertisement from their web page: "(O)ur biscotti look and smell so good that you may want to eat them yourself. And why wouldn't you?! Our biscotti contain all natural ingredients that are as good for you are they are for your pet "(Barker's International Gourmet Bakery, Ltd. 2002). Not only do pet bakeries provide freshly baked goods for dogs and cats, they also often provide what they consider to be nutritional alternatives for animals with special dietary needs including those with allergies. Many of these bakeries, including Barker's International Gourmet Bakery and holisticdog.com, offer "all-natural products" for pet owners worried about harmful additives in their pet's food (Barker's International Gourmet Bakery, Ltd. 2002; Holistic Dog 2002).

For many working individuals, pet care while they are away at work is a major concern as well as a hassle. For elite individuals in need of assistance, many businesses, mainly in larger cities, have come to the rescue by offering supervised daycare for furry friends in need of a watchful eye. The Camelot Dog Daycare and Spa in Vancouver, British Columbia, is an excellent example of an establishment that will pamper your puppy. With a "5:1 Dog to Caregiver ratio" (Camelot Dog Daycare and Spa "Main page" 2002), hardworking Canadians are able to go to the office with a feeling of security knowing that their dog will be carefully supervised (Camelot Dog Day Care and Spa, "Main page" 2002). Amenities at this royal establishment include a park and trail walks, a certified groomer, and a fireplace all to make sure that your dog feels right at home. For pet owners who are polyglots, commands can be given to



pets in French, English, or German. These features are only the beginning of a long list of services provided by Camelot (Camelot Dog Day Care and Spa "Price List" 2002).

For the stressed out dog, there are "Stress reduced cageless spa treatments" and massages available for an additional fee. Individual massages range in price from twenty to twenty-five dollars depending on the length of time your dog needs this personal attention. When considering how to deal with a pet while you are away at work, this may be the ultimate in day care. After all, just as the company claims: "Camelot is not just a place to leave your dog – it's where every dog that's any dog wants to be!"(Camelot Dog Daycare and Spa "Price List" 2002). Last but not least, for the dog without a means of transportation, there is the Dog Limo Service. Providing limousine service for your canine companion will also cost, but in the event your dog needs to travel to the University of British Colombia by limo, twenty-five dollars may well be worth the trip. On the other hand, if you decide your pet does not need to ride in high style, a complimentary shuttle service is available for travel to certain locations within the city. This is just one example of the importance people place on the care of their pets (Camelot Dog Daycare and Spa "Price List" 2002).

Some public places are elevating the status of their business as well as the status of their clientele by merely allowing pets to roam their establishments. Restaurants for humans are among the growing group of businesses that are attempting to cater to pet owners. Restaurants now exist where the owner ties their pets leash to a restraining system outside of a restaurant window where the owner can simultaneously watch their pet and dine. Human patrons at this establishment are catered to as are their dogs. Like their owners, the dogs are fed and cared for by the restaurant staff. This goes to the extent that the dog's food is brought to them as they wait outside (personal observation, July 2002).



In some cases, the work environment is being assisted as many employers are allowing their workers to take their pets with them to the office. In a survey of companies with such policies, the American Pet Products Manufacturer's Association, Inc., (American Pet Products Manufacturer's Association "If You Want Your Employees To Stay Late, Work Hard and Be Productive . . . Just Treat 'em Like a 'Dog'," 2002), concluded that companies which allowed pets in the workplace had fifty-eight percent of its workers that were willing to work late. Along with this benefit, "twenty-seven percent of the participating companies had a decreased absenteeism" while none of the companies which participated in the survey saw a rise in the number of days employees missed when pets were present in the office environment (American Pet Products Manufacturer's Association "If You Want Your Employees To Stay Late, Work Hard and Be Productive . . . Just Treat 'em Like a 'Dog'," 2002), However, the study by the APPMA failed to report the overall percentage of work places that allowed pets as opposed to those that did not.

Health care for pets is a huge industry. It is not unheard of for a pet owner to spend three to five thousand dollars on a pet's illness or injury (personal observation, February 2003). My research takes place in the Louisiana State University School of Veterinary Medicine Small Animal Clinic which provides state of the art care for ill pets. The Small Animal Clinic provides health care services ranging from dermatology to their most recent addition, cancer treatment. Many of the services provided at the clinic give pet owners, who can afford the expensive treatment, one last chance at saving their ill pet's life. Unfortunately, a large portion of the treatment that goes on in this clinic is specialized and available only to those who can afford to treat their pet. For the average individual, many of the treatments that the clinic provides, such as acupuncture, are not within their reach.



The death of a pet can be a life altering experience for an owner, for it is the loss of a friend that is experienced. In dealing with such a situation, a pet owner is faced with the grim task of realizing that their companion is gone forever. One way in which people have been dealing with this aspect of pet ownership is to lay their pet to rest just as they would any other member of their family, in a cemetery. In the United States alone there are over 600 pet cemeteries that cater to pet owner's in this most trying time (Shell 1986). Funeral arrangements similar to those made for humans are available. This includes memorial services, entombment, and cremation. According to the International Association of Pet Cemeteries (IAOPC):

Most pet cemeteries operate in conjunction with other pet related business: boarding kennels, grooming salons, training centers and Veterinary Hospitals. Some Human Cemeteries have set aside a portion of their ground for pet burials. Some Pet Cemeteries operate on a full time basis, specifically dedicated to the burial or cremation of pets" (International Association of Pet Cemeteries 2002).

Overall, it is clear that pets have been important to humans for a rather long period of time (Malek 1993). During the period since domestication, humans have taken their relationship with pets to extremes. From limousine rides to cremation, people are adamant about the care given to their furry family members and they are willing to go to great lengths to ensure the health, safety, and well being of their pets regardless of the monetary cost. In the end, however, humans attempt to ensure their own personal well being and happiness through the care they give to their pets. All of the above information provides a background for the intimate relationship we share with our pets, but little compares to the manner in which we interact with them. One of the most important aspects of the human-animal bond is the manner in which we directly interact and play with our pets, and this is revealed in the language we use with these animals. This being the case, linguistic analysis provides a tool for an analysis of the strength of the human-animal bond.



The goal of this thesis is to analyze the manner and meaning of talk used by humans when speaking to, through, and about their animals. I refer to this special speech event as Pet Communication. Although one might expect that society would consider a human in conversation with anything other than another human as being strange, oddly enough, this does not appear to be the case when interacting with pets. The focus here is to examine human speech as displayed in Pet Communication through linguistic analysis. In specific, I look at the linguistic mechanisms used when people speak to their pets, about their pets, and through their pets in the setting of the waiting room of the Small Animal Clinic at the Louisiana State University School of Veterinary Medicine.

When looking at the manner in which people speak through their pets, I will analyze how people speak directly to their pet in order to communicate with another person in the waiting room. I use Hymes (1974) SPEAKING model to contextualize the talk that occurs in the waiting room. This mnemonic, provides a manner in which to analyze the context of the Small Animal Clinic observations. The following is a summary of Hymes' model as it will be applied to conversations in the Small Animal Clinic (Hymes 1974).

S – Situation – LSU School of Veterinary Medicine Small Animal Clinic

P – Participants – Pet owners, veterinarians, receptionists, other individuals in the

waiting area and pets.

E – Ends – Phatic Communion, Pet Communication?

 $A-Act\ Sequence \quad -\ Service\ encounters,\ providing\ information\ about\ medical$

conditions and treatments

 $K- \qquad Keys \qquad - Serious, playful$

I - Instrumentalities - Channels: acoustic, optical, tactile and olfactory.

N- Norms – One of the purposes of my research is to determine norms for this

type of interaction through observation

G – Genre – Pet Communication, Service Encounters



The Situation for observations is the Louisiana State University Small Animal Clinic waiting room. The Participants are the humans and animals who work in or visit the clinic.

Three receptionists worked at the clinic throughout the time of my study and a fourth was hired towards the end of my observations. Some of the veterinarians were seen on more than one occasion; this depended on the cases involved. Student veterinarians changed periodically, while, the head veterinarians were the same for nearly all the occasions when I made observations. For the most part, pet owners and pets varied on a day to day basis. On occasion a pet was seen a second time when they returned for a follow-up appointment. Cancer patients were a different story. While there were not many of them that returned frequently, a few visited the clinic three times a week for radiation treatment.

The Ends, or goals of these conversations that took place between the pet owners and the receptionists were service oriented; they dealt with making sure that each pet was properly registered. Much of the talk with clinic staff took place in the form of service encounters (Merritt 1976), which I analyze in chapter 4. The goals of the conversations between pet owners and the student veterinarians were two-fold; first and foremost, they centered around the care of the pet. Secondly, the goal was phatic communion especially when conversations deal directly with the pets (Malinowski 1999). Phatic communion was also the End of most of the dialogue that took place among pet owners in the waiting area. One common type of talk for which the goal is not immediately clear is owners' talk to pets. I will explore this goal in chapters 5, 6, and 7.

My analysis of Act Sequences for the speech events will focus on the topics discussed in the clinic. This will include general pet care, breeds of pets, and the health of pets. I will also look at the form of messages as well as the context in which these messages took place.



Keys for these interactions will focus on the tone of these conversations, whether playful or serious. Conversations which involved the pet owner and a member of the clinic's staff fell, for the majority into the realm of serious, while conversations which directly involved a pet tended to be more playful.

As far as Instrumentalities are concerned, I will concentrate on the acoustic while taking note of the optical, tactile and olfactory as appropriate. Acoustically, people heard what other people in the clinic were saying as well as the noises that were made by pets in the waiting room and on occasion sounds made by pets that were in the back of the Clinic receiving treatment. The swift movement of people and their pets in and out of the waiting room provided a great deal of optical stimulation. People watched other individuals entering and leaving the clinic, going for treatment in the back of the clinic, signing their pets in, and most importantly (as far as this project is concerned) interacting in the waiting room. Pet owners tended to maintain a close proximity to their pets, allowing the tactile channel to function. Often times, they went to the extreme of maintaining physical contact with their pets at all times. This was accomplished by either actually holding smaller dogs, rubbing their dogs' heads, or just petting them in general. Pet owners also tended to allow their pets inside what would normally be considered their personal space (Hall 1966). As far as the olfactory channel is concerned, it should be noted that most of the pets in the clinic were clean and well groomed.

Occasionally a pet that had not had a recent bath or whose health condition manifested in odor would enter the clinic. As these pets entered the clinic, the smell alone was enough to cause some owners to fidget in their seats. In one instance, a pet that smelled rather strongly entered the clinic accompanied by its owner. As the pet owner walked toward seat 1 (see fig. 1, p. 13), another pet owner, sitting in seat 5, made a strange face in my direction. She silently



communicated her discontent with the situation and at the same time looked for someone who might share her opinion. The pet owner in seat 5 appeared to not only consider the smelly dog to be offensive, but seemed to want to extend this evaluation to the dog's owner; after all, it was the dog's owner who had not bathed the dog.

Norms for service encounters, routine behavior, interactions between pet owners, and between owners and their pets are a large part of what I am attempting to discover in my observations. This will be a major focus of my analysis in chapters 6 and 7.

The Genre of these events will be mainly that of what I call Pet Communication: people speaking to, through, and for their pets. I will also pay some attention to the genre of Service Encounters.

A portion of Jakobson's Speech Event Model (Jakobson 1960), namely his theory concerning the six functions of language, provides another valuable tool for the analysis of Pet Communication observations. Of Jakobson's six functions, I will particularly emphasize three when analyzing this data: the emotive function, the conative function, and the phatic function; the poetic, metalinguistic, and referential functions are less directly applicable, although I will make reference to the referential, which involves the transmission of new information from a speaker to a listener (Jakobson 1960).

Examination of how Pet Communication enacts the emotive function of language, also called the "expressive" function, gives insight into how pet owners' display the nature of their relationship with their pets (Duranti 1997). This function is articulated by means of "interjections and certain modifications of linguistic sounds that do not change the denotative meaning of an expression but add information about a particular attitude or stance that the speaker is taking" (Duranti 1997: 285). When individuals are overheard speaking to their pets,



the modifications in their speech sounds are easily distinguishable, and I have included these in my transcriptions. I will concentrate my analysis on the use of distinctive intonation, pitch, and vowel quality, especially in the use of baby talk to pets which I discuss in chapter 5. Inclusion of pets in kinship relations as demonstrated through terms of address and reference is enhanced through pet owners' use of baby talk (Ferguson 1977).

The conative function of language is an especially important aspect of human speech directed towards other beings who are incapable of speaking. According to the theories of Jakobson, "the conative function attends to relationships between speakers and what communication achieves in this social dimension" (Jaworski 1999:48). In reference to Pet Communication, the aspect of conative function of language referring to the imperative is probably the most applicable. Humans often use the imperative as they order their pets to perform or to refrain from performing a certain act (Duranti 1997). Repetition, especially of commands as used in Pet Communication will also be examined in chapter 6 with special attention to repeated commands.

Although both functions described above are of importance, the phatic function of language is probably the most important to consider when attempting an analysis of any of the data collected from my observations. "The predominance of contact over other factors gives us what Jakobson following Malinowski's (1923) notion of 'phatic communion,' calls the phatic function, which characterizes what is said just (or mainly) for establishing, prolonging, or discontinuing communication" (Duranti 1997:286). The phatic function of language provides us with the most important reason people talk to each other and to and through their pets. The phatic function provides the opportunity for the establishment, continuation, and display of relationships through talk. Although phatic communion involves little if any transfer of actual



information from the speaker to the hearer, this function does provide the opportunity for making and continuing contact with one another (Malinowski 1999).

In chapter 5, I analyze Pet Communication, including the routine speech, based on Hymes (1974) concept of the linguistic routine, used by pet owners while in the waiting room. The most common of which is the comfort routine, where pet owners and other humans in the waiting room attempt to comfort their pets while they wait.

While it is a daily occurrence in the Small Animal Clinic as well as in the homes of pet owners everywhere, speech to, about, and through our pets has long been overlooked. In chapter 7, I look at how people frame their speech to ratify pets as participants in Pet Communication (Goffman 1981, Tannen 1993). These speech events are often taken for granted as well as trivialized in everyday life. While nearly all pet owners admit that they speak to their pets from time to time, few have ever really thought about these events as far as their communicative value is concerned. This paper is an attempt to begin analyzing these important speech events in order to demonstrate their linguistic value.



CHAPTER 2: DATA COLLECTION IN THE WAITING ROOM

I used a preliminary study, conducted in the fall of 2001 in conjunction with a seminar in Conversation and Discourse at Louisiana State University, as a pilot for my thesis research. During preliminary observations at the Louisiana State University School of Veterinary Medicine Small Animal Clinic waiting room, I was able to become familiar with the setting and the general patterns of events, such as the frequency of individuals entering the clinic, the checkin procedures, the basic types of interactions between the various kinds of patrons, and interactions involving the clinic staff. From this base information, I was then able to determine appropriate methodology for data collection and select linguistic theoretical approaches that would allow for analysis of the kind of data I would collect.

I collected language and behavior data through direct observations of individuals and pets in the waiting area of the Louisiana State University School of Veterinary Medicine Small Animal Clinic, which is represented by Figure 1. I secured permission to conduct such observations from Dr. Dennis McCurnin, who heads the clinic (personal interaction with Dr. Dennis McCurnin, D.V.M.).

I conducted observations between the morning hours of nine and eleven, during which time owners brought their pets in for scheduled appointments. I observed people speaking to the receptionists, veterinarians, other pet owners, individuals in the waiting area, and most importantly, to pets. During these observation periods, most individuals spoke to dogs; my prior observation showed dogs made up the majority of the clientele at the Small Animal Clinic. While dog owners brought their animals into the clinic more often than cat owners clinic (personal interaction with Dr. Dennis McCurnin, D.V.M., personal observation), it is also the case that dogs were more visible because they were usually the only animals seen on leashes.



Throughout my observations, nearly all cats brought into the waiting area were in pet carriers.

Only rarely did other small animals visit in the clinic.

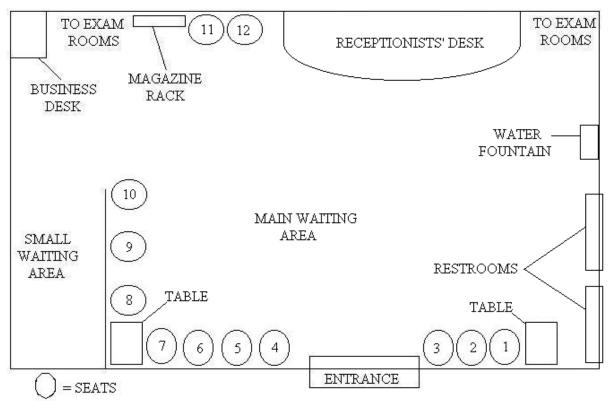


Figure 1: Small Animal Clinic Waiting Room

In order to observe the interactions of the waiting room, I needed to place myself in a position that would allow me to see nearly everything that was going on in the clinic. To do this, each morning when I entered, I sat in one of the available seats in the large waiting area. I usually selected either seat 11 or 12, as these seats provided me with the best overall view of the clinic (see fig.1). This also placed me near the receptionists' desk where I could hear easily hear the service encounters that took place between the receptionists and the pet owners. Seats 11 and 12 also placed me in a position where I would not only be able to see what was going on in the clinic, but could also look through the large glass wall and door in order to see when pet owners were driving into the parking lot. Often times, this allowed me to see what type of dog they were



bringing to the clinic even before they got out of their vehicles, as pets were often carried in automobiles without any type of restrictive device; therefore, they often had their heads in the auto's passenger side window. From seats 11 and 12 I could also easily view the remaining 10 chairs in the main waiting area. These were also the only seats that provided me with a view of what was taking place in the smaller waiting area, although this view was quite limited.

On days when I entered the clinic and a pet owner was sitting in seats 11 or 12, I chose to sit in one of the seats in the perimeter of the room. By doing this, I had the opportunity to view the interactions of the clinic from a different perspective; this also placed me in a more available role to interact with the patrons. My interaction was extremely limited, and usually occurred only when another patron either directly or indirectly addressed me.

I transcribed speech verbatim in real time as pet owners and other people in the Small Animal Clinic waiting room spoke to, through, and about their pets and the pets of other owners. Due to the rapid rate of speech as well as the busy atmosphere of the clinic, I was not able to fully transcribe some conversations. This also means that I was not able to transcribe all conversations that took place, as there were often several taking place at one time. In the event that I use incomplete transcriptions for analysis, their level of completeness will be noted. Otherwise, it can be assumed that data used for analysis was selected from conversations which were transcribed in their entirety (to the extent that this is possible without the assistance of a recording device). Where possible, and appropriate, I include phonetic notation to indicate special use of pitch, intonation, falsetto, and extreme vowels (see Appendix A).

While disadvantageous in some sense, by not using a recording device, I avoided the imposition that such a device would have created. In this way I was able to minimize the observer's paradox (Labov 1972). Through use of this method I blended into the environment in



the sense that my presence was assumed to be that of a waiting pet owner by the other pet owners in the waiting room.

After I collected the data, I typed it out and incorporated other notes concerning the nature of the conversation. This included descriptions of the pets, owners, student veterinarians, and other clinic staff, and physical movements made by people and pets. Additional notes about the conversations which were not transcribed were also included. In some cases, this includes summaries of some conversations which I overheard, but was not able to transcribe.

I have selected representative samples from my data to analyze in the following chapters. A compilation of these selections is in Appendix B. I have labeled each discrete sequence of talk with a letter. Utterances made in each of the lettered sets of transcriptions are numbered in the order that they were stated. In the text, each utterance will be referred to by both the set's letter and the utterance's number, such as: line B-1. When appropriate, the section of transcription which is being analyzed will be placed just before the analysis. I have included phonetic transcriptions where applicable. Phonetic transcription conventions are listed in Appendix A; this includes notes concerning extreme vowels as well as the use of high and low tone. Names of both humans and pets included in the examples have been changed to protect the identity of those involved.

Patrons parked in front of the clinic in a special lot reserved for patients of the Small Animal Clinic. Before reaching the glass doors of the clinic, they passed under an overhang which extended approximately 20 feet. Once owners reached the overhang with their pet, they were given their first look inside the clinic, as the entire wall housing the entrance doors was made of clear glass. Beneath this overhang were two cement benches. These two benches were often occupied by pet owners using cell phones to call and update family members following



speaking with the veterinarian or student working on their pet's case. This appeared to be the one location at the clinic that owners could hold private conversations, a necessity for some due to the seriousness of their pet's ailment. On one occasion, the attending student veterinarian met with a pet owner and their pet while sitting in this area. Aside from this, the benches went largely unused throughout the day.

Upon entering the clinic, the most visible component of the waiting room was the large receptionist desk that stood approximately 4 feet high and directly faced the entry door, (see Fig. 1). From behind this desk, the clinics four receptionists performed clerical duties, this included greeting patients and their owners as they enter the clinic, assisting in the completion of appropriate paperwork, answering the clinic's main phone line, scheduling appointments and making announcements over the intercom system. On most days, the main sign in sheet for the clinic occupied the center of the desk while a phone and pet tag display could be found to the far left (orientations are from the perspective of entering the clinic – see Fig. 1). To the right of this horseshoe shaped desk was a set of file holders; the receptionists placed waiting clients' files in this holder. The attending student veterinarian for each patient picked up the pet's file from the holder when he/she entered the waiting room. The entire wall encasing the entry door was made of glass, allowing patrons and their pets to see outside while they waited for service. This glass wall was cleaned only infrequently, yet due to the fact that the clinic entry had an overhang extending about twenty feet over the glass doors and windows, there was always an ample view. This glass wall had two doors in the center, which were the only public entrance / exit to the clinic. All patrons passed through these doors in order to be seen for regularly scheduled appointments.



The main waiting area for patrons and their pets contained 12 chairs arranged along the perimeter of the room facing this main receptionist desk and on either side of the door. Chairs 1 through 10 were made of hard plastic and fixed in position. Chairs 11 and 12 were of the cushioned mobile variety, although they remained in the same general position at all times. There was a small white seat level table attached to chair one near the door of the women's restroom and another that formed the corner between chairs 7 and 8. These small tables were often used to store cats in carriers, birds in boxes, or the occasionally discarded magazine. The floor was composed of a hard off-white tile, a surface which could be easily cleaned and was kept in a fairly sanitary state. The doors were made of glass with metal fixtures; these doors and fixtures could also be easily cleaned, yet the metal door handles were not cleaned during the course of the day, allowing the aroma of the clinic to cling to the hands of visitors.

To the right hand side of the room were a men's restroom and a women's restroom. A human water fountain was located directly to the left of the men's restroom. Above this water fountain hung a white sign with red script letters: "Please Do Not Allow Pets To Drink From Fountain." The clinic's waiting room did not contain a place for pets to get water. Pathways to the exam rooms ran directly along the right side of the receptionists' desk and a distance from the left side. These were the main thoroughfares to the clinic, the paths along which animals passed to receive treatment. Running parallel to the left hallway was a more business-oriented desk. Here patrons picked up medicine for their pets and paid for the services they received in the clinic. This area consisted of a large open counter that stood approximately 3.5 feet tall. A magazine rack could be found to the left of seat eleven. It contained periodicals from *Cat Fancy* to *Time*. According to the receptionist, the magazine rack was stocked by patrons. The



receptionists even allowed patrons to take any of the magazines home with them, should they have so desired.

At the far left of the waiting room, there was a smaller waiting area separated from the main area by a tall partition. This area contained several chairs, arranged along the left wall; the wall farthest from the receptionists' desk featured a Coke machine. Owners often take unruly pets into this smaller waiting area in an attempt to calm them down by isolating them from the other animals. A double swinging door to another part of the vet school lay between the chairs of this smaller waiting area and the business office desk. A circular overhead mirror hung between the two waiting areas in a position which allowed people to see around the corners of this pathway. This mirror also allowed individuals sitting in seats 4, 5, and 6 to view the people and their pets in the smaller waiting area.



CHAPTER 3: THE PETS AND THEIR PEOPLE

There are several categories of people who inhabited the waiting room. The highest status individuals in the small animal clinic were the head veterinarians and the student veterinarians. Since the clinic is an integral part of the School of Veterinary Medicine, nearly all cases were first assigned to a student veterinarian. These student veterinarians were in their final years of Veterinary School and were in the process of completing rounds in the different departments of the clinic (personal interaction with Dr. Dennis McCurnin, D.V.M.). This rotation is part of the educational process, and is intended to ensure that all new veterinarians became competent and ready to handle just about any pet's problems. While each of the cases had a student veterinarian, there was also a head veterinarian, who was already a professional, who oversaw the case. On special occasions, such as when a new problem that they had never seen before arose, the head veterinarian would completely oversee the case, but this was extremely unusual.

The veterinarians, students included, interacted with both the pet and the owner. It was their job to determine the exact nature of the problem the animal was experiencing as well as to determine and apply the most appropriate treatment.

While the veterinarians were responsible for the treatment and care of the animals, the receptionists kept the clinic running smoothly. When my fieldwork first began three years ago, there were three female receptionists. As my fieldwork progressed, a fourth receptionist was hired. The receptionists were the most noticeable workers in the clinic, primarily due to the fact that their desk and the interactions that take place both at the desk and behind the desk were easily accessible to the patrons of the clinic. They were also salient because of their constant presence; the receptionists worked continually at the counter, while the veterinarians and



veterinary students moved in and out of the waiting room. Unlike the situation in many human doctors' offices, the receptionists at the Small Animal Clinic were not separated from the patrons by a glass wall.

In most cases, a receptionist was the first person to speak to a pet's owner. This was usually in the form of a service encounter (Merritt 1976, Bailey 1997). The receptionist then retrieved relevant records and used the intercom system to call for an attending student veterinarian to receive the waiting case. Her interaction with the owners also consisted of making appointments. As far as the pets were concerned, the receptionist had no direct contact with them. Throughout my fieldwork, I never viewed a receptionist touching or talking to a pet.

While the main type of animal brought into the clinic was dogs, there were many different types of humans in the waiting room. Of all humans present, the most visible were the pet owners. This may have a lot to do with the fact that they were the most numerous category of human present, and they were the possessors of the clinic's main attraction: the pets. Human patrons were of two main types: pet owners who brought their pets in once or twice for a particular ailment, and pet owners whose pets were being treated for cancer.

The first type consisted of pet owners who brought their pets in for services such as ophthalmology, dermatology, and health maintenance. I observed these individuals for the most part only on one occasion. They brought their pet in for a service, received that service, and left; frequently they would make an appointment to return with their pet later for a check up. I was rarely present in the waiting room when such return visits occurred.

The second type of patron were those individuals who brought their pet in for treatment at the Vet School's newly opened Cancer Treatment Unit. These individuals usually came to the clinic three times a week for their pet to receive radiation treatment. Due to their frequently



repeated visits, these were also the owners and pets I was able to document in the greatest detail. I was often able to use information that I gathered on different occasions to accumulate a fuller picture of a pet that was repeatedly brought in, which proved useful in interpreting verbal interactions. This information often included the pet's name and the reason why the pet was being brought to the clinic. I was able to observe patterns of behavior for a few owners and their pets that were brought in under such circumstances.

One such instance centered around a small white dog named Scarlet. Scarlet came to the clinic every Monday, Wednesday, and Friday morning for radiation treatment. On all but one occasion, that I observed, she was brought to the clinic by her female owner who was approximately 40 years old. Over time, I was able to learn that Scarlet came to the clinic for radiation to remove a tumor from one of her hind legs. I was also able to learn that if this treatment did not work, Scarlet's leg would have to be removed, an eventuality that her owner said she didn't wish to imagine. Scarlet would arrive at the clinic at approximately 9:30 AM accompanied by her owner. Shortly thereafter, Katie, a worker at the clinic, would come to the front and sit down next to Scarlet's owner. Katie would gather important new information from her owner, such as if any new problems had arisen, as well as telephone contact numbers for the owner during the interval that her dog would stay in the clinic; these numbers changed on a daily basis. Following this, Scarlet's owner would tell her dog good-bye, and the dog would be taken to the back for treatment. At around 11:30 AM, her owner would return to pick her up, and treatment was done for the day. This pattern became clear after only a few days of fieldwork and I collected additional information concerning the dog and its owner on subsequent visits.

All pet owners entered the clinic through the main entrance (see Fig. 1). The exception to this were veterinary students who brought personal pets in for services; they usually entered the



waiting room from the back right hand side of the clinic. As pet owners entered the clinic, I observed that they often needed to encourage their pet to join them, as many of the pets did not want to enter the building. After the successful entrance of a pet and its owner, they usually followed a set routine. First of all, they would approach the receptionists' desk where they were quickly greeted by one of the receptionists. Here they conducted pertinent business such as signing the pet in, turning over any records they may have brought with them, and making sure that the contact information the receptionist had was accurate. Secondly, they usually visually located a place to sit and then escorted their pet to that location. In the event that the pet was small, such as a cat in a carrier or a dog in the owner's arms, this process was extremely quick, and few altercations occurred. Larger dogs were the exception in this case, since they tended to guide their owners in whatever direction they wished to go. Often times these particular owners had some difficulty escorting their pets to a place in the waiting room where other pets would be safe from their unwanted attention. In the event that a pet owner was not able to locate an appropriate seat in the waiting room, they stood with their pets against the right wall of the clinic just past the restrooms.

In general, pets in the clinic did not confront one another physically; throughout my observations, I only witnessed one such interaction. This one instance involved a rather large dog whose owner was seated in seat 11 and another large dog who was exiting the clinic with its owner. The dogs were immediately separated after only the slightest bit of contact and no harm came to either. In general, the waiting room had a peaceful atmosphere, and patrons seemed to enjoy the time spent with other pet owners.

Patrons usually waited with their pets in the main area until the attending student veterinarian greeted them. Interactions with the attending veterinarian in the waiting room



minimally involved the veterinarian calling out either the name of the pet, or the owner's last name, the owner making some signal, either verbal or nonverbal, and the two walking off to the exam room in the back. This was the minimal interaction that took place between owners and veterinarians in the waiting room; most interactions were much more complex and involved at least a reference to the pet if not part of the conversation being directed at or through the pet.

Encounters between owners and student veterinarians fell into two main categories. The first took place when the veterinarian spoke with the owner in the waiting room. Here he/she gathered information concerning the pet's health. In these cases, the pet was then escorted to the back either with or without their owner, depending on the situation. The second situation, which was more common, involved the veterinarian initially greeting the pet and the owner and then taking both immediately to an exam room in the back where they gathered the pet's information. This seemed to be the preferred method, as it provided more privacy for both pet and owner. In these instances, after the pet's owner had provided the student veterinarian with all of the information the owner was sent back to the waiting room to wait for their pet. According to Clinic policy, pet owners were not allowed to accompany their pets during the exam or during any procedures. This separation seemed to make some pet owners uneasy, and several indicated that they would have preferred to remain with their pets the entire time.

Some pet owners decided to take the time spent in the waiting room without their pets to interact with other pet owners. Most of these interactions involved phatic communion, as little if any information was transferred from one pet owner to another. One such instance involved a female, Mrs. G, who returned from the back to the waiting area where she waited to learn about the condition of her dog, Gremlin. Prior to taking her dog to the back, Mrs. G held Gremlin over her shoulder; the dog was wrapped in a blanket made of a baby printed material. As Mrs. G held



Gremlin she continuously patted him on the back as if he were a baby in need of burping. After meeting with the veterinarian in the exam room, she returned to the waiting room, alone, to await the results of the examination. While she was friendly to the other patrons during her wait with Gremlin, her interactions took on a different dynamic when she returned alone from the back. At this point in time, I was seated in seat six and Mrs. G sat in seat eight. She began speaking with the owners of Jessie, who were seated in seats four and five. They had been waiting for some time to see the veterinarian, a rarity for this clinic, as patrons are usually seen extremely rapidly. Mrs. G took this opportunity to speak with this couple about the condition of Gremlin as well as the conditions of her four other dogs. They also discussed the condition of Jessie, who had a broken leg. After speaking for a few minutes about their dogs, Mrs. G remembered that she had a large packet of pictures in her purse, all focusing on her dogs. There were pictures of dogs in her bed, dogs in their beds, dogs on the sofa, dogs on the gazebo, and dogs in the yard. There were pictures of dogs still living with her as well as one which she did not have anymore. She explained how one of her dogs was extremely shy, therefore, she did not have any close-up pictures of him. While Jessie's owners politely looked at these pictures, Mrs. G remembered that she had her dogs' Christmas pictures with her as well; this interaction took place in mid-February, a few months after Christmas. She removed these pictures from her purse and began to show them to Jessie's owners and to me. Each of the dogs had its own picture which had been professionally taken; and each wore a colorful Christmas bandana around its neck. Mrs. G's interaction was exceptional; most pet owner returned to the waiting room and sat quietly while their pet was being taken care of.

Following the pet's exam or procedure, the student veterinarian returned from the back, sometimes with the pet, sometimes without. The owner, and the pet, if it was present, were then



taken back to an exam room for consultation. In cases where the pet remained in the back for other services, consultation often took place in the waiting room. Consultations also took place behind the partition; this was usually done in the event that a pet was seriously ill or unruly. Unfortunate owners could often be seen leaving this area with tears in their eyes

Aside from the receptionists, the student veterinarians and the head veterinarians, the clinic had many full time employees who often entered and exited through the clinic's main entrance. These workers greeted owners and their pets in the waiting room, and at times took them to the back for procedures. This was especially the case for pets who were at the clinic for radiation treatment. These staff members also escorted pets who had been to the clinic often, and who they knew by name, to the back for routine procedures. Owners appeared to be quite comfortable in their interactions with the staff; before the staff member would bring the pet to the back, he/she would converse with the owner in a phatic manner. This talk often included reference to the pet, but was not often of a medical nature. One situation which involved a worker interacting with a pet dealt with Precious, a black Lab mix who wore a purple bandana around her neck.

Precious had barked continuously since she entered the clinic with her owner. They registered and then sat in seat four where Precious continued to bark. The owner attempted to calm the dog with little success.

EXAMPLE A:

¹Ms. P(to lady with collie): Sorry
²Lady with collie: That's ok

³Ms. P (to Precious): You need to get used to some of these dogs

⁴Ms. P (to Precious): Hold it

⁵Ms. P (to Precious): Sit down please

⁶Ms. P (to Precious): Sit

⁷Ms. P (to Precious): Down

⁸Ms. P (to Precious): Down

⁹Ms. P (to Precious): Sit



Ms. P (to Precious): Stop it
 Ms. P (to Precious): Sit
 Ms. P (to Precious): Shhh
 Ms. P (to Precious): Stop it

Precious seemed to have a problem with any dog that was near. This included a collie who was sitting at the feet of her owner in seat 12. Ms. P apologized to the collie's owner in utterance A-1 for the fact that Precious had continuously barked at the other dog, this apology was acknowledged in line A-2. Ms. P's embarrassment appeared to increase as she stated to her pet in line A-3: "You need to get used to some of these dogs." Precious continued to bark and refused to sit as her owner spoke to her. A few minutes later, a worker walked out from the back. Precious' barking stopped and her tail began to wag; it was clear that she recognized and approved of this employee. The worker bent down to Precious' level and began to pet the dog, The following conversation ensued:

EXAMPLE A:

³⁰Worker (to Precious): I know I know I know

Worker (to Precious): You're just a happy girl and a happy gi

Worker (to Precious): 1You look so good
 Worker (to Precious): 1You look so good

³⁹Worker (to Precious): 1Come with me Ms. Precious

Throughout the entirety of this interaction, the worker spoke using falsetto voice. This type of interaction seemed to be common for this particular worker. She was one of two workers I observed interacting directly with pets.



When there were pets in the waiting room, the room had a different feel to it. People tended to be more interactive when a pet was present; its presence gave them something in common that they could discuss. Pets were the entire reason that the clinic existed, without them, there was no point for the clinic. However, this paper focuses on the speech of the human participants, and the analysis does not include consideration of whether or not pets understood the speech in these interactions.

Pets came in a variety of shapes and sizes. There were a few birds and a cat or two, but the majority of the clientele of the clinic were dogs. They too varied in shape and size. They came as large as Garfield, a 142 lb. Bullmastiff / black Lab mix, and as small as Gremlin, a "Pomm" which weighed less than 5 lbs. They also came for a variety of reasons. A few were there for their yearly checkup and shots, but most came for specialized services. Many of the larger dogs had hip or knee problems; the treatment of this ailment seemed to be a specialty of the clinic, as this was a problem that I heard people discuss on more than one occasion. Other pets needed to have cataracts removed, while still others had skin problems that needed treatment by a veterinary dermatologist. Whatever the ailment, the clinic seemed to provide valuable treatment, for a price.

While a few of the pets were brought to the clinic as a last hope for treatment of a problem, the majority of the pets came to the clinic from privileged circumstances. The average pet, while well cared for, would normally go without treatment for a minor skin problem and would never be a candidate for radiation treatment or acupuncture due to the cost alone.

Veterinary care is expensive and even though the Small Animal Clinic is a teaching facility, patrons do not go uncharged.



CHAPTER 4: FURRY SERVICE ENCOUNTERS

Service encounters play a particularly important role in the Small Animal Clinic due to the fact that the role of the clinic is to provide a service to pet owners and their pets. Service encounters are:

... instances of face-to-face interaction between a server who is 'officially posted' in some service area and a customer who is present in that service area, that interaction being oriented to the satisfaction of the customer's presumed desire for some service and the server's obligation to provide that service (Merritt 1976:321).

The "server" in the clinic service encounters will be one of the veterinarians, one of the workers, or a receptionist. Defining the customer is more complicated, as it is the pet's owner who requests the service, yet it is the pet that is the recipient of the requested service. Unlike interactions involving the veterinarian or a worker, in interactions that involve a receptionist, the pet owner is clearly the interlocutor as no receptionist was ever seen interacting with a pet.

Interactions which fall under Merritt's category of service encounter can, according to Bailey (1997), be separated into two main categories. These two types are labeled: socially expanded service encounters and socially minimal service encounters (Bailey 1997).

Bailey defines a socially minimal service encounter as a service encounter in which "the talk in it refers almost entirely to aspects of the business transaction" (Bailey 1997:333). He also states that these encounters are "limited to no more than greetings/openings, negotiations of the exchange, and closings" (Bailey 1997). The medical office atmosphere of the Small Animal Clinic provides an excellent opportunity for the observation of this type of encounter; this is especially true of the interactions that take place at the receptionists' desk. Here owners are greeted and they sign their pets in for their appointment. In most cases, they only answer a few questions, such as, "what is your name?" and "what service is your pet here for?" Interactions



that initially take place between the veterinarians and the pet owners would fall into the category of socially expanded service encounters.

Socially expanded service encounters are those which "typically include the basic elements [of a socially minimal service encounter], but also include activities that highlight the interpersonal relationship between" service providers and their clients (Bailey 1997:333), in this case the veterinarians and pet owners. Unlike the interactions that take place at the receptionists' desk, those interactions that take place between the attending veterinarian and the pet's owner include the exchange of information about the pet's physical health and its attitude, as well as phatic communion, such as talk about the weather. Bailey claims that this type of service encounter "increases personal involvement" (1997:333), and this can be seen as pet owner's bring their pets to the clinic for follow-up visits. Pet owners seem to become visibly happier if the veterinarian recognizes their pet, and if the veterinarian spends a lot of time talking to them about their pet and their pet's condition. The interactions between the veterinarians and the pet owners also tend to be much longer than those socially minimal service encounters that take place between the receptionists and the pet owners.

Service encounters that took place in the small animal clinic involved the pet owner interacting with the receptionists, with other clinic staff, and with the student veterinarians. Although each one involved different members of the clinic staff, the goal of all service encounters in the small animal clinic was to care for the owner's pet.

Service encounters that involved one of the receptionists and a pet owner were typically socially minimal service encounters (Bailey 1997). These interactions involved mainly speech that was related to the acquisition of services, namely veterinary care for their pets, and they



usually were limited to the interaction that occurred immediately following the owner entering the clinic. This involved signing the pet in and completing any necessary paperwork.

These socially minimal service encounters between owners and any one of the four receptionists often took the form of what Marilyn Merritt defined as a "chaining linkage." Her types of linkages are an extension of Goffman's "three basic linkages between interchanges" (Merritt 1976:335, Goffman 1971). For Merritt, a chaining linkage in a service encounter takes the form: Question, Answer, Question, Answer (Merritt 1976:336). The following interaction followed this model; it took place between one of the receptionists and a pet owner named Karen.

EXAMPLE B:

¹Receptionist (to Karen): First name ²Karen (to Receptionist): Karen

³Receptionist (to Karen): Pet's name

⁴Karen (to Receptionist): Arms

⁵Receptionist (to Karen): Home phone ⁶Karen (to Receptionist): 888-8888

In this interaction, the Receptionist greeted the young female by first asking her for her name. The girl replied by answering the Receptionist's question, "Karen." In order to find the appropriate file, the Receptionist had to follow this with a question concerning the name of her pet and as before, the question was answered by the pet's owner, in line B-4. To complete this interaction, it was necessary for the Receptionist to have a telephone number where the pet's owner could be reached; this exchange of information, once again, followed the format of Question – Answer. Through use of this chaining format the receptionist was able to gather all of the information that the clinic needed.

As the patrons entered the clinic with their pet, they were often greeted by one of the receptionists. The typical greeting from the receptionist took the form of "How ya doin"," if a



greeting was used at all. When a greeting was used, attention was focused on the pet's owner, not the pet. During the course of observations, I never heard any of the receptionists greet a pet owner by saying 'Hey how's your pet doing?,' a question which would have placed the focus on the pet and the pet's condition since, after all, it was the pet who needed care.

In order for the pet to receive this care, the receptionist's job was to gather some information from the pet owner, including their name and the name of their pet. Oftentimes, an initial greeting was not included in the first statement spoken by the receptionist to the pet owner. In the absence of a greeting, the first statement the pet owner heard from the receptionist was "What's the last name" or in some cases just "Last name." These were much less personal initial statements than those which questioned the owner's well being.

The following is an example of a typical service encounter which took place at the receptionists' desk and involved the receptionists. A lady, who will be referred to here as Ms. Smith, who entered the clinic with her dog, the following dialogue ensued:

EXAMPLE C:

¹Ms. Smith (to dog): Come on ²Ms. Smith (to dog): Come on girl

³Ms. Smith (to dog): | hə? |

⁴Receptionist (to Ms. Smith): How you doin

⁵Receptionist (to Ms. Smith): What's the last name

⁶Ms. Smith (to Receptionist): Smith

⁷Receptionist (to Ms. Smith): What service

⁸Ms. Smith (to Receptionist): Orthopedic

Like many of the other pet owners, Ms. Smith had to urge her dog to enter the clinic, this is seen in lines C-1, C-2, and C-3. Ms. Smith was then greeted by one of the receptionists as she walked up to the counter, line C-4, the greeting was immediately followed by asking the pet owner for her last name, or the last name that the dog's file will be found filed under in line C-5, the greeting received no response. As in nearly all of the service encounters I observed taking place



at the receptionists desk, Ms. Smith provided the receptionist with her last name. On a few occasions, the person did not respond by giving the receptionists their last name; instead they made some reference to the fact that the pet did not belong to them. This was usually followed by the person accompanying the pet giving the last name of the pet's owner to the receptionist, extending this part of the interaction from Question - Answer to Question - Answer, Question - Answer.

Once the receptionists had obtained the last name of the pet's owner, the next question asked by the receptionist concerned the type of service that the animal was at the clinic to receive; this is seen in line C-7 of the above interaction. Ms. Smith responded by merely saying "Orthopedic." This one-word response to the receptionist's question was typical of the answers given to the receptionist. In these cases, the receptionist was merely gathering information, and as in most socially minimal service encounters, the pet owner responded with only the information that would be needed to complete the transaction; in this case a one word answer provided all of the necessary information. At this point, the service encounter between the receptionist and the pet owner ended. The attention of the pet owner then turned back to the pet, where the owner attempted to escort their pet to an appropriate place in the waiting room, namely in the direction of a chair for the owner to sit in.

Following the interaction with the pet owner, the receptionist's attention then focused on making sure that the appropriate file was pulled and that the appropriate department would send a student veterinarian to receive the case. This was accomplished through the use of the intercom system which ran throughout most of the school. The intercom system was used in all but one observed occasion in order to call for a member of the staff, student veterinarians and



head veterinarians included. The intercom was typically used in a manner consistent with the following example:

EXAMPLE D:

¹Receptionist (over intercom): Dr. Jones 772 ²Receptionist (over intercom): Dr. Jones 772

The receptionist stated the veterinarian's name, in this case, one of the professors, and then states the extension that this veterinarian needed to dial. Due to the nature of the phone system that was contained in the clinic, only the last three numbers of a phone number were required to be announced, as the initial digit of the number required to make an on-campus phone call was understood, as was the second digit, which was the same throughout the Veterinary School.

The one instance which involved the intercom not being used in order to call a veterinarian or other member of the staff occurred for an unexpected occasion. It was a typical Wednesday morning in the clinic; the receptionists were busy signing pets in and the waiting room had its usual canine collection. Above the heads of the patrons, a voice rang out over the intercom: "Attention please there is a loose cat in the radiology area please be careful we are opening the doors to the outside." The waiting room was silent for a moment as this information registered in the minds of the humans present in the room and then, starting with a small giggle from the workers, the human response proceeded to fully blown laughter throughout the waiting room, including the employee areas in the back. For this laughter, all people present were united in participation.

The problem was not that they had lost 'a' cat, but that they had lost someone's pet cat!

Due to the fact that none of the pet owners in the waiting room had brought cats in that morning, the thought of a lost cat was amusing. After all, as long as the clinic had not lost their pet, everything from their point of view was fine. One of the pet owners found it so amusing that she



addressed her dog: "I hope they catch that cat huh." Business in the clinic continued as normal until a few minutes later when the intercom rang out again, this time announcing that the cat had been located: "Attention please the cat has been found." Light laughter filled the clinic once again followed by business as usual.

It would not have been business as usual had the cat not been found. One of the strangest service encounters that I observed occurred at the receptionists' desk took place a little while later on the same day the cat had escaped. A woman, Ms. L, entered the clinic holding a large bucket that was sealed approximately 7/8 of the way around the top, leaving enough space for an animal to get air yet not escape. She proceeded cautiously to the receptionists' desk, where she informed them that she had called earlier. The receptionist whom she had spoken with earlier on the phone remembered the conversation and checked with Ms. L to make sure that she was the one who called about "catching a bird". Ms. L went on to explain that she hadn't exactly caught the bird, but that she had set out sticky mouse traps and she had trapped a bird instead of a mouse. As in otherwise normal service encounters that take place in the clinic, the receptionist called for a student veterinarian to receive the case. A female student veterinarian entered the waiting room wearing a lab coat and addressed the woman. The student assumed that Ms. L had checked on the bird and that the bird was actually injured; after all, why else would she have brought it into the clinic? This however, was not the case. Ms. L had just taken the bird off of the trap and placed it in the bucket without even looking to see if the bird was in fact injured. As the student opened the bucket to look at the bird, the bird flew out, circled around the waiting room, and then flew into the back. Screams emanated from the receptionists as though they were actresses in some strange horror movie.

EXAMPLE E:

¹ Shocked vet student: Oh my goodness it flew away



² Worker in back:

Close the door

³ Worker in back:

Close the door

⁴ Ms. L:

Well I'm glad it didn't do that in my car it could have

caused a wreck.

The shocked student veterinarian could say no more than "Oh my goodness it flew away." The workers in the back of the clinic had other concerns, namely that this bird had to be caught before it caused any more trouble. They wanted to make sure that all possible doors were closed so that the bird could be caught. Ms. L demonstrated her relative lack of concern about the bird, as she stated in line E-4: "Well I'm glad it didn't do that in my car it could have caused a wreck." She was apparently more concerned about her own well being than she was about the fact that she was the one who had started this entire fiasco. Realizing that she was no longer needed, Ms. L crossed her arms, slouched over, and quickly walked out of the clinic. A car was then seen speeding through the parking lot; evidently she didn't want the bird back.

Service encounters between the veterinarians and the pet owners were of two main types. The first type, like those involving the receptionist, were socially minimal service encounters (Bailey 1997). These interactions involved the veterinarian determining who the appropriate pet owner was, introducing him/herself to the pet owner, and escorting the pet owner and their pet to the back. This type of interaction occurred more often with some veterinarians than with others, and they typically occurred on the first meeting of the veterinarian and the pet owner. The following example of this type of encounter took place between Ms. Z and one of the student veterinarians. Ms. Z brought her dog to the clinic for an oncology appointment; it was not clear to me whether her dog was suspected of having cancer or had already been diagnosed.

EXAMPLE F:

¹ Student veterinarian (to Ms. Z): Ms. Z

² Ms. Z (to Student veterinarian): Yeah

³ Student veterinarian (to Ms. Z): Hi how ya doin



⁴ Student veterinarian (to Ms. Z): You wanna come on back

⁵ Student veterinarian (to Ms. Z): I'm Todd

The student veterinarian had been summoned to the waiting room by the intercom system. As he entered the waiting room, he picked up the dog's file from the top of the receptionists' desk. Looking at the name on the file, the veterinarian said "Ms. Z." In this case, the veterinarian was attempting to determine which of the pet owners in the waiting room was "Ms. Z." By announcing her name aloud, he was also acknowledging that he would be the attending student veterinarian, and that he was ready to examine the dog. Ms. Z responded in line F-2 by saying "yeah" acknowledging that she was the owner of the pet that the veterinarian had been assigned to treat. At this point the student veterinarian, having determined who the pet owner was, moved toward seat number three, where she was sitting, and greeted her by asking her in line F-3: "Hi how ya doin'." This question was directed to the pet owner, not the pet. In this case, the veterinarian questioned the state of the owner, yet did not greet the dog, nor did he ask how the pet was doing. The veterinarian continued this interaction by asking the pet owner in line F-4 "you wanna come on back." Since the pronoun in this statement is ambiguously singular and plural, the veterinarian was either continuing to address Ms. Z only, or speaking to both her and her dog in order to have Ms. Z bring her dog to the exam room in the back. In the final statement of the encounter, line F-5, the veterinarian finally introduced himself. Up to this point the student did not find it necessary for the owner to know his name.

The second type of service encounter that involved the student veterinarians was the socially expanded service encounter. In this type of service encounter, the veterinarians spent time in the waiting room speaking with the owners and their pets. This allowed the student to visually assess the pet while they conversed with the pet and owner in the waiting room, a setting that was already familiar to pet and owner. Student veterinarians who chose to initially greet



patrons and their pets in this type of service encounter generally picked up the pet's file from the receptionists' desk and announced the name of the pet or the last name of the owner, the same method as used in those encounters which were socially minimal. What was different was that after they determined which owner and which pet in the waiting room they would be seeing, they greeted the pet and the owner and did not return immediately to the back. Instead, these student veterinarians engaged in dialogue with the pet and the pet owner while standing facing them. At times, if a seat was available, they sat next to the pet owner to gather important information about the pet. These students showed their concern for the animals by attempting to get to know them as well as their owners.

One of the few student veterinarians who exemplified the caring goals of the clinic was a young male veterinarian by the name of Tom. Throughout the course of observations, I never observed Tom participating in a socially minimal service encounter. Rather, he interacted not only with pet owners but also with the pets in what can only be described as a personalized and socially expanded service encounter.

A relatively tall bald headed guy wearing a lab coat enters the room and picks up a chart; a small cross dangles from his ear. He glances at the chart for a while and then looks up. Most of the time he can pick out the dog that is waiting to see him, evidently from the description in the chart. This is something he tends to do well, a small reminder of how dedicated this student is and of how much he loves his work. He scans the room for his patient, identifies it, and then approaches the owner and states "Mrs. J," the lady nods her head as the student says "I'm Tom."

Like most of the student veterinarians in the clinic, Tom introduced himself through use of his first name only. While his presence in the clinic as a student veterinarian was proof



enough that he deserved the title of veterinarian, he appeared to be much more comfortable introducing himself without it. Whether this was a function of the fact that he was still a student and not professionally or legally a 'veterinarian' yet was unclear. Regardless of this, through use of only his first name he placed himself on a level equivalent to that of the pet owners, not in a higher status. This appeared to make a lot of the pet owners feel more at ease speaking to him. Unlike some of the students, who seemed to speak at a technical level above that of the pet owners, Tom tended to speak to the pet owners in a manner that they could understand, a move which seemed to make many of the pet owners feel a bit more comfortable with the situation. He also included the pet in the conversation, something that few of the other students did. The following interaction took place between Tom and a Mr. and Mrs. J, a husband and wife who were approximately 65 years old, the owners of Jessie, a small peach colored poodle.

EXAMPLE G:

⁴ Tom (to Mrs. J): Mrs. J

⁵ Tom (to Mrs. J): I'm Tom

⁶ Tom (looking at Jessie): Jessie

⁷ Tom (to Jessie): hello baby cakes

⁸ Tom (to Mrs. J): what's goin on with Jessie

After introducing himself to Jessie's owner, Tom then turned his attention to the dog by looking at it and saying its name. Following this initial addressing of the dog, Tom stated in line G-4 "Hello baby cakes." Through use of a nickname of endearment to the dog, he was able to bond with its owners by demonstrating through this verbal intimacy that he would take special care of their dog. He next returned his focus to Jessie's owner, Mrs. J, by asking her in line H-5 to tell him about the problems that Jessie had been facing.

Throughout this entire conversation, the focus remained on the dog. Tom, unlike many of the student veterinarians, never asked the pet owners how they were doing; he continuously focused on the animals. This seemed to provide the pet owners with a sense of security, a feeling



that Tom really could help their "baby." Also, unlike many of the other student veterinarians, Tom spent an extended amount of time speaking to the pet owners and interacting with the pets in the waiting room. In this manner he was able to collect valuable information from the pet owners in a setting that was more familiar to them, as well as to the pet, than the back exam rooms were. This also prevented them from having to move an injured animal more than necessary, as he was able to determine what exams the pet would need prior to taking it to the exam room. This saved time and pain, as far as some of the animals were concerned, as it is sometimes not even necessary for the pet owner to accompany their pet to the back. Time was saved in the sense that pet owners were not allowed to be present while their pets were going through the actual exam.

Most student veterinarians took the pets and the pet owners to the back exam room to collect information, and the pet's owner then returned to the waiting room during the time that the exam was actually conducted. Tom eliminated this step by sitting down in the waiting room, sometimes on the floor, and interacting with the pet and its owner prior to either of them having to move.

The idea of a veterinarian sitting on the clinic floor during an interaction at first appeared to be somewhat unprofessional. He was physically placing himself in a position lower than that of the pet owners, when in fact he was in a role of someone being 'looked-up to' by the pet owner, as he held the key to the health of their pets. After watching his movements for a few days, I finally realized that these non-standard actions of Tom were in fact components of his professional behavior. When sitting on the floor, he was at the level of the pet, his primary object of concern. His ability to interact with pet owners in these personalized socially expanded service encounters allowed him to perform his job at a level that the other veterinarians were not



able to reach. Through these interactions, Tom came to know his patient and their owners better. Maybe this is the reason that he was the only veterinarian who I observed to receive licks on the face from returning customers.

In addition to the mechanics of the service encounters I viewed, I also noticed several patterns in the initial interactions which took place between the owners and the attending student veterinarian. First of all, the veterinarians tended to return to the back area of the clinic, where the exam rooms were located, by the same route that they took to enter the waiting room. This was remarkable since the path they took was not related in any way to the location of the pet and pet owner in the waiting room, nor did it relate to the exam room that they would enter once they returned to the back, as exam rooms were occupied on a first come first served basis.

A second pattern I observed underwent change over the course of my fieldwork investigation. During my initial observations, I noticed that pets were the first being to be greeted by the student veterinarians; they were truly the focus of these service encounters. This pattern appeared to change following the opening of the Cancer Treatment Unit, when student veterinarians began to greet the owners first, often times not greeting the pet at all. I was unable to determine whether this was directly related to the opening of the Cancer Treatment Unit. This change could have also been the result of instructions received in the course work taken by the students, and had no direct connection to the addition of this center.



CHAPTER 5: PET COMMUNICATION: COMFORT, KINSHIP, AND BABY TALK

One of the main problems that often faces humans as they bring their pets into a veterinary clinic is that they have little control over the situation. Due to the fact that the Small Animal Clinic is associated with a Veterinary School which is a research facility, many of the individuals who brought pets to the clinic were doing so for a second opinion or for treatment that was so sophisticated that it could not be obtained at their local veterinarian's office. Pet owners in this sort of situation were many times not able to assure themselves that their pet would live through this illness or injury. This being the case, they were in need of reassurance.

One way that owners reassured themselves in the waiting room involved the use of a comfort routine. This typically took the form of the owner telling the pet "it's ok" or "you'll be alright." Through the use of phrases such as these, owners were able to display their concern for their pets. The owner of Will, Mrs. W, was one individual who used comfort routine talk.

Ms. W and her dog, Will, had entered the clinic and were filling out paperwork. At this time, Ms. W was sitting in seat 9. After finishing the paperwork, she gave the papers to the receptionist and returned to her seat. Shortly thereafter, Ms. W began to engage in comfort routine talk directed to her dog. It should be noted that the dog was not behaving poorly; he followed commands rather well and he did not bark.

EXAMPLE I:

¹ Ms. W (to Will): It's alright ² Ms. W (to Will): (kiss)

³ Ms. W (to Will): I know, but it's gonna be ok

⁴ Ms. W (to Will): It's gonna be ok

Ms. W began the routine by telling Will in line I-1, that "it's alright." The "it" that she referred to was unclear to me. This term could have referenced the entire situation, of the dog's illness,



or it could have been referring to this particular situation of being in the veterinary clinic. I did not see Will or Ms. W on any subsequent visit, nor did I hear the reason she gave the receptionist for this particular visit. Prior to and during the utterance of the comfort routine talk, Ms. W maintained constant contact with Will, resting her hand upon his back. Following the utterance of this phrase, Ms. W bent down and kissed the dog. This gesture was a symbolic display of her affection for Will both in this situation as well as in life in general. Following the kiss, Ms. W's hand remained on the back of the dog. She then stated "I know, but it's gonna be ok" in line I-3, and followed this by repeating "It's gonna be ok" in line I-4. Through repetition Ms. W was outwardly demonstrating her attempt to calm the dog even though the dog did not appear to be in any sort of distress. These were statements which were directed to the dog yet voiced the owner's concern indirectly to other owners in the room, and appeared to calm Mrs. W herself. In instances such as this, owners tended to appear more nervous than their pets were.

Routine language was frequently heard in the clinic, often in the form of repetition (Hymes1974). Routines in the clinic were characterized by repetition in two ways. First, the routine itself is repeated by the individual pet owners and by various different pet owners. Second, the routines involve internal repetition. This is seen in the above interaction as Ms. W utters "it's gonna be ok" in lines I-3 and I-4.

Many pet owners not only considered their animals to be friends but they also considered them to be family members. Throughout my observations it became clear that these individuals were willing to publicly display this cross-species metaphorical kinship relationship through their use of language. By observing and recording the speech of pet owners, I was able to hear many of them refer to their pets through the use of terms normally reserved for family members. This included the terms: "baby," "honey," and "kids." While these terms were used



metaphorically in the sense that they did not index biological relationships, it was clear from the attention that these pet owners paid these pets that their relationships with them were extremely strong. Sometimes the display on kinship with pets was stronger than the display of relationships that owners held with human kin who were also present.

In many cases, pet owners not only treat their pets as though they were family members, but they call and refer to pets by names and terms usually reserved for family members. This was displayed frequently in the speech of owners to and about pets at the clinic. During fieldwork, I heard terms of endearment such as "honey", "sweetie," and "baby" used to refer to or address pets. Some individuals went so far as to include their pets in a kinship relationship by referring to their pets as "kids" and calling themselves "mommy" or in one case, "granny." It was quite clear that pet owners who used kinship terms when referring to their pets were not biologically related to the animals.

One instance in which multiple kinship terms were used involved a middle aged female who was the owner of two basset hounds, Bogart and Allie. The owner, Ms. B, was accompanied in the waiting room by what appeared to be her teenage daughter.

EXAMPLE H:

¹¹Teenager (to Bogart): What is wrong with you?

¹²Ms. B (to Bogart

and Allie): Hey kids, yeah my kids Teenager (to Allie): Quit slobbering on him.

¹⁴Ms. Sue (to Bogart

and Allie): Hey, how cute, hello, how are you?

¹⁵Ms. B (to Ms. Sue): They're spoiled

¹⁶Ms. Sue (to Ms. B): Yeah I bet they are, like our kids.

You know it's sad, her dog is 14 years old.....(inaudible)......If

You've got animals you've got to expect it.

¹⁷Ms. B (to Bogart,

to Allie): Your sister slobbered on his ear, didn't you.



Although the owner never spoke directly to her daughter, they both addressed the two dogs as did another pet owner. In utterance H-12, Ms. B looks at the two dogs and states: "Hey kids, yeah my kids." Not only is she placing the two dogs in the kinship system of humans through the use of the term "kids", but she is also claiming that these are her children through the use of the personal pronoun "my". This is purely a metaphorical kinship relationship, for at approximately 10 inches tall, it was clear that Bogart and Allie had been adopted into this complex system.

Later on in line H-17, Ms. B also looked at Bogart and stated: "Your sister slobbered on his ear, didn't you." Although it is unclear whether or not the two dogs were biologically related, the owner made no hesitation in assigning them roles within the confines of her own kinship system. In line H-17, by replacing a single pronoun the owner was also able to address both of the animals with one statement. Bogart is the first addressed in this statement by 'your sister'. Ms. B then turns to Allie, in the same statement, and said 'slobbered on his ear' thereby reframing her utterance to directly address Allie through reference to Ms. B via the use of the pronoun 'his'. Ms. B concludes this statement with the tag question 'didn't you', addressed again to Allie. Although the resulting sentence is ungrammatical, the switch in addressee allows the owner to pay equal attention to both of the animals in this modified kinship system.

According to Keenan, "(p)ronouns normally refer to an established or already known referent" (Keenan 1977:136). In this case, the pronoun "you" clearly refers to one of the dogs, yet the ambiguity in the statement made it difficult to determine which of the two dogs was being referenced.



While terms normally reserved for members of one's human kinship group are used when referring to pets, pets do not fall within the confines of what is considered a standard kinship yet are metaphorically attributed the important aspects of kin. As far as humans are concerned,

Kinship systems are a universal feature of languages, because kinship is so important in social organization. Some systems are much richer than others, but all make use of such factors as gender, age, generation, blood (or descent) and marriage (Wardhaugh 2002:227).

While it is true that kinship is an important aspect of social organization, social organization of pets within the confines of kinship systems in North America has often been overlooked. The relationships pet owners have with their pets are metaphorical as far as kinship is concerned since pets are not related to their human owners through descent or marriage. Yet, in light of this, humans often apply kinship terms to their pets with gender and age in mind. Throughout my research female animals were referred to by gender specific kinship terms including: "mommy," "daughter," "sister," and "aunt." I also heard male animals referred to as: "brother," "son," and "uncle." In some cases, non-gender specific terms such as "kid" and "baby" were used by pet owners when speaking to or about their pets. Some of these terms were used to relate one pet to another, such as the case of the two basset hounds, Bogart and Allie who were referred to as brother and sister. Other terms were used to relate the human owner to their pet. This occurred in many instances as I heard people refer to their pets as their "kids" or "children" in a metaphorical extension of the kinship relationship. Correspondingly, pet owners referred to themselves as the "mommy" or "granny" of a pet. Regardless of the reason for this extension, use of such terms displayed through the use of family language the close bond between the pet and its owner.

In particular, the term *baby* was used in two different ways. The first use of the term could be related to the metaphorical kinship bond held between a pet and its owner. Many pet



owners referred directly to their pet as their "baby." Others used the term as an affectionate address term, as in the phrases "sit down baby" and "Alright baby, come on." In these instances, the term was used in an attempt by the owner to coax their pet into following a command. In polite speech, commands are often softened or hedged in a variety of ways (Brown and Levinson 1987). The use of affectionate address terms parallels this function and also displays the owner's affection for their pets for other humans present in the room to overhear.

Another term of affection and kinship repeatedly used by pet owners was "kids." One owner even stated "Hey kids, yeah my kids," prior to petting her two dogs; ironically, she never spoke to her own human child, who was also present, the entire time they were in the waiting room.

Metaphorical kin relationships were also invoked in dialogue between owners. As two owners spoke about bringing their pets to the veterinarian's office, one of them concurred that "It's like taking your child to the doctor." This was poignantly met with the reply "Or worse . . sometimes I think I should have had my kids on a leash." Neither of these individuals had human children with them in the waiting room, so no humans were harmed by these statements.

The second use of this term dealt with the apparent age or size of a another pet.

Statements in which this occurred usually involved owners pointing out a smaller animal to their pet. This was done through both sight and sound, as one owner asked his wife's dog if it heard another dog barking at it. Jessie was being held by the husband of her owner, Mr. J, who was sitting in seat 4 when this dialogue occurred.

EXAMPLE G:

¹Mr. J (to Jessie): You hear that dog?

²Mr. J (to Jessie): You hear that dog?

You hear that dog?

He's goin to eat you up



The dog that Mr. J was referring to was a large dog sitting on the floor near seat 2. The dog had growled in Jessie's direction. Whether the dog was barking at Jessie, at one of the other dogs in the waiting room or for another reason was impossible for me to determine. The statement G-3, "He's goin' to eat you up," possibly referred to the difference in the size of the two dogs. In comparison to the barking dog, Jessie was a small delicate poodle. Mr. J also uses the personal pronoun "He" to refer to this dog, the sex of the animal was assumed by Mr. J. This was one of the few observations that I made in the clinic concerning owner's speculations about whether or not one pet could hear another. Most of these instances involved whether one pet actually saw another pet.

Ms. D entered the clinic along with her Doberman Pincher. This was an extremely large dog, easily weighing near one-hundred pounds and possibly a little more than that. Ms. D signed her dog in and then began to escort it in the general direction of seats 1 and 2. At this time, there were no other pets in the waiting room.

EXAMPLE J:

¹Ms. D (to Doberman): | ?ə ?ə | come here

²Ms. D (to Doberman): Come see ³Ms. D (to Doberman): Sit down

⁴Ms. D (to Doberman): You see the puppy?

⁵Ms. D (to Doberman): You see the puppy?

As Ms. D was attempting to get the dog to move in the general area of the seats, she used the conative function of language, in line J-1 to command the dog: "|?ə?ə| come here." In line J-2, she once again asked the dog to move nearer to her: "Come see." The dog was on a leash, but it was not yet moving in the direction that the owner wanted it to. Once the dog moved toward the chair, Ms. D commanded it in line J-3 to "Sit down." At this point, the Doberman sat down near its owner. A few moments later, as another small dog was being escorted towards the



clinic door, Ms. D asked her dog "You see the little puppy." In the following line, line J-5, she repeats this statement. This utterance is pragmatically ambiguous between being a directive instructing the dog to see the puppy, and a question with the [DO] dropped. Rising intonation reduced ambiguity indicating that this was most likely a question. Ms. D uses the second person singular pronoun "you" to refer to her dog and uses the term "puppy" to refer to the dog that was outside of the clinic. This repetitive talk to the dog displayed a comfort routine similar in structure and function to that in Example I. After speaking to her dog, she brushed his back off and patted him on the hind quarters.

Statements directing attention to the location of a puppy are another repeated theme in the clinic waiting room, comprising one of the speech community's verbal routines. "Puppy" was common to the repetition of this statement to refer to a dog, in most cases, regardless of the dog's size. This is similar to situations in which parents ask their small human children if they "see the little baby" (personal observation, February 2003); the implicit parallel is that the pet is, regardless of its age, in a child role in relation to the owner. This question directs the attention of a young member of a species to another young member of the same species. When this was said to dogs, it was often spoken using falsetto and question intonation. (See Chapter 6 for additional examples).

The term "puppy" was often used by pet owners when asking their pets if they saw another animal, a frequent occurrence. I did not, however, hear any pet owners asking their pet if they saw an "adult" or "big" pet in this manner. While most routines dealt with the visual or auditory sensory channels, one pet owner included the sense of smell in her talk to a pet in the waiting room.



On one February morning that I observed in the clinic, a lady in her mid-twenties, early thirties, Ms. S, went beyond the senses of sight and sound to include the olfactory sense in her pet-directed talk. Ms. S coaxed her dog to the receptionists desk as they entered the clinic, as is seen in the following conversation in lines K-1 through K-3.

EXAMPLE K:

¹Ms. S (to dog): Come

²Ms. S (to dog): Come on

³Ms. S (to dog): Come on

⁴Receptionist

(to Ms. S): Hey how you doin

⁵Ms. S (to Jessie): Can you smell my puppy ⁶Ms. S (to Jessie): Can you smell my puppy ⁷Ms. S (to dog): |?⇒?⇒| you gotta sit

⁸Ms. S (to dog): Sit . . sit

Once Ms. S and her dog reached the receptionists desk, they were greeted with the normal "Hey how you doin"." Ms. S then provided the receptionist with all of the dog's information, following this, she took her dog and sat down in one of the seats in the waiting room. Jessie, the small poodle, began barking at this dog, just as she had barked at all of the other dogs that entered the waiting room. Ms. S responds to Jessie's barking by asking her in lines K-5 and K-6 "Can you smell my puppy," "Can you smell my puppy." In this statement, the second person singular pronoun, "you," is used by Ms. S to directly address Jessie. She uses the term "puppy" to refer to her own pet. I was not able to determine the age of her dog. As far as olfactory senses were concerned, as an observer, I did not smell her puppy; it appeared to be well groomed. Whether or not Jessie smelled her "puppy" was also unclear, yet since dogs have a keener sense of smell than humans, it would have been more likely that Jessie "smelled her puppy." In this case, the term "puppy" was probably used by Ms. S to refer affectionately to her dog as opposed to refer to the dogs' relative ages, whatever they were. At this time, Mrs. J was extremely distressed as she used repeated commands to Jessie in an attempt to stop her from barking.

Ms. S' speech showed recognition of Jessie's behavior of barking and offered her account of it. Perhaps, Ms. S was also trying to help Jessie's owner save face (Goffman 1995). After directing the questions to Jessie, Ms. S turned her attention to her dog. In line K-7 Ms. S uses a complete sentence, "|?ə?ə| you gotta sit," as means through which to get her dog to obey her. Her dog did not perform the requested command, so she once again addressed the dog in line K-8, "Sit.. sit." In this instance, she directed her dog through repeated use of the single word "sit." Even when repeated a second time, the dog is addressed by the unstated pronoun "you" in the command. In this case, she was looking directly at the dog.

Corresponding to the ways that pets were often referred to and addressed as "baby" in the waiting room, baby talk, as defined by Ferguson (1977), was also a common occurrence.

Ferguson noted that in many cases individuals used simplified language when speaking to babies (Ferguson 1977). He also noted that:

The processes which derive simplified registers from adult speech (AS) are not always simplifying in nature. Some processes are clarifying in that they modify in the direction of greater redundancy, often by adding material to the model. Sentences may be pronounced more slowly and articulated more carefully; vowels normally reduced or elided may by supplied; words, phrases or whole sentences may be repeated (Ferguson 1977:212).

Baby talk to pets was prominently characterized by the use of a falsetto voice when speaking to the pet. In some cases, the term "baby" was stated in this form, this is seen in the following example involving Jane and her mother-in-laws Standard Poodle, Jack.

EXAMPLE M:

¹⁵Jane (to Jack): ∃You see that baby one

¹⁶Jane (to Jack): You see that baby

For these utterances, Jane spoke using heightened pitch in her voice. The term "baby" was also said with rising intonation. In this case, "baby" is referring to Rudolph, another Chocolate Standard Poodle that had just been brought into the waiting room.



Many pet owners spoke to their pets in baby talk. Neither the sex of the owner nor the sex of the pet seemed to affect the use of this convention, as male and female owners alike used this type of speech with their pets of all ages and sizes.

Mr. H entered the clinic accompanied by his wife and their golden retriever, Hero. As his wife attended to the dog's registration, Hero accompanied Mr. H to seat 10.

EXAMPLE N:

¹Mr. H (to Hero): Stay

²Mr. H (to Hero): Down

³Mr. H (to Hero): Stay

⁴Mr. H (to Hero): Down

⁵Mr. H (to Hero): Stay

⁶Mr. H (to Hero): Lets see, come here

⁷Mr. H (to Hero): Lets see, come here

⁸Student veterinarian

(to Hero): The look at you

⁹Student veterinarian

(to Hero): Tyou're a cutie

¹⁰Mr. H (to Hero): ☐ Come on Hero

¹¹Mr. H (to Hero): 7 Good boy

Hero appeared to be a bit excited as his owner attempted to get him to sit near his feet. In lines N-1 through N-5, Mr. H attempted to get his dog to calm down. He does this through repetition of the terms "stay" and "down." Throughout Mr. H and Hero's stay in the waiting room, Mr. H remained in the human-animal interactional frame as far as my transcription recorded. However, due to the rapid rate of conversation and activity in the clinic at this time, it is possible that this is not a complete transcription. After Hero sat, Mr. H noticed something in his dog's eye. In lines N-6 and N-7, Mr. H attempted to get his dog to look at him so that he could wipe his dog's eyes. A few moments later, a student veterinarian passed through the clinic, and just as Mr. H had moments earlier, ratified Hero as a participant as she spoke to him using a falsetto voice: "TLook



at you," "Tyou're a cutie." This passing speaker was never ratified as neither Hero or Mr. H responded to these comments.

When the time came for Hero to be taken to the back for his exam, a student veterinarian came from the back and called his name. Mr. H responded to this action by looking at his dog and stating "Come on Hero," using high intonation and pitch. In his next statement, line N-11, Mr. H uses the same prosody conventions as he praises his dog for following his command: "Good boy." Hero obediently followed his owner to the back exam room without requiring Mr. H to utter any further commands.



CHAPTER 6: REPETITION IN PET COMMANDS: SIT, STAY, SIT, SIT, STAY

Repetition is a common aspect of speech that is directed to a pet as seen in several examples above. Repeated speech often takes the form of commands used by pet owners in an attempt to control their animal. Commands such as "sit," "stay," and "no" are often repeated by pet owners who are displaying the control they have or are attempting to gain over their animals. According to Tannen:

The pattern of repeated and varied sounds, words, phrases, sentences, and longer discourse sequences gives the impression, indeed the reality, of a shared universe of discourse (1989:52).

In the case of pet owners in the waiting room, repeated words allow other people in the waiting room to see that the pet and the pet owner share discourse, namely, that the owner has expectations about how the pet will respond. Through repetition of commands, pet owners are also able to display their investment in the lives of these animals in the sense that they have spent time teaching these commands to the pet so that the pet will obey the commands issued by the owner regardless of the situation. Pet owners display these expectations through the use of speech, particularly verbal cues and commands. Through repetition, the owner establishes expectations regarding the behavior of their pet.

Another common use of repetition is to display the affectionate relationship owners have with their pets. Just as pet owners often repeated commands, they also repeated statements expressing the affection they had for their pet. In many of these instances, "(R)epetition is a resource by which conversationalists together create a discourse, a relationship, and a world" (Tannen 1989:97). In these instances, discourse is created as pet owners speak to their pets using repetition. The utterances made by the pet owner create a discourse with other pet owners in the room as these other pet owners are placed in the role of unratified participants but are



nevertheless overhearers (Goffman 1981). Other pet owners in the waiting room hear the repeated statements made by the pet's owner to the pet and they may enter into conversation with the pet's owner by responding to what they heard, thereby transforming their role from overhearer to self-ratified participant.

The aspect of repetition in Pet Communication analyzed here deals with repeated commands or statements directed toward the pet by the pet's owner or another human. This is not to say that repetition does not occur when one pet owner speaks to another. Just as parents often repeat statements to young children, so do pet owners repeat statements to their pets. I frequently observed repeated utterances in the waiting room as owners and their pets waited for scheduled appointments. Repetition in these cases served many functions. One of the functions was to provide a way for pet owners to show their attempts to control their pets, demonstrated through the repetition of commands, such as, "sit", "stay", and everyone's favorite command, "no." The following example is one which displays this type of repetition use.

It was clear from the moment that Mack and his owner entered the waiting room that Mack was in control. The large male black Labrador retriever would not even allow his owner to sign him in. Instead, he pulled so strongly on his leash that he caused his female owner to throw everything she was holding into the air, including the ink pen she was using to register the visit. Following this fiasco, Mack's owner attempted to sit in one of the chairs. Mack appeared to have other ideas and continued to pull on his leash. After repeated suggestions from fellow pet owners in the waiting room (some of them were pleas), Mack's owner decided to take him into the smaller waiting room so that he would remain separated from the other pets in the large room. At this point, I was not able to see Mack or his owner yet, her use of repetition in talk to him was clearly audible.



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EXAMPLE O:

<sup>1</sup>Ms. M (to Mack): Sit . . sit . . stay . . no. . no. . . good dog | stay . good dog stay |

<sup>2</sup>Ms. M (to Mack): STAY (strong voice)

<sup>3</sup>Ms. M (to Mack): | Oh what a good dog

<sup>4</sup>Ms. M (to Mack): Sit . . good dog . . sit . . Mack . . Mack . . sit . . good dog

<sup>5</sup>Ms. M (to Mack): That's a good dog . . stay . . st
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⁷Ms. M (to Mack): Sit down . . good dog

⁸Ms. M (to Mack): Good dog . . you're a good dog . . sit . . sit

⁹Ms. M (to Mack): |?ə?ə| you're waggin your tail now |hə?|

Even though Mack was not visible at this time, it was clear from the multiple commands from his owner that Mack did not initially obey. She repeatedly begged the dog to sit and stay but Mack was so out of control that even when she asked him to "stay" using a strong voice, she continued to find it necessary to repeat the commands. However, the repetition of commands showed the other pet owners that she was at least trying to control the dog. After she finally calmed Mack down, Ms. M began to sing to him. She was the only owner during my observation periods that sang to her pet, yet, even though her singing could be heard by the patrons on the other side of the partition, none seemed to even notice; it was as if it was normal to sing to your pet in a public space. Mack's owner also used repetition in the song that she sang to him. I was unable to hear exactly what the words to the song were, but the melody was clearly repeated for all to hear.

While Mack's owner was forced to repeat commands due to his disruptive behavior.

Jack was rather well behaved, yet his handler repeated commands just as Mack's owner had.

EXAMPLE L:

¹Jane (to Jack): Sit . . sit
²Jane (to Jack): Sit . . sit Jack

³Jane (to Jack): Sit ⁴Jane (to Jack): Sit

⁵Jane (to Jack): Lie down



In line L-1, Jane ordered Jack to "Sit." A few seconds later, this command was repeated as Jack had yet to obey. A few moments after the initial set of commands, Jane repeated this sequence. The only difference here was that after the second "Sit" she stated the dog's name. Once again, Jack remained standing although he was not being disruptive. It was possible that Jane wanted Jack to sit for health reasons, since, as I discovered a few days later, Jack was rather ill on this occasion. It was also possible that she was attempting to control the dog in order to display to the other individuals in the room that she possessed the ability and the relationship with Jack necessary for him to obey her commands. Her statement in line L-5 "Lie down" was followed by her gently placing her foot on the dog's back in an attempt to get him to listen. Due to the life-threatening nature of the dogs illness, this may have been a move by Jane to place Jack in a comfortable, resting position.

Another salient use of routinized language at the Small Animal Clinic was pet owners repeating certain phrases. These phrases were often spoken directly to the pets, and dealt mainly with the pet's status. The spoken meaning content of these routines centered around assurances that the pet was not currently in nor would not be placed in danger.

As discussed above, comfort routines used in the clinic included phrases such as: "It'll be ok," and "you're alright." These statements were spoken directly to the pet by the pet owner, usually with the pet owner placing him/herself in a physical position nearer to the pet. The repetition of this phrase was a means by which the pet owner positioned himself closer to the pet on an emotional level as well.

One especially complex instance of repeated statements concerning the pet's status involved a second year Veterinary School student, Julie, who brought her rather large dog,



Dizzy, to the clinic for services. Although she never repeated the same sentence exactly the same way, she did repeat key parts of sentences.

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EXAMPLE P:
<sup>1</sup>Julie (to Dizzy):
                                        Sit . . sit
<sup>2</sup>Julie (to Dizzy):
                                        Stop it
<sup>3</sup>Julie (to Dizzy):
                                        Who?
<sup>4</sup>Julie (to Dizzy):
                                        Dizzy stop it
<sup>5</sup>Julie (to Dizzy):
                                        Well stop it
<sup>6</sup>Julie (to Dizzy):
                                        Stop it
<sup>7</sup>Receptionist (to Julie):
                                        That's for Dizzy
<sup>8</sup>Julie (to Receptionist):
<sup>9</sup>Julie (to Dizzy):
                                        You don't like this so much do you?
<sup>10</sup>Julie (to Dizzy):
                                        Do you need to go tinkle . . come on
<sup>11</sup>Julie (to Dizzy):
                                        Sit . . sit
<sup>12</sup>Julie (to Dizzy):
                                        Good puppy (kiss)
<sup>13</sup>Julie (to Dizzy):
                                        I know you're scared
<sup>14</sup>Julie (to Dizzy):
                                        But you're ok
<sup>15</sup>Julie (to Dizzy):
                                        7See the little puppy
<sup>16</sup>Julie (to Dizzy):
                                        You see the little puppy
<sup>17</sup>Julie (to Dizzy):
                                        Stop
<sup>18</sup>Julie (to Dizzy
  looking at Dizzy's face):
                                        Who's this
<sup>19</sup>Julie (to Dizzy):
                                        I know it's scary
<sup>20</sup>Julie (to Dizzy):
                                        10h you hear the little dog
<sup>21</sup>Julie (to Dizzy):
                                        You hear the little dog
<sup>22</sup>Julie (to Dizzy):
                                        I know it's horrible
<sup>23</sup>Julie (to Dizzy):
                                        Stop picking stuff off the floor
<sup>24</sup>Julie (to Dizzy):
                                        Sit down
<sup>25</sup>Julie (to Dizzy):
                                        Good girl
<sup>26</sup>Julie (to Dizzy):
                                        Who did this
<sup>27</sup>Julie (to Dizzy):
                                        Stop
<sup>28</sup>Julie (to Dizzy):
                                        (kiss)
<sup>29</sup>Julie (to Dizzy):
                                        I'm not gonna hold you you're too big
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The conversation with her dog began as she directed the dog to follow the simple command of "Sit" in line P-1. Through the use of repetition, Julie attempted to verbally force her dog to obey a command. Because Dizzy did not obey the initial command to "Sit," Julie became a bit aggravated, and repeated the command a few seconds later. Following the second command of "Sit," when Dizzy still had not obeyed, it became obvious that Dizzy had not attended any type



of obedience school. Julie reacted to the lack of response in line P-2 by saying: "Stop it." As before, Dizzy did not obey.

Dizzy had thus far refused to obey any of Julie's commands. Julie then looked at Dizzy and stated "Who?" in line P-3. It was as if she was asking the dog the question "Who" should "stop it?" It was unclear to me exactly what this question meant. Julie continued the conversation; she next looked and stated in line P-4: "Dizzy stop it." This utterance is an expanded repetition of her previous statement "stop it." It made the statement more personal as far as the dog was concerned, by including the dog's name. It appeared to be Julie's hope that by including Dizzy's name the dog would then be more likely to obey the command. Dizzy continued to refuse to sit, but rather looked at Julie who then said in line P-5, "Well stop it," with the intonation of gritting her teeth with aggravation. It is clear she had had enough of her dog's inappropriate behavior. Her tone of voice in her last repetition, "Well stop it," also represented a face-saving act (Goffman 1995).

As a Veterinary School Student, Julie's behavior and possibly her dog's behavior, were under greater scrutiny than that of other patrons of the clinic (Goffman 1995). The behavior of her dog and actions she took to control Dizzy, both those behaviors ordered by Julie, such as "Sit," as well as those behaviors Julie disapproved of, are witnessed by her colleagues and peers. As a second year student, Julie may have felt the need to impress her Veterinary School colleagues and peers through the controlled movement of her dog. However, it was clear from the movements of the dog and the way that the dog refused to respond to commands, that Dizzy could not be controlled, at least to the level that Julie would have preferred.

Julie's conversation with her dog continued after she had signed the dog in at the receptionists' desk. At this point Julie looked at Dizzy and said in line P-9: "You don't like this



so much do you?" At the moment she uttered the question, the focus or frame of her participation changed from that of doing paper work with the receptionist to the dog. Quickly following this question she once again looked at her dog, and asked Dizzy another question, followed by a command: "Do you need to go tinkle? . . come on." Dizzy did not respond or even make any movement, such as turning toward or heading for the clearly visible door. Despite the lack of response Julie then took her dog outside. A few minutes later, they returned. Julie sat in seat 12, and once again commanded her dog to "Sit." A few seconds later, she again repeated this command. This sequence was an exact repetition of the initial commands given to Dizzy when they first entered the clinic. Through repetition it became clear that Dizzy did not know the command *sit*, or if she did know the command, she blatantly and repeatedly refused to obey. A few moments following the second repetition of "sit" commands, Dizzy did sit. At this time, the owner responded, in line P-12 by providing positive feedback, saying "Good puppy," bending down, and kissing the dog on the top of the head. Julie used the term "puppy" to address her pet even though Dizzy was a full grown dog. Reducing the age and status of the dog to puppy-hood was another face-saving move (Goffman 1995); if Dizzy was a puppy, her lack of response to commands would have been more acceptable. The term puppy also suggested a juvenile state to the onlookers, although they of course clearly saw that this dog was much larger than the average puppy (see Chapter 5). A few moments later, Julie felt the need to inform Dizzy that she understood that the dog was scared, and to assure her that all would be ok.

The use of falsetto voice in P-18 through P-21made Julie's speech similar to the voice people often use when speaking to babies (Ferguson 1977) (see Chapter 5). On the surface, Julie was attempting to calm the dog by focusing its attention on another dog or puppy by invoking the "see the baby" routine discussed in Chapter 5. While it is possible that the puppy provided a



distraction for her dog, it is also possible that like many of the situations in which this kind of speech is used, the only individual that would be calmed by this change in the focal point of the conversation was the owner of the dog, not the dog.

Julie continued to attempt to correct the actions of Dizzy following this reference to the puppy as she again repeated the command to "Stop" in line P-17. It was not obvious what Dizzy was doing wrong, except for the fact that she would not keep still. In order to maintain face, Julie continued to attempt to control the actions of her dog, a responsibility she evidently was not capable of handling, as Dizzy continued to move. Once again, in an attempt to distract Dizzy from her current acts of misbehavior, Julie confronted Dizzy:

The statement "TWho's this?," in line P-18, was redundant, as it was said while Julie looked down at Dizzy. Also, there were no other dogs (or humans) in the surrounding area to which this statement could have applied except for Dizzy. Dizzy's inability to answer did not stop Julie from speaking to her as though she were a small child using another baby routine, the familiar "Who's the baby?" that she may have started to utter in P-3. Following this, she returned to the "see the baby" routine, but instead of trying to focus the dog's eyes, she asked the dog if it could hear another dog. While it can be assumed that the dog did in fact hear the loud noises made by a dog in the back of the clinic, Dizzy didn't appear to be as startled as Julie was at the sound of the dog. Julie also implied that the dog making the noise was small, although Julie had no access to knowledge about the age of the vocal canine which was not present in the waiting room or in any other visible part of the clinic. Julie continued the conversation with Dizzy about the dog in the back of the clinic saying in line P-22: "I know it's horrible" with a dropping pitch. This statement contained the third term used by Julie to refer to the current situation in the vet clinic as being less than ideal. Prior to the use of the term "horrible," Julie



referred to the situation through use of the term "scary" and by asking Dizzy if she was "scared." Julie's use of these terms would incline an individual reading this to assume that the dog was in fact "scared" and did not wish to be there. The actions of the dog indicated otherwise. Dizzy appeared to be quite content with watching the other people and dogs in the clinic. It was the owner, on the other hand, like many owners, who appeared to be uncomfortable with the situation (see Chapter 5).

What made the situation with Julie and Dizzy notable was the relationship between Julie and the Vet School. She was the first vet student I observed in the waiting room accompanying a pet. While other students came to the waiting room to speak to the receptionist, few of these students interacted with their own pets while there. Julie's extended stay in the waiting room allowed me to observe this unique situation.

Repetition was also displayed in a conversation that I analyze involving a male, called here Mr. L, who entered the clinic with a full grown German Shepherd named Lucy; they were accompanied by Mr. L's wife and a small boy. As they entered, the wife approached the receptionists' desk and began to sign Lucy in for her appointment. At this time, Mr. L took Lucy and sat in seat 9, the following conversation ensued:

EXAMPLE Q:

¹ Mr. L (to Lucy): Hold on, it's all right, yeah, yeah

² Mr. L (to Lucy): What's wrong with you?

³ Mr. L (to Lucy): You see that little puppy, what's he doing?

⁴ Mr. L (to Lucy): Come here, come here, it's windy in the back of the truck, it's

windy in the back of the truck, you're ok, you're ok.

⁵ Mr. L (to Lucy): I wish I had some water for you . . . (pause)

⁶ Mr. L (to Lucy): Oh, I know where you can get a drink!

Mr. L looked at Lucy and stated in u utterance Q-2 "What's wrong with you?" From an outsider's perspective, there did not appear to be anything wrong with the dog; the owner sensed something different. This was followed by use of the "see the baby" routine in line Q-3: "You



see that little puppy, what's he doing?" Most dogs appear to be interested in other dogs. It was obvious that Lucy saw the other dog, which was with its owner on the right hand side of the waiting room, she stood staring at it with great attention. Although there was no possibility that Lucy would or could answer the question "What's he doing?", nonetheless, the question was posed by Mr. L as he placed his face near Lucy's muzzle.

This conversation continued as Mr. L pulled on Lucy's leash in order to draw her closer to the chair he was sitting in. As he did this, Lucy turned around and faced him. Mr. L then placed one hand on either side of the dog's face as he said in line Q-4: "Come here, come here, it's windy in the back of the truck, it's windy in the back of the truck, you're ok, you're ok."

Repetition, in this case, played a variety of roles. By repeating the statement "come here," Mr. L was showing his need to be physically close to his pet. In actuality, the dog was not far from him to begin with, but the owner wanted to be able to touch the dog, a move to ensure Mr. L's security with the situation and a means through which to display the intense bond he shared with his canine companion. By repeating "it's windy in the back of the truck" he displayed concern for the conditions the animal was forced to endure on the way to the clinic, while with the statement "you're ok," he justified his decision to place the dog in the back of the truck despite the wind. Overall, his use of repetition when speaking to the dog is clearly an enactment of the comfort routine discussed in Chapter 5.

Repetition also made it easier for the other pet owners in the room to see that he truly cared for his animal, it was a display to ensure that all individuals in the waiting area knew who Lucy belonged to and how well her owner cared for her. Mr. L continued to show his concern for Lucy's care as he stated in utterance Q-5 "I wish I had some water for you." This is stated as the owner looked around the room for a place to give his dog a drink of water. What appeared to



be his initial idea, allowing the dog to drink out of the human water fountain, was foiled as his eyes were stopped dead in their tracks by the sign hanging above the water fountain stating: "Please Do Not Allow Pets To Drink From Water Fountain." Apparently, Mr. L wasn't the first to have this idea. In line Q-6, following a short pause he stated with excitement "Oh, I know where you can get a drink!" Mr. L stood, walked Lucy to the Men's Restroom, where he entered and flushed the toilet. Mr. L then returned to restroom door and closed it, presumably so that Lucy could drink out of the toilet in private. While Mr. L was willing to allow all of the other pet owners in the room to hear that he had discovered a place for his dog to get water, and to hear his attempt to freshen the water, there was still a need for privacy. It was unclear whether this action was taken in order to save Mr. L from the embarrassment of being seen allowing his dog to drink from the toilet, or to prevent the rest of the patrons in the clinic from having to watch a dog drink out of a public toilet. Regardless of the reason, Mr. L had already placed the other owners in the waiting room in the role of unratified overhearer participants (Goffman 1974, Tannen 1993). He verbally informed them, through his talk to Lucy, about what was taking place, although they were not active participants in the conversation (see Chapter 7). This trip to the watering hole also ended Mr. L and Lucy's stay in the waiting room, since as soon as Lucy exited the restroom the attending student greeted her. Fortunately in this case, the attending student did not allow Lucy to lick his face.



CHAPTER 7: FUZZY FRAMES AND RATIFIED ROTTWEILERS

Erving Goffman's theories concerning ratified and unratified participants provide an important analytic tool when one wishes to look at human interaction with pets (Goffman 1981). According to Goffman, a ratified participant is a participant who is "entitled and expected to be part of a communicative event" (Duranti 1997:298); all other participants are considered to be unratified (Duranti 1997). This theory is useful for understanding the complex interactions in the veterinary clinic waiting room since my preliminary data showed that it was often unclear who was playing an active role in the communicative event, and which participants were ratified. Observations at the veterinary clinic frequently involved humans speaking directly to their pets. In many cases, people speak directly to a pet, even using eye contact, yet clearly intend for their talk to be received by another human present in the room; these situations are of particular interest. The following example shows how people and pets become ratified and unratified participants in Pet Communication and analysis.

EXAMPLE H:

Teenager (to Bogart): What is wrong with you?

¹²Ms. B (to Bogart

and Allie): Hey kids, yeah my kids
Teenager (to Allie): Quit slobbering on him.

Ms. B is a middle aged female owner of two basset hounds, Bogart and Allie. She was accompanied in the waiting room by her teenage daughter, who appeared to be thoroughly embarrassed. Although Ms. B never spoke directly to her daughter, they both addressed the two dogs. In utterance H-12, Ms. B looks at the two dogs and states: "Hey kids, yeah my kids". By addressing the two dogs this way, she ratified them as participants in communication and included them within the kinship system of her family through the use of the term "my kids." However, throughout this entire sequence, the human daughter was never a ratified participant,



in that she was never spoken to directly. She only spoke to the dogs, and thus provided additional ratification for them as participants.

The notion of speaking through another being is by no means unique to Pet

Communication, nor is the ambiguity found in this speech event. Brody notes in her research on

conversation in the Tojolab'al language that:

There are two main aspects to ... ambiguity, which are interrelated. One has to do with the nature and direction of responsibility that is taken for what is said. The other is the relationship between what is said and a particular individual: who is actually speaking, and who is the origin of the message (also, who is a target, and who is an overhearer; ...)? Both can ambiguously involve speaking-through one person to another (Brody 1991:80).

In Pet Communication, speech can be directed by a human participant through a pet indirectly to another participant. In these instances, individuals, such as Teenager, are not required to take full responsibility for what they say as their statements are ambiguous in nature. If these ambiguous statements were to be stated directly to another person, and not through a pet, they could be considered rude. Thus, ambiguity through indirect speech allows these speakers to make statements that would otherwise not be considered socially acceptable.

Ambiguity in pet communication also relieves the actual speaker of some responsibility for what they say, as they are framing the utterance in a manner that makes it appear as though it is the pet that is speaking and not the human. Even though all participants, both ratified and unratified, clearly know that it is the human who is actually speaking, through indirect speech, the speaker is able to avoid some of the uncomfortable circumstances that would be created through direct speech. Just as in Tojolab'al, ambiguity in pet communication is also used in "the identification of a particular individual with a particular conversational contribution" (Brody 1991:86). In pet communication, pets can be placed in the role of active participants and can be given credit for talk that is actually uttered by the pet's owner or another human who is



supposedly speaking for the pet. In these ways, ambiguity allows human participants to interact with one another by attributing speech to the pet when the pet is placed in the role of a ratified participant.

Ideas concerning the framing of utterances to include pets often overlaps with important aspects of the ratification of participants. Frame Analysis centers around our general expectations about the world that we live in (Goffman1947; Tannen 1993). According to Tannen, there is:

... the realization that people approach the world not as naïve, blank-slate receptacles who take in stimuli as they exist in some independent and objective way, but rather as experienced and sophisticated veterans of perception who have stored their prior experiences as 'an organized mass,' and who see events and objects in the world in relation to each other an in relation to their prior experience. (Tannen 1993:20-21).

When analyzing speech in the Small Animal Clinic, these prior experiences help establish that speech to pets is a normal aspect of the human-pet relationship. Human speech to pets establishes a frame in which people have certain expectations about how these interactions will occur. Pet Communication often involves the breaking of frames which "are part of the interpretive means by which participants understand or disambiguate utterances and other forms of communicative behavior" (Jaworski and Coupland 1999: 28).

When people speak to or through pets, people do not expect a verbal response from the pet. Miles Richardson noted that expectations concerning the lack of verbal response from pets is similar to expectations people have concerning prayer. Just as in the speech genre of prayer, in pet communication people frame their speech in a manner which allows them to make verbal requests without the expectation of a verbal response from the being they have uttered the question to.



In pet communication, the human-human interactional frame is altered to include a pet.

Framing of utterances involving a pet can take place in two distinct manners. The first is when an individual speaks directly to a pet, as when giving a command to the pet, as discussed in Chapter 6. This frame may be further altered to exclude other humans if present. The second type of frame that can be established is when people speak through pets; this frame is expanded to include the speaker, the pet, and the person or persons for whom the talk is intended for. What connects these two frames is the presence of the pet; whether spoken to or spoken through, the pet is an necessary component of the frame.

Through the inclusion of pets in conversations, I observed that pet owners were able to speak to and through their pets in various ways. Speech events in which pets became ratified participants at the same time that human participants became unratified were a common occurrence in the waiting room. By ratifying the pets, pet owners also reframed their speech from what can be considered the normal human-human interactional frame to one that includes a pet. In some instances, this frame was adjusted to include only the pet and the pet owner; in other instances, this frame consisted of the pet's owner, the pet, and other human participants.

Granny actively played the role of interpreter for many of the pets in the clinic. Unlike the other owners in the waiting room, she never sat down. Instead, she walked around the waiting room informing dog owners of what she thought their pets had on their minds. This was exemplified in an interaction, which took place between Granny and the daughter of Bogart and Allie's owner, Teenager.

EXAMPLE H:

¹Teenager (to Bogart): Shhh

²Teenager (to Bogart): What are you whinnin for?

³Granny (to Teenager

for Bogart): He says I don't want to be here, this is the doctor's office

⁴Teenager (to Bogart): What, you don't know that your whinnin for



⁵Granny (to Teenager

for Bogart): He says Oh yeah I do

⁶Teenager (to Bogart

and/or to Granny?): Would you sit down

⁷Ms. A (to Bogart

and Allie): Well good morning, how are y'all this morning?

⁸Ms. B (to Bogart

and Allie): Everyone that walks by is not here to see you

⁹Ms. A (to Ms. B): He's so cute, yes you are ¹⁰Ms. B (to Ms. A): Mr. Boogie and this is Abigail ¹¹Teenager (to Bogart): What is wrong with you?

¹²Ms. B (to Bogart

and Allie): Hey kids, yeah my kids

Teenager (to Allie): Quit slobbering on him.

¹⁴Ms. Sue (to Bogart

and Allie): Hey, how cute, hello, how are you?

¹⁵Ms. B (to Ms. Sue): They're spoiled

¹⁶Ms. Sue (to Ms. B): Yeah I bet they are, like our kids.

You know it's sad, her dog is 14 years old.....(inaudible)......If

you've got animals you've got to expect it.

¹⁷Ms. B (to Bogart,

to Allie): Your sister slobbered on his ear, didn't you

¹⁸Granny (to her dog): Ok honey, granny has to go to the bathroom to get rid of some of

this coffee before we see the doctor.

Teenager looked down at Bogart in line H-1, and stated "Shhh". As Bogart continued to whine she once again directly addressed the dog: "What are you whinnin for?" In this case, as in most cases, the dog provided no reply, nor did the Teenager expect to receive one, but she was mistaken. Granny joined the conversation where she stated in H-3: "He says I don't want to be here, this is the doctor's office." With her use of the quotative "he says" she broke away from the human-human interaction frame, in this case, assuming the role of the dog's voice. Quite remarkable was that while Teenager never acknowledged Granny's presence, Granny's speech was not impeded. In utterance H-4, Teenager peered down at Bogart and addressed him by stating with exasperation "What! You don't know what your whinin for" and once again, Granny came to the rescue of Bogart by stating in H-5: "He says Oh yeah I do." Her repetitive use of quotatives placed her in the role of the indirect voice of the dog.



The quotatives used by Granny were always followed by a comment that contained the singular personal pronoun *I* used to identify not Granny herself, but the dog as a first person speaker. She also always referred to the pet as being male regardless of the actual sex of the animal, through the use of the quotative "he says" on three different occasions; in one case a masculine pronoun was used to refer to a female animal. While Granny had well made her presence known through such direct comments, the daughter refused to accept this break in frame and declined to acknowledge the presence of Granny. Teenager did not reply to either Bogart or Granny; she considered the conversation over as she stated in line H-6: "Would you sit down". In this case, the statement could be seen as a direct command to Bogart or an indirect command to Granny through Bogart, since both participants had continuously wandered around the clinic since their arrival.

The ambiguity in this statement is a common aspect of the speech of Teenager. It was difficult at times to determine whether she was making sly remarks to other humans in the room or directly addressing a particular dog. This was exemplified as the conversation continued a few moments later with Teenager looking at the two dogs and stating in line H-11: "What is wrong with you?" Teenager appeared to be aggravated by the continuous movement of Bogart, at the same time, she appeared to be disgusted with the loving manner in which her mother was treating the two dogs; she rolled her eyes with disapproval when her mother spoke to either of the dogs. Without a break in frame, or the possibility of being misunderstood, the daughter was able to convey both ideas simultaneously. Thus, ambiguity allowed Teenager to voice her complaints in a manner that would not be seen as being disrespectful to either her mother or to Granny. This conversation was abruptly ended as Granny began to walk to the left-hand side of the clinic. As she walked, she raised her little dog to the side of her face and stated in line H-18:



"Ok honey, granny has to go to the bathroom to get rid of some of this coffee before we see the doctor." Even though she raised her dog to a position nearer to her mouth in order for the dog to clearly hear what she had to say, she used an extremely loud voice that could be understood by the other individuals in the clinic. This was one of the rare instances in which a frame was broken in what appeared to be an unacceptable manner to the rest of the patrons; they too rolled their eyes, but to no one's surprise, Granny was not concerned.

Ms. G, like Granny, did not mind putting words in dogs' mouths. Also like Granny, Ms. G continuously walked around the waiting room while holding her small dog. Ms. G made it a point to speak to each of the dog owners who had a dog with them at the time. Since I did not have a pet with me, Ms. G seemed to ignore my presence, or she at least did not feel it was necessary to speak to me. She did find it necessary to speak to and for the pets in the room. Precious, in particular was the main focus of conversation.

The following conversation involved Ms. G, Ms. P, who was the owner of Precious, and Precious, a medium sized black lab.

EXAMPLE A:

⁵Ms. P (to Precious): Sit down please ⁶Ms. P (to Precious): Sit

7Ms. P (to Precious): Down
8Ms. P (to Precious): Down
9Ms. P (to Precious): Sit

¹⁰Ms. P (to Precious): Stop it ¹¹Ms. P (to Precious): Sit

¹²Ms. P (to Precious): Shhh ¹³Ms. P (to Precious): Stop it

14Ms. G (to Ms. P):
15Ms. G (to Ms. P):
She just wants to play
She just wants to play
She just wants to play
Say, I just want to play
That's all . . communicate

¹⁸Ms. G (to Ms. P): Tryin to communicate with other dogs

¹⁹Ms. G (to Ms. P): Pierre does that too



This interaction began as Precious's owner was attempting to calm her down. Precious had barked at all dogs entering and leaving the clinic since she had arrived a few moments earlier.

Ms. G observed the problem Ms. P had in controlling Precious. It is also possible that Ms. G noticed that Ms. P was becoming embarrassed because she could not control her dog's barking.

As Ms. P was attempting to calm Precious in lines A-5 through A-13, Ms. G began to walk in the general direction of Precious and seat 4. As Ms G walked, she patted her small "Pomm," named Gremlin, on the back as he was carried over her left shoulder, covered by a baby blanket. Ms. G initially addressed Ms. P in lines A-14 and A-15 where she repeated "She just wants to play." With this statement, Ms. P was acknowledging that she understood the problem the Ms. P was having, that being pet control. At this point, the conversation took the form of discourse between two people, a normal frame for people conversing with one another.

This frame was broken in the next line, line A-16, when Ms. G began to speak for Precious. Ms. P appeared to be the recipient of this discourse, and in this sense it fit into the usual frame. What does not fit into the normal interactional frame was that Ms. G was speaking through a dog, specifically, Precious. Ms. G accomplished this break in frame through use of the quoatative "she says." It was not clear to me whether or not this break in frame continued in line A-17 where Ms. G stated "That's all . . . communicate." This statement was ambiguous in the sense that she could have easily still been speaking for Precious, this statement being a continuation of the "she says" statement, or she could once again have been directly addressing Ms. P. Line A-18 of this interaction contained the same ambiguity as the previous line. In A-19, all ambiguity was lost and her speech reframed to human-human interaction as she looked at Ms. P and stated: "Pierre does that too." With this utterance, Ms. P, as well as the other people in the waiting room, had to quickly conclude that Pierre was one of Ms. G's other dogs, as Ms. G had



previously stated that the dog she was carrying was named Gremlin. This interaction, like the majority of situations in which people speak through pets, contains a break in frame as well as changes in who the ratified participants are. This being the case, ratification of pets and frame breaks are tightly connected and are analyzed together both in the above interaction as well as in the interaction that follows.

Jack had been seen in the clinic a few days prior with his handler, Jane, who was his owner's daughter-in-law. Jane had brought him to the clinic with a life threatening illness. During this initial visit, Jack did not move much, he just sat at Jane's feet. I first interpreted this behavior as evidence of the dog being well trained, as I had no idea that the lack of interaction between Jane and Jack was due to the severity of his illness. On his return trip to the clinic, I was able to see the two in a more intensively interactive situation, Jack was feeling much better and was full of energy.

During this subsequent trip to the clinic, when I first noticed Jack, he was shaking paws (hands) with Jane. Following this, he sat at her feet and began to deposit a huge pile of dog drool on the clinic's floor. This did not seem to bother Jack the Standard Poodle, as following his puddle production, he proceeded to lie down in his own drool. A few moments later, another Chocolate Standard Poodle, ironically, the only other Standard Poodle I saw during my observations, entered the waiting room from the back of the clinic. Rudolph, as we shall call him, had a coat of fur that was a much darker brown than that of Jack. As Rudolph walks into the clinic with his owner and another female accompanying the owner, Jane turns Jack's attention to Rudolph's presence in lines M-8 and M-9.

EXAMPLE M:

⁸ Jane (to Jack): This another one like you

⁹Jane (to Jack): It's a Chocolate

¹⁰Rudolph: (growls)



¹¹Ms. R

(to Rudolph): Hush

¹²Friend with

Ms. R (to Jack): Hey

¹³Friend with

Ms. R (to Jack): Hey

¹⁴Friend with

Ms. R (to Jack): Hey

¹⁵Jane (to Jack): Tyou see that baby one

¹⁶Jane (to Jack): \tag{You see that baby}

Upon seeing Jack, Rudolph began to growl. Rudolph's owner then attempted to quite the dog in line M-11 with "Hush." The lady, who was accompanying Rudolph and his owner, saw Jack and spoke to him by stating "Hey." This represented a break in frame as she was previously speaking to Rudolph's owner. She continues to establish this new frame as she repeated this statement twice more while admiring Jack and noted the similarities between the two dogs. At this point, Jane looked at Jack and stated in a falsetto voice in line M-15 and M-16: "Tyou see that baby one," "Tyou see that baby." The use of the term "baby" invoked the familiar routine (see Chapter 5), and appeared to me to be ambiguous as both dogs were approximately the same size. After signing in, Ms. R took Rudolph in the direction of seat 3, where Jane and Jack were sitting. Ms. R questions the friendliness of Jack and the following conversation ensued:

EXAMPLE M:

¹⁷Jane (to Ms. R for Jack): Say I live with a cat
 ¹⁸Ms. R (to Jack): Were you a Chocolate?
 ¹⁹Jane (to Ms. R for Jack): Yes, we turned ugly

²⁰(Unclear who said this): You're a sweetheart

²¹(Unclear who said this): Stop that

²²(Unclear who said this): It's strange seeing something that looks just like me

23(Unclear who said this): And he burps
24(Unclear who said this): . . . he burps
25 Jane (to Jack): Where's that tail

²⁶Jane (to Jack): That tail is usually up here

²⁷Ms. R (to Rudolph): | o? | that boy's not too interested in you



Jane reframed her answers in order for it to appear as though Jack was the one answering the question. She accomplished this through use of the quotative "Say" in line M-17. While Ms. R's question was not directly answered, by speaking through Jack, Jane was establishing Jack's credentials for friendliness. If Jack was capable of living with a cat, it could be assumed that he was able to behave in the presence of another dog. Ms. R accepted this answer and proceeded to sit in chair 1. The two dogs met face to face for the first time as they both sat in the floor area of seat 2, between their owners.

With the two dogs sitting so close to each other, the difference in fur color became extremely noticeable. The interactional frame remained broken as Ms. R directly addressed Jack and indirectly addressed Jane with the question in line M-18: "Were you a Chocolate?" This question, like much of the conversation that took place in the clinic, was phatic as the two owners were using talk mediated through their dogs to bond with one another, as opposed to conveying any new information. Jane continued the conversation as she stated in line M-19: "Yes, we turned ugly." In this instance, she used the first person plural pronoun "we" to refer to Jack. By use of this pronoun, she began to reframe the utterance towards the usual human-human frame, yet she was still speaking through and on behalf of Jack. By doing so, she maintained the fractured human-pet interactional frame at the same time that she reframed the utterance.

Many of the observations that I observed in the clinic involved multiple breaks in frame in addition to switching of ratification from humans to pets or from pets to humans. The conversation below took place just prior to the above interaction. It involved Jane, Jack, and a passer-by.

EXAMPLE M:

¹Jane (to Jack): Good boy



²Jane (to Jack): Good boy ³Passer by (to Jane): He is so pretty

⁴Jane (to Jack): Say thank you

⁵Jane (to Passer-bye): He is a mess right now ⁶Jane (to Jack): You're so bad ⁷Jane (to Jack): Yes you're bad

In lines M-1 and M-2, Jane was complimenting Jack as she was shaking her hand with his paw. With these utterances, Jane places Jack as a ratified participant within her human-animal communicative frame. Shortly after they finished doing this, a woman passed through the waiting room. On her way out of the clinic's front door, she stopped, looked at Jane and spoke to her, paying Jack the following compliment in line M-3: "He is so pretty." The passer-by used the masculine singular pronoun, "he," to refer to the dog even though she would not have been able to determine the sex of the dog from the perspective of her observation. This statement made by the passer-by was framed as a human-human interaction yet, the reply given by Jane was reframed in the human-animal frame. She did this by speaking through Jack: "Say thank you." In this instance, Jane addressed Jack using the understood imperative pronoun "you" in her instructing Jack to speak: "(you) say thank you." The "you" in the statement referred to the passer-by. By speaking through Jack, Jane included both the dog and the passer by in the frame. In the subsequent statement by Jane, "He is a mess right now," she once again reframed the utterance, this time to a human-human interactional model. The pronoun "he" in this statement acknowledged the fact that the passer-by's earlier assumption about the sex of the dog was

There were many instances in the clinic in which assumptions about the sex of a pet were incorrectly made. In these instances, pet owners usually quickly corrected the speaker. The passer-by was correct in this case, whether through a patterned behavior of referring to animals as being male regardless of their sex, or through sheer luck, she guessed appropriately. After



correct.

receiving ratification from Jane, the passer-by left the clinic. Jane then turned to Jack, in line M-6, again reframing her utterance, this time to include only the dog. Placing one hand on either side of Jack's muzzle, Jane gently pulled the dog's face closer to her, to the point that they were looking directly eye-to-eye. She then stated to the dog in lines M-6 and M-7: "You're so bad," "Yes you're bad." Jane made these comments using a playful voice. The term "bad" in this statement did not refer to Jack's behavior as he sat quietly by Jane's feet. This was more a statement of affection as opposed to her attempting to correct Jack. Jane used phatic communion in this instance to display her bond with Jack (Malinowski 1999). After bonding phatically with the dog, Jane proceeded to make faces at Jack that, as her previous speech, was framed in the human-pet interactional frame. When she finished playfully gesturing to the dog, she released his muzzle and they sat quietly.

When the time came for Jack to be taken to the back, the attending student veterinarian approached Jane.

EXAMPLE M:

²¹student (to Jane,

looking at Jack): Is this Jack?

²²Jane (to student): This is Jack

²³student (to Jane): Hey Jack

²⁴Jane (to student,

through Jack?): Say hey

The student began the conversation in a modified form of the human-human interactional frame as he spoke to Jane yet turned the attention of his eyes toward the dog. In line M-21 the student veterinarian approached Jack and Jane. Looking at Jack yet speaking to Jane she uttered: "Is this Jack?" This was Jack, the veterinary student had chosen the correct pet. She had determined the appropriate dog and owner by looking at the chart and then looking around the room. Selecting the appropriate dog was either a lucky guess made by the student or there had to have been some



extremely detailed information on the chart, since at this point in time there were two chocolate Standard Poodles in the waiting room. This information could have been the relative age of the dog as the owners were able to tell that Rudolph, the other chocolate Standard was much younger than Jack as he had much darker fur than Jack. Jane acknowledged that the student had approached the correct dog by stating in line M-22, "This is Jack." Following this acknowledgement, the student broke frame and began to speak to Jack: "Hey Jack." Jane maintained this human-animal frame as she spoke through Jack in her reply to the student "Say hey." Jane used the understood pronoun "you" to refer to Jack in this command which she made while looking directly at the dog. Due to the large amount of activity in the waiting room at this point, I was not able to transcribe the rest of the conversation that took place just prior to them taking Jack to the exam room. This dialogue did not last much longer, but it was unclear to me whether or not the frame returned to that of human-human interaction before this conversation ended.



CHAPTER 8: THE END OF THE LEASH

Human speech to and through pets is a common yet highly overlooked aspect of discourse analysis and human relationships with pets. Language is a means through which pet owners control and bond with their pets as well as a way to display this human-animal bond. Through linguistic analysis of pet owner's speech, or Pet Communication, this human-animal bond becomes vivid. While investigation of pet communication is only one way of analyzing the complex relationships people have with pets, it allows for the examination of a form of talk that has very much been taken for granted.

Pet owners not only speak to their pets, but they also use their pets as a medium through which they are able to communicate with other humans. While it is not the only situation where people speak to and through their pets, the waiting room at the Small Animal Clinic provides a public setting in which the establishment of the human-animal bond through language can be viewed. The people in the clinic, including staff, veterinarians, student veterinarians, and pet owners who are present in the clinic have one goal in mind, that being the healthcare of pets. They accomplish this goal as well as bond with the pets in the clinic through the use of language. The human participants in the clinic, especially the pet owners, are also able to bond with one another as they speak about their pets and the pets of others. Topics such as the breed of a pet or a healthcare issue provide a common topic for waiting patrons to discuss.

Through my linguistic analysis of speech in the Small Animal Clinic waiting room, I have observed some patterns of Pet Communication talk. This includes the practice that people not only speak to pets, but they also speak for pets through the use of quotatives. Pets are also ratified as participants in conversations as people speak through them in order to direct talk to other humans. In these situations, it is not uncommon for human participants to become



unratified and replaced by their four-legged companions as ratified participants in conversation. In many of these situations, pets were not only ratified, but also were included in the interactional frame of the conversation. By framing talk to include pets, patrons were able to speak either directly to a pet or to speak through that pet to another human who was present.

Language directed to and through pets was a frequent component of the conversations in the waiting room. Additionally, the language used by individuals to display the bond they had with their pets showed common patterns of use. Pet owners used terms of endearment and kinship terms to refer to their pets, such as 'kids' and 'baby' as well as metaphorical kinship terms which referenced the pet owner, such as 'mommy' or 'granny'. Through the use of these terms, pet owners were able to verbally place their pets within the confines of their own kinship systems, making them not only companions, but members of their families.

Another component of the treatment of pets as children was that pet owners spoke to their pets using baby talk. This included the frequent use of a falsetto voice when pet owners and other human participants spoke to pets. The use of baby talk is just one more way in which humans were able to feel as though they were bonding with the pets in the clinic and to display this bond verbally. The use of a falsetto voice when speaking to a pet is not unique to the atmosphere of the waiting room, but its use at the Small Animal Clinic was notable.

Through the use of conventions such as kinship terms, ratification of a pet as a conversational participant, framing talk to include pets, and baby talk, pet owners in the Small Animal Clinic waiting room displayed a distinctive mode of interaction which allowed them to establish and maintain their relationships with their pets and the pets of others. Language is a vital part of this atmosphere, both in the medical sense as well as in the sense that people need to feel as though they are bonding with one another and with their pets. Through linguistic analysis



of speech in the Small Animal Clinic, the bond we share with pets as well as with other humans begins to appear.



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APPENDIX A: TRANSCRIPTION CONVENTIONS

Most of the talk is presented in Standard English spelling with eye dialect for dropping the [g] in –ing constructions. The following transcription conventions are used in the data presented in both the main text as well as in Appendix B which is a compilation of data used in the paper. Capitals indicate the beginning of an utterance while phonetic transcription of some utterances conveys special vocalizations.

- 7 Extra high tone
- J Extra low tone
- Low tone
- Unreleased
- | | Phonetic brackets
- () Sound made by pet
- [] Human gesture
- ? Question intonation



APPENDIX B: TRANSCRIPTS

EXAMPLE A:

A female owner (Ms. P) and her medium black dog entered the clinic. They signed in and the owner took her medium sized black dog (Precious) and sat in seat 4. At this point Precious began to bark at a collie who was also in the waiting room.

```
<sup>1</sup>Ms. P (to lady with collie): Sorry
<sup>2</sup>Lady with collie (to Ms. P): That's ok
<sup>3</sup>Ms. P (to Precious):
                                        You need to get used to some of these dogs
<sup>4</sup>Ms. P (to Precious):
<sup>5</sup>Ms. P (to Precious):
                                        Sit down please
<sup>6</sup>Ms. P (to Precious):
                                        Sit
<sup>7</sup>Ms. P (to Precious):
                                        Down
<sup>8</sup>Ms. P (to Precious):
                                        Down
<sup>9</sup>Ms. P (to Precious):
                                        Sit
<sup>10</sup>Ms. P (to Precious):
                                        Stop it
<sup>11</sup>Ms. P (to Precious):
                                        Sit
<sup>12</sup>Ms. P (to Precious):
                                        Shhh
<sup>13</sup>Ms. P (to Precious):
                                        Stop it
```

At this time, a lady (Ms. G) was walking around the waiting room with her Pomeranian (Gizzmo) held over her left shoulder, just as a human mother would hold a child. Ms. G began to speak to Ms. P concerning Precious' barking.

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<sup>14</sup>Ms. G (to Ms. P
  or to Precious?):
                                    She just wants to play
<sup>15</sup>Ms. G (to Ms. P
  or to Precious?):
                                    She just wants to play
<sup>16</sup>Ms. G (to Precious):
                                    Say, I just want to play
<sup>17</sup>Ms. G (to Ms. P
  or to Precious?):
                                    That's all . . communicate
<sup>18</sup>Ms. G (to Ms. P
                                    Tryin to communicate with other dogs
  or to Precious?):
<sup>19</sup>Ms. G (to Ms. P
  or to Precious?):
                                    Pierre does that too
<sup>20</sup>Ms. G (to Precious):
                                     Well hev sweetie
<sup>21</sup>Ms. G (Precious):
                                     Well hey sweetie
<sup>22</sup>Ms. G (Precious):
                                    1You are just so cute
<sup>23</sup>Ms. G (Precious):
                                     II talk to other dogs cause I'm a dog
<sup>24</sup>Ms. G (Precious):
                                     Cause I'm a dog
<sup>25</sup>Precious:
                                    (barks)
<sup>26</sup>Ms. P (to Precious):
                                     -PRECIOUS
```



²⁷Ms. G (to Ms. P,

or to Precious?): She just wants to play

²⁸Ms. G (to Ms. P,

or to Precious?): She just wants to play

²⁹Ms. G (to Ms. P,

or to Precious?): The other dogs

A female worker (Worker) came to take Precious to the back, Precious stopped barking when she saw the worker, her whole attitude seemed to change, her tail started to wag and she began to pant.

³⁰Worker (to Precious): I know I know I know

³²Worker (to Precious): Your just a happy girl

Worker took Precious to the back at this point and Ms. P left the clinic.

33Worker (to Precious): Come with me sweetie

Worker (to Precious): 71'm so happy to see you
 Worker (to Precious): 7Come with me sweet pea

³⁶Worker (to Precious): 7I'm so happy to see you

³⁷Worker (to Precious): 1You look so good
³⁸Worker (to Precious): 1You look so good

³⁹Worker (to Precious): 1Come with me Ms Precious

EXAMPLE B:

A Veterinary student (Karen) approached the receptionist desk and began interacting with the receptionist in order to schedule an appointment for her pet.

¹Receptionist (to Karen): First name

²Karen (to Receptionist): Karen

³Receptionist (to Karen): Pet's name

⁴Karen (to Receptionist): Arms

⁵Receptionist (to Karen): Home phone ⁶Karen (to Receptionist): 888-8888

EXAMPLE C:

Ms. Smith entered the clinic with her dog. She then approached the receptionist desk and began to sign her dog in for its appointment.

¹Ms. Smith (to dog): Come on ²Ms. Smith (to dog): Come on girl



³Ms. Smith (to dog): |he?|

EXAMPLE D:

The receptionists used the intercom system frequently throughout the day, the following example was spoken using the intercom system.

¹Receptionist (over intercom): Dr. Jones 772 ²Receptionist (over intercom): Dr. Jones 772

EXAMPLE E:

A woman (Ms. L) entered the clinic with a small bird in a covered bucket. When the cover was removed in order for the attending student doctor to look at it, the bird flew out of the bucket and around the clinic.

¹ Shocked student: Oh my goodness it flew away

² Worker in back: Close the door Worker in back: Close the door

⁴ Ms. L: Well I'm glad it didn't do that in my car it could have

caused a wreck

EXAMPLE F:

Ms. Z was greeted by the attending student doctor. They conversed for a few seconds, they then took Ms. Z's dog to the back.

¹ Student doctor (to Ms. Z): Ms. Z ² Ms. Z (to Student doctor): Yeah

³ Student doctor (to Ms. Z): Hi how ya doin

⁴ Student doctor (to Ms. Z): You wanna come on back

⁵ Student doctor (to Ms. Z): I'm Todd

EXAMPLE G:

Mrs. J and her husband (Mr. J) came to the clinic with their small peach colored Poodle, Jessie. As other dogs entered the clinic, Jessie barked at them. Mr. J and Mrs. J spoke to their dog in an attempt to get her to calm down.



⁴Receptionist (to Ms. Smith): How you doin

⁵Receptionist (to Ms. Smith): What's the last name?

⁶Ms. Smith (to Receptionist): Smith

⁷Receptionist (to Ms. Smith): What service?

⁸Ms. Smith (to Receptionist): Orthopedic

¹Mr. J (to Jessie): You hear that dog?

²Mr. J (to Jessie): You hear that dog?

³Mr. J (to Jessie): He's goin to eat you up

After waiting for a while in the waiting room, they were greeted by Tom, the attending student doctor.

⁴ Tom (to Mrs. J): Mrs. J

⁵ Tom (to Mrs. J): I'm Tom

⁶ Tom (looking at Jessie): Jessie

⁷ Tom (to Jessie): Hello baby cakes

⁸ Tom (to Mrs. J): What's goin on with Jessie?

EXAMPLE H:

Ms. B signed in her two Basset Hounds, Bogart and Allie. Following this, Ms. B and her teenage daughter, (Teenager), sat in seats 1 and 3 in the waiting room. Also present in the waiting room at the time was the owner of a small dog who referred to herself as Granny. Granny continuously walked around the clinic with her small dog in her arms.

¹Teenager (to Bogart): Shhh

²Teenager (to Bogart): What are you whinnin for?

³Granny (to Teenager

for Bogart): He says I don't want to be here, this is the doctor's office

⁴Teenager (to Bogart): What, you don't know that your whinnin of for

⁵Granny (to Teenager

for Bogart): He says oh yeah I do

⁶Teenager (to Bogart

or to Granny?): Would you sit down

Another pet owner (Ms. A), returned to the waiting room from the back, she walked up to the two dogs and addressed them.

⁷Ms. A (to Bogart

and Allie): Well good morning, how are y'all this morning?

⁸Ms. B (to Bogart

and Allie): Everyone that walks by is not here to see you

⁹Ms. A (to Ms. B): He's so cute, yes you are Mr. Boogie and this is Abigail

Ms. A walked off following this conversation. At this point, Bogart continued to whine.

¹¹Teenager (to Bogart): What is wrong with you?

¹²Ms. B (to Bogart

and Allie): Hey kids, yeah my kids



¹³Teenager (to Allie): Quit slobbering on him

Noticing the noises made by Bogart, a woman in her mid to late 60's, Ms. Sue, who had been sitting quietly in a nearby seat, joined the conversation.

¹⁴Ms. Sue (to Bogart

and Allie): Hey, how cute, hello, how are you?

¹⁵Ms. B (to Ms. Sue): They're spoiled

¹⁶Ms. Sue (to Ms. B): Yeah I bet they are, like our kids

You know it's sad, her dog is 14 years old.....(inaudible)......If

you've got animals you've got to expect it

¹⁷Ms. B (to Bogart,

to Allie): Your sister slobbered on his ear, didn't you

¹⁸Granny (to her dog): Ok honey, granny has to go to the bathroom to get rid of some of

this coffee before we see the doctor

EXAMPLE I:

Ms. W entered the clinic with her dog, Will. After signing in, Ms. W took Will and sat in the waiting room.

¹ Ms. W (to Will): It's alright ² Ms. W (to Will): [kiss]

³ Ms. W (to Will): I know, but it's gonna be ok

⁴ Ms. W (to Will): It's gonna be ok

EXAMPLE J:

Ms. D entered the clinic accompanied by her large dog, (Doberman). After registering the dog for its appointment, Ms. D escorted Doberman to a nearby seat.

¹Ms. D (to Doberman): | ?ə ?ə | come here

²Ms. D (to Doberman) Come see ³Ms. D (to Doberman): Sit down

Another owner approached the clinic door with a small dog, Ms. D then asked her dog if he saw the other dog.

⁴Ms. D (to Doberman): You see the puppy?

⁵Ms. D (to Doberman): You see the puppy?

EXAMPLE K:

Ms. S coaxed her dog to enter the clinic. As she did so, Jessie, a small Poodle, barked at the entering dog.



¹Ms. S (to dog): Come

²Ms. S (to dog): Come on

³Ms. S (to dog): Come on

Ms. S escorted her dog to the receptionists' desk. After signing in, Ms. S turned her attention to Jessie who was still barking at Ms. S' dog.

⁴Receptionist

(to Ms. S): Hey how you doin

5Ms. S (to Jessie): Can you smell my puppy?
6Ms. S (to Jessie): Can you smell my puppy?
7Ms. S (to dog): |?⊖?⊖| you gotta sit

⁸Ms. S (to dog): Sit . . sit

EXAMPLE L:

Jack, a large chocolate Standard Poodle is accompanied in the waiting room by the daughter-inlaw of his owner, Jane. This was Jack's first visit to the clinic for a life-threatening illness. As Jane and Jack wait for the student doctor to see them, Jane attempts to make Jack as comfortable as possible.

¹Jane (to Jack): Sit . . sit ²Jane (to Jack): Sit . . sit Jack

³Jane (to Jack): Sit ⁴Jane (to Jack): Sit

⁵Jane (to Jack): Lie down

EXAMPLE M:

Jane and her mother-in-law's chocolate Standard Poodle returned to the clinic for a checkup. After signing in, Jane took Jack and sat in seat 3. A short time later, a Passer-by complimented Jack.

¹Jane (to Jack): Good boy

²Jane (to Jack): Good boy

³Passer by (to Jane): He is so pretty

⁴Jane (to Jack): Say thank you

⁵Jane (to Passer-bye): He is a mess right now

⁶Jane (to Jack): You're so bad Yane (to Jack): Yes you're bad

While Jane and Jack were waiting, another chocolate Standard Poodle, Rudolph, entered the waiting room with his owner (Ms. R) and his owner's friend.



⁸ Jane (to Jack): 7 It's another one like you

⁹Jane (to Jack): It's a Chocolate

¹⁰Rudolph: (growls)

¹¹Ms. R

(to Rudolph): Hush

¹²Friend with

Ms. R (to Jack): Hey

¹³Friend with

Ms. R (to Jack): Hey

¹⁴Friend with

Ms. R (to Jack): Hey

15 Jane (to Jack): Tyou see that baby one 16 Jane (to Jack): Tyou see that baby

Rudolph and his owner approach Jane and Jack, Ms. R sits in seat 1 while Jane remained sitting in seat 3. Ms. R and Jane discuss whether or not Jack is friendly.

¹⁷Jane (to Ms. R): Say I live with a cat
 ¹⁸Ms. R (to Jack): Were you a Chocolate?
 ¹⁹Jane (to Ms. R): Yes, we turned ugly
 ²⁰Unclear who said this: You're a sweetheart

²¹ Unclear who said this: Stop that

²² Unclear who said this: It's strange seeing something that looks just like me

Unclear who said this:
 Unclear who said this:
 Unclear who said this:
 In the burps
 I

²⁶Jane(to Jack): That tail is usually up here

²⁷Ms. R (to Rudolph): | 02 | that boy's not too interested in you

The two owners continued to talk about their dogs. At approximately the same time, two student doctors entered the waiting room to take the two dogs to the back. The following exchange took place between Jane and the student doctor who would care for Jack.

²¹Student doctor (to Jane,

looking at Jack): Is this Jack?

²²Jane (to Student doctor): This is Jack

²³Student doctor (to Jane): Hey Jack

²⁴Jane (to Student doctor,

through Jack?): Say hey

EXAMPLE N:

Mr. H and his dog, Hero, entered the waiting room and sat in seat 9.

¹Mr. H (to Hero): Stay



²Mr. H (to Hero): Down

³Mr. H (to Hero): Stay

⁴Mr. H (to Hero): Down

⁵Mr. H (to Hero): Stay

⁶Mr. H (to Hero): Lets see, come here ⁷Mr. H (to Hero): Lets see, come here

Mr. H wiped Hero's eyes, a student veterinarian walked by at this time.

⁸Student Vet

(to Hero): look at you

⁹Student Vet

(to Hero): Tyou're a cutie

The attending student arrives at this point and calls Hero and his owner to the back.

¹⁰Mr. H (to Hero): ☐ come on (hero)

¹¹Mr. H (to Hero): ☐ good boy

EXAMPLE 0:

Mack and his owner (Ms. M) entered the clinic, they approached the receptionists desk where Ms. M attempted to sign Mack in. Mack was very excited at this point in time and continuously pulled on his leash. Ms. M eventually took Mack to the smaller partitioned waiting area in hopes of calming him down. The following conversation took place behind the partition.

¹Ms. M (to Mack): Sit . . sit . . stay . . stay . . no. . no. . . good dog \(\) stay . good dog

Stay

²Ms. M (to Mack): STAY (strong voice)

³Ms. M (to Mack):

⁴ Oh what a good dog

⁴Ms. M (to Mack): Sit . . good dog . . sit . . Mack . . Mack . . sit . . good dog

⁵Ms. M (to Mack): That's a good dog.. that's more like you.. stay

⁶Ms. M (to Mack): A good dog . . sit . . sit . . good dog . . stay . . sit

⁷Ms. M (to Mack): Sit down . . good dog

⁸Ms. M (to Mack): Good dog . . you're a good dog . . sit . . sit u? u? you're waggin your tail now hu?

EXAMPLE P:

A student entered the clinic and attempted to register her dog for its appointment.

¹Julie (to Dizzy): Sit . . sit ²Julie (to Dizzy): Stop it ³Julie (to Dizzy): Who?

⁴Julie (to Dizzy): Dizzy stop it 5Julie (to Dizzy): Well stop it



⁶Julie (to Dizzy): Stop it

⁷Receptionist (to Julie): That's for Dizzy

⁸Julie (to Receptionist): Yes

⁹Julie (to Dizzy): You don't like this so much do you?

Do you need to go tinkle . . come on

Julie and Dizzy walked out the main door of the clinic, a short while later they returned and Julie sat in chair 12.

¹¹Julie (to Dizzy): Sit . . sit

12 Julie (to Dizzy): Good puppy [kiss]
13 Julie (to Dizzy): I know you're scared

¹⁴Julie (to Dizzy): But you're ok

¹⁵Julie (to Dizzy):

See the little puppy?

¹⁶Julie (to Dizzy): You see the little puppy?

¹⁷Julie (to Dizzy): Stop

¹⁸Julie (to Dizzy

looking at Dizzy's face): \tag{Who's this?}

¹⁹Julie (to Dizzy): 7I know it's scary

Julie (to Dizzy): 7Oh you hear the little dog?
 Julie (to Dizzy): 7You hear the little dog?

²²Julie (to Dizzy): I know it's horrible

²³Julie (to Dizzy): Stop picking stuff off the floor

Julie (to Dizzy): Sit down
 Julie (to Dizzy): Good girl
 Julie (to Dizzy): Who did this?

Julie held up Dizzy's leash and showed Dizzy the chewed portion.

²⁷Julie (to Dizzy): Stop
²⁸Julie (to Dizzy): [kiss]

²⁹Julie (to Dizzy): I'm not gonna hold you you're too big

EXAMPLE Q:

Mr. L was sitting in the waiting room with his dog, Lucy, when the following conversation ensued.

¹ Mr. L (to Lucy): Hold on, it's all right, yeah, yeah

² Mr. L (to Lucy): What's wrong with you?

³ Mr. L (to Lucy): You see that little puppy, what's he doing?

⁴ Mr. L (to Lucy): Come here, come here, it's windy in the back of the truck, it's

windy in the back of the truck, you're ok, you're ok.

⁵ Mr. L (to Lucy): I wish I had some water for you . . .

⁶ Mr. L (to Lucy): Oh, I know where you can get a drink!



VITA

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