

## YIKES! HOW TO HANDLE FERAL CATS SAFELY

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### OVERVIEW

Nonlethal control of feral cats via trap-neuter-return (TNR) programs is an increasingly popular approach taken by humane groups and municipal animal control agencies. As these programs grow in popularity, veterinarians are likely to be asked to participate by sterilizing feral cats in their practices. While this can be a rewarding activity, it can also be extremely dangerous for both cats and personnel if special precautions are not adhered to.

### SAFETY FIRST

One of the dominant concerns about working with feral cats is safety. Feral cats have an uncanny ability to escape during handling, and can inflict serious injury during recapture attempts. A loose cat can thoroughly damage a clinic in its frantic efforts to escape. It is recommended that anyone who works with stray animals, including feral cats, receive prophylactic rabies immunizations. Gloves should be worn at all times to reduce exposure to body secretions from cats. The most common health risks for individuals working with feral cats are bites and scratches.

Even semi-tame cats may bite defensively if they are startled, as in the attempt to place a cat in a carrier for transportation. For these reasons, it is imperative that safe cat handling techniques be developed and enforced. Not only does this guarantee the safety of personnel, but it also prevents the unfortunate situation in which public health officials require the euthanasia of biting cats for rabies examination.

The safest method for handling feral cats is to admit them in wire humane traps or other escape-proof containers which permit anesthetic to be injected through the wire mesh (Figure 1). The trap should not be opened until the cat is recumbent. At the completion of surgery, the cats are returned to their traps before awakening. With this system, cats are never handled awake. Handling systems that involve transferring cats from one container to another or opening a container to restrain a cat only invite escapes and injuries.

If cats must be housed for several days, they may be released into a secure cage. Cats should always be transferred in a secure room with solid ceilings, secure doors and windows, and without hiding places. Special feral cat boxes can be purchased which have "portholes" that may be latched closed after the cat has hidden in the box (Figure 2). These boxes allow safe and minimally stressful movement of the cat to other areas and the front sliding door permits relatively safe transfer to other carriers. If a feral cat escapes from its cage, the safest method of capture is with a net on a pole (Figure 3). Attempts to catch a feral cat by hand, or with a blanket are extremely dangerous for personnel. Catch

poles are very dangerous for cats and only serve to cause more panic. If a cat has entered an inaccessible site, it may be necessary to retrap it.



**Figure 1.** Using techniques which eliminate handling of conscious cats, such as requiring that cats arrive in wire traps, allows the safe handling of 200 or more feral cats in a few hours.



**Figure 2.** Feral cats will naturally seek to hide in a "feral cat handler box." The porthole door can be closed to confine the cat for cage cleaning or for transport.



**Figure 3.** Catching an escaped feral cat with a net allows a "hands-off" capture. The netted cat can be moved back to its enclosure or can be injected with anesthetic through the net.

## ANESTHESIA

Injectable anesthetics are preferred for feral cats because they can be administered to cats still in their traps and there are no waste gases. A cocktail of Telazol (1 vial, 500 mg) reconstituted with ketamine (100 mg/mL, 5 mL) and large animal xylazine (100 mg/mL, 1.25 mL) instead of water is just one of many that have been used in feral cats. “TKX” has several advantages for large-scale cat anesthesia. A small injection volume (0.2–0.25 ml for average adult cats, 0.1–0.15 mL for kittens) can be administered “intracat” through the wire of the trap, eliminating the need to handle conscious cats (Figure 4). Time to recumbency is generally 3 to 5 minutes, and vomiting is uncommon. General anesthesia is usually adequate for abdominal surgery. The xylazine component of the cocktail is reversed with yohimbine administered intravenously at the same volume as the TKX. The major disadvantages of TKX include hypothermia, prolonged recovery time, and poor postoperative analgesia. Buprenorphine (0.03 mg per



**Figure 4.** The safest method for managing feral cats in the clinic is to inject anesthetic through the sides of the trap and to remove the cat only after it is immobilized.

average adult cat SC) can be added to improve analgesia. Cats should be returned to their traps prior to recovering from anesthesia and should be closely monitored until fully awake. Cats generally return to sternal position within 2 hours, but frequently are not fully recovered from anesthesia until the following morning. Faster recovery times may be achieved by using a lower dose of TKX for immobilization and then using gas anesthesia by mask or endotracheal tube to obtain a surgical plane.

TKX has been used on more than 20,000 feral cats in a Gainesville trap-neuter-return program with a remarkable safety record. Considering that these are often unthrifty, parasitized animals of unknown background, highly stressed, and unsuited for preanesthetic examination, the observed rate of 3 deaths per 1,000 cats compares favorably with reports of anesthetic death rates of pet animals in private practices.

## RESOURCES

1. Tomahawk Trap Company, [www.livetrapp.com](http://www.livetrapp.com): Feral Cat Handler (\$56.93), Cat Single Door Trap (\$50.08), TD10 Trap Divider for confining trapped cats for injection (\$16.45), volume discounts available.
2. Levy JK. Feral cat management. In: Miller L, Zawistowski S (eds.): *Shelter Medicine for Veterinarians and Staff*. Blackwell Publishing, 2004, pp 377-388.
3. Williams LS, Levy JK, Robertson SA, Cistola AM, Centonze LA. Use of the anesthetic combination of tiletamine, zolazepam, ketamine, and xylazine for neutering feral cats. *J Am Vet Med Assoc*. 2002;220:1491-1495.