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**Health Care for 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. With over 30 years of experience working with feral cats, we have put together the following factsheet as a guide for veterinarians and their staff, who may not have previously worked with feral cats.

**The overall health and life expectancy of feral cats**

Those opposed to TNR programs claim outdoor cats are suffering, diseased, and living a life of extreme misery. No doubt there are some *unmanaged* colonies in unhealthy condition, but just as often the cats we see in managed colonies are hardy survivors and very healthy. The Feral Cat Spay/Neuter Project located in Washington state has noted that, after treating over 30,000 cats, their euthanasia rate is 0.2 percent, or two cats out of 1,000, and “the vast majority is in good physical health” (Feral Cat Spay/Neuter Project, 2006).

Viral diseases, such as feline leukaemia (FeLV) and feline immunodeficiency virus (FIV), large epidemiologic studies “indicate FeLV and FIV are present in approximately 4% of feral cats, which is not substantially different from the infection rate reported for pet cats” (Levy and Crawford, 2004). Furthermore, models of the transmission of the two diseases among feral cat populations “indicate that neither virus impacts overall colony size,” meaning these viruses are not quickly killing infected cats, but rather cats are capable of living years with either disease.

And in 2012, Alley Cat Rescue surveyed rescue organizations in the U.S. 25 percent reported the average age of colony cats to be around six to eight years old. Another 35 percent said the feral cats they assist are between nine and 12 years old, with more than 14 percent reporting feral cats in their communities to be 13 years old and above (Alley Cat Rescue, 2012).

**Preliminary plans**

Most TNR projects, especially with colonies, require flexibility and patience from both the client and the veterinarian. ACR recommends veterinarians draft a list of what they require or expect of their clients. This should include hours of operation, the procedures caregivers need to follow and the terms of payment, including whether some of the cost is a donation by the clinic. The caretaker should also let the clinic know if the cats will be returned to the outdoor colony or kept for possible adoption, fostering, barn homes, etc.

**Fundraising 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 the caretaker’s personal funds.

**Surgery**

In the cases of pregnancy and excessive blood loss, the cat should receive subcutaneous fluids. A few days of recovery with antibiotic treatment is also recommended before releasing the cat.

While the cat is still under anesthesia, an overall physical exam should be performed so any other conditions can be addressed. The cat’s mouth and teeth should be examined; any decaying teeth should removed. A long-lasting antibiotic, such as Convenia, should be administered to prevent postoperative infections and to treat any other underlying infections It is also recommended that a pain medication, such as Trobutrol, be administered.

**Anesthetics**

A number of 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.

**Sutures**

Absorbable sutures and surgical glue should be used to avoid the trauma of having to retrap cats for suture removal. Coated Vicryl or PDS (Polydioxanone) sutures are recommended for internal closure and Nexaband S/C for external closure.

**Ear-tipping**

All feral cats, while still under general anesthesia, should have the top quarter inch of their left ear removed. The shape of this ear is then unmistakable in case animal control goes in to trap.

**Vaccinations**

Feral cats who are over one year old should be given a three-year rabies vaccine, along with a distemper vaccine (FVRCP) to prevent Rhinotracheitis, Calici, Panleukopenia, and *Chlamydia psittaci*. It is also highly recommended that a feline leukemia (FeLV) vaccine be administered, regardless of being tested for the disease. ACR’s veterinarian administers a distemper vaccine which includes the FeLV vaccine; using this combination vaccine saves money in the long run over administering separate distemper and FeLV vaccines.

**Treating for internal and external parasites**

It is highly recommended that feral cats be treated for internal and external parasites. Topical treatments, such as Advantage Multi and Profender, can be applied while the cat is still under anesthesia. Caretakers can also be provided with pills like Capstar or Drontal, which can be crushed into food.

**Testing for viral diseases**

Testing for viral diseases, such as FeLV and FIV, in feral cat colonies should be optional and not mandatory. Sterilization will decrease the spread of these infections. Also, funds for sterilization programs are usually limited, therefore resources are better spent on sterilization and rabies vaccines, rather than on testing.

**Kittens**

Early-age spay/neuter is highly recommended and can be performed on kittens who are eight- to 16-weeks-old, as long as they weigh at least two pounds. Please make sure they recover on heating pads and their body temperatures are closely monitored. To prevent hypoglycemia, kittens under four months of age should only fast for three to four hours prior to surgery, and they should also be encouraged to eat a small meal within one hour of recovery from surgery. In addition, all kittens should be examined for signs of upper respiratory infection.

**Pregnant and lactating females**

Colony caretakers should be advised against trapping lactating females, if possible, as her kittens could die from starvation and exposure while she is at the veterinary clinic. However, if a lactating female is inadvertently trapped, and her kittens can be located and fostered, the mother cat can be spayed through a flank incision, or even a midline incision, as long as the incisions are well sutured. Once fully recovered from anesthesia, a lactating female can be returned to the colony and reunited with her kittens to resume nursing; or she can be fostered along with her kittens.

Because healthy cats are euthanized in shelters every day and funds are usually limited, Alley Cat Rescue recommends that pregnant cats, who are not far along, should be spayed. If the caretaker wants to keep a pregnant cat, she should be fostered at the veterinary clinic or in a home until the kittens are born and have been weaned, then she can be spayed (along with the kittens). Ultimately, the final decision should be made based on what is safest for the mother cat. All options should be discussed with the cat’s caretaker prior to trapping, so that fostering arrangements can be made if necessary.

**Postoperative 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. Female cats, especially previously pregnant cats, need to be kept longer to recover properly; at least two or three days is recommended. Cats who appear to not be recovering well from surgery should be rechecked by a veterinarian prior to release. If a cat is not fully conscious after six hours, she may need fluids.

It is safest to allow the cat to recover in a large carrier or in a trap, because these can then be used for direct transportation to the colony site. This will lessen the risk of injury to humans and trauma to the cats, which can often occur while transferring cats from a cage to a carrier. Cover the trap with a sheet or towel to lessen the cat’s stress.

**Conclusion**

Feral cats can be difficult to handle and can be a problem for a veterinarian and staff, but by following the simple steps mentioned above, TNR programs can be implemented with minimal mishaps. Gathering as much preliminary information as possible about a feral cat colony prior to trapping and communicating openly will ensure that the caretaker and veterinarian are on the same page. Again, the less a cat is handled and the use of proper equipment, the safer it will be for both veterinary staff and for the cats.

**References**

Alley Cat Rescue. 2012. *Feral Cat Survey*. Survey. http://saveacat.org/index.php/acr-cat-information/ acr-feral-cat-resources/acr-feralsurvey.

Feral Cat Spay/Neuter Project. “About the Cats: Feline Myths and Controversies.” *FeralCatProject.Org*,

2006. http://www.feralcatproject.org/aboutthecats\_myths.aspx.

Levy, Julie K., and P. Cynda Crawford. “Humane Strategies for Controlling Feral Cat Populations.” *Journal of the American Veterinary Medical Association* 225, no. 9 (November 1, 2004): 1354–60. doi:10.2460/javma.2004.225.1354.

**Helpful TNR Resources**

Humane traps are available from:

* Tomahawk Live Trap Co

(800) 272-8727

[www.Livetrap.com](http://www.livetrap.com)

* ACES (Animal Care Equipment & Services, Inc.)

(800) 338-ACES(2237)

[www.animal-care.com](http://www.animal-care.com)

* Safeguard Traps

800-433-1819

[www.safeguardproducts.com](http://www.safeguardproducts.com)

* Tru-Catch Traps

1-800-247-6132

[www.trucatchtraps.com](http://www.trucatchtraps.com)

Transfer cages and cat dens are available from:

* Tomahawk Live Trap Co

(800) 272-8727

[www.Livetrap.com](http://www.livetrap.com)

Nets for safely catching cats are available from:

* ACES (Animal Care Equipment & Services, Inc.)

(800) 338-ACES(2237)

[www.animal-care.com](http://www.animal-care.com)

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