

FERAL CATS 101: LET'S GET WILD

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This article will enable you to positively impact the lives of individual free-roaming cats while working to humanely reduce the free-roaming cat populations to extinction. Discussion of the ethics surrounding free-roaming cats and trap-neuter-return (TNR) are beyond the scope of this lecture.

FERAL VERSUS FREE-ROAMING

For my purposes, the term *free-roaming* describes cats that are not living as pet cats with a traditional home, and the term *feral-behaving* describes cats that appear unsocial with people. In private practice, we see feral-behaving cats in the clinic that act fully socialized at home. Being unable to distinguish a cat's social standing under duress is the reason to avoid labeling an unknown cat as feral. In most shelters, "feral" = death, even for frightened, tame cats.

WHY DEAL WITH FERAL CATS ANYWAY?

People are compassionate. Millions of people are compassionate and do not ignore animals in need. Some people spend hundreds of dollars feeding wild birds, squirrels, and raccoons. Others people feed free-roaming cats.

We gain pleasure interacting with non-human species. People enjoy contact with species other than humans. Ask a fancier to remove their bird feeders, because the droppings attract rats. Tell your neighbor that his raccoons may carry rabies and should be removed. It won't happen, nor will people stop feeding homeless cats.

Veterinarians are essential to ending overpopulation. Vets improve the lives of free-roaming cats through spay/neuter while preventing more homeless kittens and growth of cat colonies. People desperately seek spay/neuter services for these cats. Because veterinarians are the only source, we are essential to reducing free-roaming cat populations.

Free-roaming cats are the largest source of kittens entering shelters. Millions more cats die in shelters than die from any single infectious disease. An estimated six million cats are killed in shelters *each year* awaiting homes that never come. From where do they come? According to a study by Julie Levy, DVM,¹ the sterilization rate of owned cats is 85% compared with free-roaming cats at 2%. When applied to the estimated total cat population, Levy projects that owned cats create 33 million kittens annually while free-roaming cats create 147 million, a convincing argument that free-roaming cats are the most significant source of homeless kittens. *To reduce shelter kill rates requires preventing overpopulation at its source by altering free-roaming cats.*

VETERINARY SERVICES

Minimum services to provide. Minimum services are scanning for microchip, spay/neuter, ear tip, and rabies vaccination. Most trappers/caretakers deal with dozens, if not hundreds, of cats, because they trap colonies for other people. Veteran trappers often request minimal services while individuals feeding a single cat or colony may request more, eg, flea control, ear mite treatment, ear cleaning, FeLV test, FIV test, FVRCP vaccine, FeLV vaccine, and so forth.

Keep to the mission. Many individuals struggle between doing what is best for each cat versus focusing on the big picture: overpopulation and spay/neuter. If you aim to reduce overpopulation through spay/neuter, then offer minimal services. If you believe that all cats should receive comprehensive care, then realize that translates into less money for spay/neuter.

SAFE HANDLING: EQUIPMENT

Video demonstrations are available at www.feralcatproject.org in the Our Clinic Model section.

Do no harm: to you or the cat. Do not treat feral-behaving cats without preparation. Do not pose risks to yourself, your staff, or the cats. A calm, organized atmosphere with fast, efficient handling is a symphony.

Traps or plastic carriers only. Do not allow feral-behaving cats to arrive in cardboard carriers or top-opening carriers: you will have escapes. Require plastic carriers or traps and require that they remain covered to reduce stress. Some clinics prohibit carriers altogether and only accept traps. However, many caretakers cannot afford many traps and can only bring a few cats at a time.

Trap divider. Buying your own trap divider allows easy restraint for IM sedation before examination.

Squeeze cage. For cats in plastic carriers, use a squeeze cage to inject sedation. (You'll use it on pet cats, too!) With the right steps, cats transfer easily to the squeeze cage. We prefer the OMNI Cage.

Capture net. You need this, if a cat escapes. (Pet cats may require a capture net from time to time, as well.) We prefer the Freeman Cage Net.

The right atmosphere. When a cat escapes, it typically tries to escape vertically, climbing anything in its path. Before transferring any cat from carrier to squeeze cage, prepare for escape. Block the door, so that no one can unexpectedly open it. Clear items from counters, shelves, etc. Be sure there are no holes in the walls or cabinets and that the ceiling tiles are secure. Have the capture net in the room. Always use the quietest voices and slowest movements to reduce stress and fear.

ANESTHETIC SELECTION

Many anesthetic regimens are available. The ideal anesthetic is one with the fewest risks, intramuscular administration, rapid onset of action, and appropriate duration.

The most common anesthetic used on free-roaming cats is "TKX," a cocktail of tiletamine HCl and zolazepam HCl (Telzaol[®]) reconstituted with large animal xylazine and ketamine. Peer-reviewed journal articles describe

the safety and use of TKX on tens of thousands of free-roaming cats.²

Variations of TKX include using atropine to prevent second-degree heart block and using the lower concentration of xylazine for clinics needing a shorter duration. Large-scale, MASH-type clinics require a longer duration of anesthesia. In more efficient clinics, using small animal xylazine reduces the incidence of vomiting and bradycardia while still providing sufficient duration.

We typically use a low induction dose to achieve restraint and augment with isoflurane by mask, if needed. In circumstances of poor health or prolonged recovery, we reverse xylazine with yohimbine.

We approach each cat as a high anesthetic risk, so that we provide the safest anesthetic experience for each.

MINIMAL SERVICES TO PERFORM

Physical exams. Our veterinary technicians triage cats after sedation. Veterinarians follow up. The goal of our physical exam is to determine whether the cat can humanely return to a feral lifestyle. We ask, "Can this cat find shelter, food, water and escape predators?" although many are being fed and have shelter. The vast majority appear healthier than my private practice patients.

Spay and neuter. Besides the obvious reproductive benefits, studies show weight gain and increased health of free-roaming cats after spay/neuter.

Pregnant cats. We spay any pregnant cat unless it is in labor. We do not euthanize live birth kittens. One can argue incongruity, but our policy satisfies our clinic. When shelters have more homes than cats, we will stop spaying pregnant cats.

We handle these spays quietly and discreetly to avoid distress to people who are not like-minded. We are accustomed to our own angst. Perhaps misconstrued as callousness, we've agonized over many difficult decisions and have become efficient at the decision-making process.

Surgical technique for pregnant cats. Most vets are inexperienced at late-term spays. Proper technique is vital or cats will hemorrhage. We suggest ligating the uterine arteries individually as well as using two transfixing ligatures around the uterine body. The clamp should be removed when tightening the ligature on the uterine stump. I have posted several cats that hemorrhaged after inexperienced volunteer veterinarians did not sufficiently tighten the ligatures around the uterine body.

Rabies vaccination. All free-roaming cats over 4 pounds receive a three-year rabies vaccine. We use 4 pounds as an age estimate knowing that most kittens below 4 months will be socialized and adopted into pet homes. For public health considerations, all free-roaming cats must be vaccinated for rabies.

Ear tipping. The ear tip, removing the top 1 cm of ear, *protects the cat!* An ear tip only means the cat is altered, not that the cat is feral or homeless. If an ear tip cat is trapped, it should be released on the spot to avoid

transport, sedation, and stress. If an ear tip cat is presented for spay/neuter, it can be sent home without sedation and surgery. Performing the ear tip is simple and cheap.

Euthanasia. Obvious cases require euthanasia, such as emaciation, tiny kidneys, and fresh fractures, but some cases are less clear. Making a decision with very little information is a challenge. Many vets toil over wanting lab work or radiographs, but a decision must be made without those aids. Season and weather are considerations because they affect food supply and the ability to stay warm and dry.

In some cases, we allow select caretakers to take cats home for veterinary care. Sickly, adult cats that receive antibiotics (doxycycline), shelter, and food for a week often become robust, free-roaming cats again. Some caretakers administer injectable medications and subcutaneous (SQ) fluids through a capture net.

OPTIONAL SERVICES

FVRCP vaccination. In field studies, an estimated 50% to 60% of free-roaming adult cats had no detectable antibodies to feline parvleukopenia. Previous assumptions were that adult, unvaccinated cats must have had exposure, survived and thus, have immunity. Now we know that assumption was incorrect, and vaccines could be beneficial.

FeLV-FIV testing. Overpopulation kills more cats than any single infectious disease. People working with populations, eg, public health, recognize that needs of individuals are often not the same as needs of populations. Viral testing is expensive, of variable accuracy, and does not prevent overpopulation. To save the most lives, money should be directed toward spay/neuter and not toward viral testing. In 1997 we FeLV tested our first 500 cats and found a 1% incidence of positives costing approximately \$350 to find each positive. We stopped FeLV testing in 1998.

Ear mites/ear cleaning. We no longer clean ears or treat ear mites. We found that offering more procedures led to more confusion, stress and mistakes in the clinic. We KISS—Keep It Simple Stupid—so that we provide high quality spay/neuter and remain focused on our goal. Also keep in mind that an ear cleaning-induced vestibular problem is a death sentence for a free-roaming cat.

Flea treatment. We do not routinely treat for fleas; however, we apply flea treatment to small or thin cats with heavy flea loads. We also offer flea treatment to caretakers as an option and request a donation.

Additional surgical procedures. Tails. If we find an otherwise healthy cat with a severely traumatized tail, we amputate. The procedure is quick, simple and means the difference between euthanasia and life.

Polydactyle nails. Extra nails of polydactyle cats can grow become ingrown into the foot. We examine polydactyle cats for ingrown or potential problem nails. We declaw *only* the problem nail.

Enucleation. We see several ruptured eyes each year. If we have time, we enucleate the cat. If we are too busy, we release the cat only with assurance that the

caretaker will pursue treatment and recovery before release. These cats have been living with one visual eye, and they do well when released.

Abscesses. We truly don't see very many abscesses. Big tomcats often have scars and healing abscesses. For an active abscess, we lance, flush and leave an opening to provide drainage. We request caretakers provide antibiotics for 5 to 7 days until they are certain healing is progressing.

Extractions. We occasionally extract loose teeth, if time allows. Free-roaming cats seem to present with less dental disease than pet cats.

Oddballs. Other things we see quite regularly include congenital angular limb deformities, blind eyes, pododermatitis, embedded collars, stomatitis unrelated to dental disease, fleas, lice, and healed and unhealed fractures.

KITTENS

Pediatric spay/neuter is Heaven. Easy, fast, inexpensive and the ultimate prevention of overpopulation! Kittens recover very quickly from anesthesia and surgery. We ear tip feral-behaving kittens, if there are no resources for socialization. We tattoo the tame kittens and those entering socialization.

RESOURCES

www.feralcatproject.org (videos and product information)
www.sheltervet.org

REFERENCES

1. Levy JK, Crawford PC. Humane strategies for controlling feral cat populations. J Am Vet Med Assoc. 2004;225(9):1354-1360.
2. Williams LS, Levy JK, Robertson SA, et al. Use of the anesthetic combination of tiletamine, zolazepam, ketamine and xylazine for neutering feral cats J Am Vet Med Assoc. 2002;220(10):1491-1495.

