

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 chapter and subchapters as guides for veterinarians and their staff, who may not have previously worked with feral cats.

The most important item to keep in mind is that the wild nature of feral cats presents a unique challenge when treating them. Therefore, the less you handle them, the safer it is for both veterinary staff and for the cats. Feral cats can be treated without mishaps by using the proper equipment and implementing these simple steps and procedures.

Preliminary Plans

When planning a colony management program, the caretaker should consult a veterinarian prior to trapping, and the veterinarian should request that the caretaker 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 appear to be any tame or adoptable cats in the colony. This information is pertinent to devising a proper plan of action. It is difficult to guarantee that the cats will be trapped on an exact schedule. You may not know the exact number of cats, and you may not be able to predict either the weather conditions or your luck with trapping.



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Feral cat arriving in a trap for treatment by ACR vets, Doctors Rauf Ahmad and Pervaiz Manzoor.

Most Trap-Neuter-Return (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 fol-

low (with the important message that the cats must remain in their traps), 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. It is important to remember that the cat's well-being is the top priority; lose sight of this and 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 remaining in the trap. Cats should have little human contact after surgery and should be allowed to recover in a calm, quiet environment, with traps or cages covered by blankets or towels.

Fundraising and Payment Plans

Payment plans should be worked out ahead of time. Both caretaker and veterinarian must remember that while clinics cannot function without adequate remuneration, a caretaker attempting to manage a colony usually has limited resources and is working to help resolve a community problem using her own personal funds. A workable plan usually can be devised to suit both 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, and caretakers can contact SPAY USA (800-243-SPAY), which maintains a national registry of low-cost spay/neuter service providers.

Equipment and Handling

Having the proper equipment is vital when working with feral cats. Special traps, squeeze-side cages, nets, restraint modules, and cages to house the cats after surgery are all necessary items. All equipment containing feral cats must have large notices attached that read, 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 feral cats by tipping the trap on its side. It is easier to immobilize them while they are still in their traps. Feral cats should be handled only when tranquilized. (For information on purchasing equipment, refer to the Helpful Resources listing in the back of the handbook.)

Pre-Exposure Rabies Vaccinations

As a precaution, all individuals working with feral cats should receive pre-exposure rabies vaccinations. Refer to "Steps

for Successful and Safe Trapping” for more information on rabies vaccines for humans, and to the “Zoonotic Diseases” chapter for information on additional health hazards.

Surgery

Male cats who are part of a TNR program should be sterilized through castration, while female cats should receive an ovariohysterectomy. Castration is the complete removal of the testes in male cats, and ovariohysterectomy is the removal of the uterus, fallopian tubes, and ovaries in females. Vasectomies and hysterectomies are NOT recommended; these procedures leave the testicles and ovaries intact, meaning reproductive hormones will remain and continue to drive a cat’s mating instincts and behavior, and perpetuate annoying habits such as fighting, yowling, and spraying. One of the many benefits of TNR is helping cats become better neighbors (to be more accepted by the public), and this is accomplished by eliminating those exact common complaints. Therefore, the traditional method of TNR is preferred over the Trap-Vasectomy-Hysterectomy-Release (TVHR) method.

In England, where these programs have been implemented for over four decades, flank incisions are used for females (who are not pregnant), as this could possibly lessen the chance of infection and evisceration (internal organs protruding through the incision.) However, most

U.S. veterinarians perform the midline incision; proper use of inner and outer sutures minimizes the risk of evisceration when using the midline method. (Refer to “Left Lateral Flank Spay Technique” for more information on this procedure.)

While the cat is still under anesthesia, an overall physical exam should be performed so any other conditions can be addressed. The cat should be examined for wounds, and any lesions should be examined for parasitic or fungal infections and treated accordingly. Eye and ear infections should also be treated. The cat’s mouth and teeth should be examined; any decaying teeth should be removed. Any matted or painfully knotted fur should also be removed.

A long-lasting antibiotic, such as Convenia, should be administered to prevent postoperative infections and to treat any other underlying infections. If antibiotics are needed after release, they should be given to the caretaker, who can mix crushed tablets or liquid medication into moist food. It is also recommended that a pain medication such as Trobutrol be administered.

Anesthetics

A number of general anesthetics, such as Telazol, Atropine, and Valium, are available for 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. This is very important as it will prevent any chance of evisceration.

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, 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. Hemostasis may be achieved in several ways: by following



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Caretakers and vets know Dennis is neutered by his tipped ear.

the cut with digital pressure, electrocautery, or application of a styptic or drying antiseptic powder. Ear-tipping with a V shape is NOT recommended, because this can be confused with an injury from a fight.

Left ear-tipping is the preferred universal method for identifying sterilized feral cats belonging to managed colonies. Ear-tipping will easily allow the caretaker to spot a new cat entering the colony, and sterilized cats will not have to be re-trapped. Any ear-tipped cat trapped in error can easily be identified within the trap and released.

It is important that ear-tipping become common practice, because it is vital for identification and can save the animal's life. If an ear-tipped cat is caught by animal control, the staff will know that the cat comes from a managed colony and the cat can then be returned to the caretaker.

Alternatives to ear-tipping are not recommended; ear tags may fall out and collars can get caught on bushes and possibly choke or injure the cat, so neither should be used. And tattoos are hard to see by caretakers and animal control without trapping and handling the cat. Microchips, however, are a good idea, but only if used in conjunction with ear-tipping.

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

Each colony caretaker, shelter, and veterinarian must make their own decisions about how they wish to spend their resources, and which tests, if any, to perform. Testing for viral diseases, such as FeLV and FIV, in feral cat colonies should be optional and not mandatory. As discussed earlier, the rate of transmission for FeLV and FIV in feral cats is very low,

and 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. (For more information, refer to the section on "To Test or Not to Test?" in the "Health Care for Feral Cats: Guidelines for Colony Caretakers" chapter.)

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. (Please refer to the "Early Age or Pediatric Spay/Neuter" chapter for more detailed information.)

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 (and the kittens sterilized). 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.

More information on safely fostering feral cats can be found in the "Feral Kittens and Pregnant Cats" chapter.

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.

If feral cats stay in cages at the clinic, remember they are wild. A small enclosure/den that can be secured shut can be placed inside of a cage. These boxes give feral cats 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 clean the cage. A sheet or towel should be pulled over the front of the cage. Make sure the cage is securely locked to prevent escape and label the cage card, "Warning! This Cat May Bite."

Never underestimate the ability or determination of feral cats 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.

What to Do if a Feral Cat Escapes in the Clinic

If a feral cat escapes from a trap or cage while in the clinic, a special net 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 because the cat can still attack.

If the cat hides in an inaccessible place, it is best to set a trap. Cats can be left for three days without food to make them hungry enough to enter the trap. Water should be left for them outside of the trap.

Euthanasia

Veterinarians and colony caretakers should discuss guidelines for euthanizing feral cats prior to trapping. Most feral cats are healthy, and common ill-

nesses and infections are easily treatable with antibiotics and parasite control measures. However, for conditions that require long-term, in-house care, but where such treatment is not possible, it is more humane to euthanize the cat than it would be to release her back outside. In extreme cases of injury or illness that exceed medical capabilities, the cat should also be euthanized. Euthanasia should only be practiced when all other options have been exhausted.

Conclusion

Feral cats can be difficult to handle and present certain challenges 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 veterinarian and caretaker are on the same page.