



Alley Cat Rescue
The U.S. Cats Protection Association
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Treating Feral Cats: Guidelines for Veterinarians

Alley Cat Rescue and its network of colony caretakers and veterinarians have successfully trapped and sterilized tens of thousands of feral cats. This fact sheet is meant to serve as a guide for veterinarians and their staff, who may not have previously worked with feral cats.

Feral cats are usually difficult to handle, and the less handled, the safer for veterinary staff and for the cats. Feral cats can be treated without mishaps by implementing these simple steps and procedures.

Preliminary Plans

When planning a colony management program, the client should consult a veterinarian prior to trapping, and the veterinarian should request the caretaker to gather some preliminary information. The caretaker should note: the size of the colony (how many adults, how many kittens), the health of the colony (does there appear to be sick or injured cats), and if there appears to be any tame or "adoptable" cats in the colony. This information is pertinent in devising a proper plan of action. It is difficult to guarantee that the cats will be trapped on a predictable schedule (number of cats, weather conditions, luck with trapping, surgery schedule of veterinarian). Most TNR projects, especially with colonies, require flexibility and patience from both the client and the veterinarian. ACR recommends that clinics draft a list of what they require or expect of their clients. This should include hours of operation, instruction that the cat should remain in a trap, what procedures they may need to follow, terms of payment or donation, if a rescue group is also assisting the cats (for possible adoptions, fostering), etc.

Remember, the cats' well being is very important, or the objective of trying to help may be entirely lost. No cat should be exposed to any danger or allowed to become too stressed, while in remaining in the trap. They should be allowed to recover in a calm, quiet environment, with traps or cages covered by blankets or towels, and cats should have little human contact after surgery.

Fund Raising and Payment Plans

Payment plans should be worked out ahead of time. Both client and veterinarian must remember that, while clinics cannot function without adequate remuneration, a client attempting to control a colony usually has limited resources and is working to help resolve a community problem using their own funds. A workable plan usually can be devised to suit veterinarians and caretakers. ACR can provide information on how to raise money to help pay veterinary expenses. There are also national low-cost sterilization programs available. Veterinarians can participate in the Friends of Animals subsidized program (800-321-PETS), which reimburses veterinarians for part of their surgical costs or contact SPAY (800-243-SPAY), which maintains a national registry for low-cost services.

Equipment & Handling

Having the proper equipment is vital when working with feral cats. Special traps, squeeze-side cages, restraint modules, and cages to house the cats after surgery are all necessary items to have. All equipment containing feral cats must have large notices attached, reading, "Warning! This Cat May Bite". A small transfer cage, which fits against the sliding door of the trap, can be used to move the cat if

necessary. Some veterinarians tranquilize the cat by tipping the trap on its side; it is easier to immobilize ferals while still in their traps. These cats should be handled **only** when tranquilized.

Hazards to Humans

All individuals dealing with feral cats should have pre-exposure rabies vaccinations. All cat bites should be washed thoroughly, and treated immediately to prevent possible infection. Other health hazards are covered by ACR's Zoonotic Diseases fact sheet.

Testing for Viral Diseases

Each colony caretaker, shelter, and veterinarian must make their own decisions about how they wish to spend their resources, and if and which tests to perform. Testing for viral diseases such as FeLV and FIV in feral cat colonies should be optional and not mandatory. The reasons for this are:

1. The rate of infection in feral cats is very low, 4% for FeLV and 2% for FIV, based on statistics provided by Julie Levy, DVM Operation Catnip, North Carolina, Feline Medicine Club, University of California at Davis, and Alley Cat Rescue's colony stats in the Washington D.C. Metropolitan area.
2. Funds for sterilization programs are usually limited; therefore, resources may be better spent on sterilization and rabies vaccines, and not on testing. The time taken to collect blood and run tests, plus the cost of testing, may be better spent on sterilization if, as a nation, we are going to reduce the feral cat population (between 60 and 100 million cats) to any great extent.
3. FeLV is primarily spread from infected mother cats to kittens, and FIV is mostly spread among fighting tomcats through deep bite wounds. Therefore, spaying and neutering will decrease the spread of these infections thus decreasing the need to test. Also, mass screenings of healthy cats can result in large numbers of false positives. For example, there is no reliable test for FIP (this is also not recommended - FIP is mainly spread through the feces of cats; it is found mainly in catteries and crowded shelters, less in feral cat colonies).

Euthanasia

Criteria for euthanasia should be established before trapping begins. Most adult ferals are very healthy. They may only need to be dewormed and some may need antibiotics for URIs or for wounds. If feral cats survive to adulthood, they are usually very healthy, robust cats, and often immune to local diseases.

What To Do If A Feral Cat Escapes

If a feral cat escapes from the trap or cage while in the clinic, a special net, available from Animal Care & Equipment Services (ACES), can be used to recapture the cat. Under no circumstances should anyone try to catch the cat by hand. Do not attempt to throw a towel or blanket over the cat; this is dangerous and the cat can still attack. These cats are wild and should be treated with caution. If the cat hides in an inaccessible place, it is best to set a trap baited with tuna. Cats can be left for 4 to 5 days without food to make them hungry enough to enter the trap (water should be left for them outside the trap).

Surgery

Sometimes it is difficult to know whether cats have eaten prior to being trapped for surgery. In the England, where these programs have been implemented for over three decades, flank incisions are recommended for females (who are not pregnant), as this could possibly lessen the chance of infection and evisceration. However, most U.S. veterinarians use the midline incision, dissolvable sutures with surgical glue. Teeth should be examined and any decayed teeth removed. A long-lasting antibiotic

should be given to both male and female cats to treat underlying infections. Wounds and eye and ear infections should also be treated. If antibiotics are needed after release, they should be given to the caretakers, who can mix crushed tablets or liquid medication into moist food.

Anesthetics

A number of good general anesthetics such as Telazol and Atropine along with Valium are available for smooth surgical procedures with a minimum of post-surgical trauma. Some veterinarians use an injectable combination of Telazol, Ketamine, and Xylazine. In the cases of pregnancy and excessive blood loss, the cat should receive 100 ml of subcutaneous fluids. A few days of recovery with antibiotic treatment is also recommended before releasing the cat.

Sutures

Absorbable sutures should be used to avoid the trauma of having to re-trap female ferals for suture removal. Recommended: Coated Vicryl or PDS (Polydioxanone) (internally); Nexaband S/C (externally).

Vaccinations

ACR recommends a three-year rabies vaccine for cats one year-old and over; studies have shown vaccines to last much longer than this. In addition, cats should be administered a one injection of a four-way vaccine to cover Rhinotracheitis (Feline Distemper), Calici, Pan-leukopenia, and Chlamydia Psittaci.

Eartipping

All feral cats, while still under general anesthesia, should have the top quarter inch of his/her left ear removed. The shape of this ear is then unmistakable, even from a distance. It must be emphasized that if too much of the pinna is removed, the ear looks cropped and may be aesthetically unacceptable to the cat caretakers. If too little is removed, the cat will not be identifiable from a distance. Also, if the cut is not straight, the silhouette is not distinctive enough. Homeostasis may be achieved in several ways: by following the cut with digital pressure, electrocautery, or application of a styptic or drying antiseptic powder. Eartipping allows the caretaker to easily spot a new cat entering the colony, and sterilized cats will not have to be re-trapped. Any eartipped cat trapped in error can easily be identified within the trap and released. It is important that eartipping become common practice. ACR is promoting widespread publicity for left eartipping as the preferred universal method for identifying sterilized feral cats belonging to managed colonies. Some cats are ear clipped with a "V" shape, but this can be confused with an injury to the ear from a fight. Eartipping is vital for identification and can save the animal's life. If an eartipped cat is caught by animal control, they will know that the cat comes from a managed colony and the cat can then be returned to the caretaker. Ear tags may fall out or get caught in bushes; tattoos are hard to see by caretakers and animal control; collars can choke or injure cats and become lost. Microchips are a good idea, only if used in conjunction with eartipping.

Kittens

Early sterilization can be performed on kittens from eight to sixteen weeks old, weighing about two pounds. Neutered feral kittens can be returned to the colony, if they cannot be socialized and/or homes cannot be found for them. Please make sure they recover on heating pads and their body temperatures are closely monitored. In addition, make sure they do not have upper respiratory infections before releasing them.

Pregnant & Lactating Females

Lactating females should not be trapped, if possible. The kittens could die from starvation and exposure. However, if one is inadvertently trapped, the kittens should be located and fostered or the mother can be

spayed through a flank incision and returned to the colony once she has recovered to resume nursing.

Because there are limited funds available and healthy cats are being euthanized at shelters, we recommend that pregnant females be spayed. However, if they are almost due to give birth, they can be fostered until the birth of the kittens. They should be kept in a quiet place with little contact.

Parasite Control

Most feral cats have intestinal parasites such as roundworms, hookworms, coccidia, and/or tapeworms. For parasite control, including ear mites, cats can receive 0.15 ml of Ivomec subcutaneously. Albon should be used for coccidian, and Advantage, Frontline, or Revolution can be applied for flea control. Advantage Multi treats a wide variety of parasites including: Heartworm Disease, Adult Fleas, Ear Mites, Hookworms and Roundworms. Profender can also be applied to treat intestinal parasites such as Hookworms, Roundworms, and Tapeworms. Alternatively, a broad-spectrum dewormer, such as Drontal, and CapStar (an oral flea treatment) can be mixed into wet food.

Post-Operative Care

No cat should leave the clinic until fully conscious. Male cats need a minimum of an overnight stay in the clinic or in a home, where their recovery can be monitored. Females need to be kept for a few days to recover properly. Cats who do not recover well from the surgery should be checked by a veterinarian prior to release. If a cat is not fully conscious after 6 hours, he/she may need fluids or to be checked by a veterinarian. It is safer to allow the cats to recover in a large carrier or in the trap. These can then be used for direct transportation to the colony site. This will lessen the risk to humans of being injured and lessen the risk of trauma to the cat that can often occur while transferring cats from a cage to a carrier.

If feral cats stay in cages at the clinic, remember that they are “wild!” A small enclosure/box that can be secured shut (Recovery Cage 1- 800-338-ACES) should be used. The boxes give ferals somewhere to hide and will make them feel more secure. This will also prevent the cat from escaping, and make it safer and easier for staff to work in the cage. A cover/sheet pulled over the door of the cage will also help lessen their stress. Make sure the cage is securely locked or the cats will escape. Use clips to secure the cage door, if necessary. Never underestimate a cat’s ability or determination to escape. Exercise great caution when changing cat litter or when feeding. Their sometimes-docile appearance can be very deceptive, and they may lunge at the door in an attempt to escape.

In Review

Feral cats are usually difficult to handle, but if a few simple steps and procedures are followed, trap-neuter-return (TNR) programs can be implemented with minimal mishaps. Make sure to gather as much preliminary information as possible about a feral cat colony, so that the appropriate plan can be derived prior to trapping; ensure you (the veterinarian) and the client (the trapper) are on the same page! The following of the above guidelines will promote a safer environment for the veterinary staff and for the cats.