

Veterinary Care: Guidelines for Veterinarians Treating Feral Cats

Alley Cat Rescue and its network of colony caretakers and veterinarians have successfully trapped and sterilized tens of thousands of feral cats. This section is meant as a guide for veterinarians and their staff who may not previously have 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 guidelines.

Preliminary Plans

When planning a colony management program, the client should consult a veterinarian before trapping. The size and health of the colony should be assessed. As it is difficult to guarantee that cats will be trapped on a predictable schedule, flexibility to receive cats is needed. ACR recommends that clinics draft a list of what they require of clients. This should include hours of operation, that the cat should remain in a trap, and what procedures need to be performed.

Remember the cats' well being is very important, or the objective of trying to help may be entirely lost. No cat should be left in any danger or allowed to become too stressed. They should be left alone to recover, with traps or cages covered, and with 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. SPAY/ (800-243-SPAY) 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. 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 those dealing with feral cats should have pre-exposure rabies vaccinations. Any bites to humans should be washed thoroughly, and treated immediately to prevent infection. Other health hazards are covered in ACR's Zoonotic Diseases.

Testing for Viral Diseases

Each colony caretaker, shelter, and veterinarian must come to their own decisions about how they wish to spend their resources, and if they should run these tests.

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—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 shots, and not on testing. The time taken to collect blood and run tests and 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) to any great extent. FeLV is primarily spread from infected mother cats to kittens and FIV is mostly spread among fighting tomcats through deep bite wounds. Spaying and neutering therefore will decrease the spread of these infections. Mass screening of healthy cats can result in large numbers of false positives.

As there is no reliable test for FIP, this is also not recommended. Also, because 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 URI 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 Feral Cats Escape

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 for recapture. 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, but water should be left for them outside

the trap.

Surgery

Sometimes it is difficult to know whether cats have eaten before being trapped for surgery. In the United Kingdom, 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, 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 recommended before releasing the cat.

Sutures

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

Vaccinations

ACR recommends a three-year rabies vaccine for cats one year old and over. Usually one injection of a four-way vaccine—feline distemper, along with viral rhinotracheitis, calicivirus and chlamydiosis is given as well.

Eartipping

All feral cats, while still under general anesthetic for neutering, should have the top quarter inch of their 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.

Eartipping allows the caretaker to easily spot any new cat entering the colony, and neutered cats will not have to be retrapped. Any eartipped cat trapped in error can be

identified within the trap and released.

Homeostasis may be achieved in several ways: by following the cut with digital pressure, electrocautery, or application of a styptic or drying antiseptic powder.

It is important that eartipping become common practice. ACR is promoting widespread publicity for left eartipping as the preferred universal method for identifying neutered feral cats belonging to controlled colonies. Some cats are ear clipped with a "V" shape, but this can be confused with an injury to the ear from a catfight.

Eartipping is vital for identification and can save the animals 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, or 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. Neutered feral kittens can be returned to the colony if homes cannot be found for them. Please make sure they do not have any 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 found 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. If they are almost due to give birth, they can be fostered in a cat playpen until the birth of the kittens. They should be kept in a quiet place with little contact.

Parasite Control

Most feral cats have internal parasites such as roundworms, hookworms, coccidia, and/or tapeworms. For parasite control, including ear mites, cats can receive 0.15 ml of Ivomec subcutaneously. Alternatively, a broad-spectrum dewormer such as Drontal can be used. Albon should be used for coccidia. Advantage, Frontline, or Revolution can be applied for flea control.

Post-Operative Care

No cats 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 should 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 before release. If they are not fully conscious after 6 hours, they may need fluids or be checked by a veterinarian.

It is safer to keep the cats in a large carrier or in the trap. These can then be used for direct transportation to the colony site. This will lessen the danger to humans and trauma to the cat that transferring cats from cage to carrier causes.

If the cats stay in cages at the clinic, remember that they are wild. A small box (or Recovery Cage-call 800-338-ACES) for them to hide in will make them feel more secure. This will also prevent the cat from escaping and make it safer for staff to work in the cage. A cover 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.

Never underestimate the cats' ability or determination to escape. Exercise great caution when changing cat litter or when feeding. Their sometimes-docile appearance can be very deceptive—they may lunge at the door in an attempt to escape.