

THANK YOU

We'd like to thank Purina for kindly sponsoring this third edition of The Veterinary Guide.

We're delighted to have been working with Purina for more than 30 years and our partnership continues to flourish and grow.

We're very much looking forward to strengthening this long-standing relationship and the great work we do together to promote pet health and welfare over the coming years. Our two organisations fit closely and share the same

ambitions for every cat to have a good life. More than that, colleagues of both organisations share a passion and ambition to help care for every cat. We feed the cats in our care with premium nutrition through the subsidised feeding programme Purina provides on Pro Plan®, Pro Plan® Veterinary Diets and FELIX®.



James Yeates,
Chief Executive,
Cats Protection

Here at PURINA®, we're passionately committed to pushing boundaries to improve the lives of pets and the people who love them.

Purina has been a pioneer in the science of pet nutrition for almost a century, with breakthroughs that have redefined the industry's standards, amongst them:

- the first functional pet food based on low magnesium and pH to promote feline urinary health in 1991
- the body condition score system, now a global industry standard for assessing overweight and obesity in 1993
- the first hydrolysed diet to help manage food allergies in 1998
- the development of the Longevis® blend, proven to extend the healthy lifespan of 7+ cats by one year on average

Continuing this tradition, 2018 saw the launch of the **Purina Institute** – a global voice sharing the science of nutrition with veterinary professionals to help them help pets live better, longer lives.

The Purina Institute shares ground-breaking research from more than 500 Purina scientists and pet care experts, working across an extensive network of eight R&D facilities around the world. It promotes global collaboration and knowledge exchange with veterinary and scientific thought leaders around proven nutritional science.

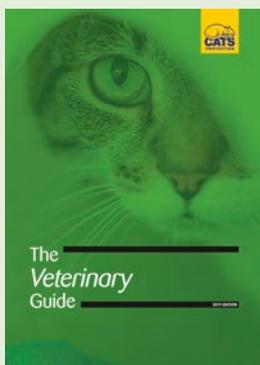
Earlier this year, for example, the Purina Institute announced a unique discovery that has the potential to transform the way people manage allergens to cats, and reduce barriers to cat ownership and adoption.

Purina scientists revealed, for the first time in history, a proactive way to significantly reduce active levels of the major cat allergen, Fel d1, at its source in cats' saliva. A landmark study, published in the journal *Immunity, Inflammation & Disease*, demonstrated that when cats were fed a diet containing an egg product ingredient with anti – Fel d1 antibodies, 97% showed decreased levels of active Fel d1 on their hair and dander. On average, there was a 47% reduction of active Fel d1 on the cats' hair, beginning in the third week of feeding. By neutralising the Fel d1 in the saliva, this will reduce the active Fel d1 levels that a cat grooms onto hair and dander, and ultimately is shed into the environment.

This discovery presents an innovative way of managing allergens to cats, while maintaining the normal production of Fel d1 by the cat, and without impacting the cat's overall physiology.

To discover more about the cutting-edge work of Purina and to explore resources that could help conversations with your clients about pet nutrition, please visit www.purinainstitute.com

To talk to our local UK vet team, please contact us at **0800 212 161**.



This guide, produced for the veterinary profession, provides a current overview of Cats Protection (CP), the UK's leading feline welfare charity. CP helps around 200,000 cats and kittens per year through its national network of around 250 volunteer-run branches and 36 centres.

Cats Protection

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Tel: 01825 741 991

(veterinary and CP volunteer/staff calls only) General public enquiries: 03000 12 12 12

Reg Charity

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To be placed on or removed from our mailing list, please contact the Veterinary Department on 01825 741 991 or email: veterinary@cats.org.uk

The guidance is not a substitute for legal advice.

Cats Protection is not responsible for any outcome arising from the use of this information. Veterinary surgeons are directed to the VMD and Cascade for clarification on the use of medicinal products when prescribed outside the conditions of the marketing authorisation and label directions. Content correct at time of going to print.

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INTRODUCTION TO THE VETERINARY GUIDE

Welcome to the updated version of *The Veterinary Guide*. We hope this guide helps you in the day-to-day case management of cats in Cats Protection care, gives you an overview of how Cats Protection works and explains how to take a shelter medicine approach to cases. Cats Protection is very grateful to private veterinary practices across the UK that help our volunteers and employees with the care of our cats, allowing our cats to get into loving homes as soon as possible. Cats Protection help 200,000 cats and kittens on average each year through our national network of around 250 volunteer-run branches and 36 centres. That is the equivalent of helping 500 cats a day. None of this would be possible without the vets we work with.

Maggie

Dr Maggie Roberts BVM&S MRCVS
Director of Veterinary Services

Using the guide

This guide details the nature of veterinary care requested for domestic (non-feral) and feral cats in the care of the charity, as well as highlighting some recommendations the charity makes to cat owners.

The following information has been designed to guide how you work with and treat the cats in CP care. We aim to make our expectations of the work you do with us and the support we are able to offer you in that role clear and hope this guide is useful to you. Further veterinary resources can be found at www.cats.org.uk/help-and-advice. Keep this guide in your practice as a useful reference so that together we can efficiently use our resources to help more cats. Content in this booklet may change and we will update it as often as we are able to.

Photo: Ciaran McCrickard Photography





Cats in the UK

There are around 10 million owned cats in the UK with an estimated 24% of the adult population owning a cat. The size of the feral cat population is not well studied, but suggestions of over one million have been made.

Cats are acquired for reasons including companionship, social interaction, inheritance, to teach children care and responsibility, health benefits, replacement of a former pet and perhaps in some instances, to serve an 'ornamental' function. Relationships between people and cats are reported to share many qualities of human attachment bonds.

Cats are prolific breeders and can reach sexual maturity from four months of age. It is estimated that between 86-91% of cats in the UK are neutered, however the PDSA PAW Report 2018 estimated only around 57% of veterinary professionals are routinely recommending neutering at four months or younger. Currently around 15% of female cats will have at least one litter, and 85% of these litters are unplanned, with around 14% of these litters being born to cats that are under six months old.

Nearly one third of pets are acquired from a shelter or welfare organisation and around 150,000 cats are reported to enter UK welfare organisations each year, with one study indicating a euthanasia rate of 13.2%. Cats are relinquished for a number of reported reasons, including abandonment or straying, a change in owner circumstances, as unwanted kittens, human allergy/asthma and unwanted feline behaviour. Around one third of the number of cats reported to enter UK welfare organisations are rehomed or reunited by Cats Protection each year. ●

Photo: iStock.com/debbishop

CATS PROTECTION

OUR VISION:

A world where every cat is treated with kindness and an understanding of its needs

OUR VALUES:

- Cats and their welfare are at the centre of everything we do
- We never put a healthy cat to sleep
- We value and respect our volunteers, supporters and employees
- We are committed to providing a high quality service
- We are open and honest

OUR STRATEGY

In the longer term: Our work will ensure that there will be fewer cats needing our help.

Strategic aims

This is how we will help more cats:

- 1 We will significantly increase awareness of Cats Protection and our work.
- 2 As the leading authority on cats we will help people better understand their needs in order to improve the welfare of all cats.
- 3 We will help to reduce overpopulation of cats:
 - through targeted neutering campaigns and education
 - by directing more resources to the promotion of early neutering
 - by doing more research and gathering better data on the impact of our neutering work
- 4 We will home more cats until our work on information, education and neutering reduces the long-term need for homing.

Helping us to get there

- We will significantly grow income and manage our funds to enable us to help more cats, now and in the future
- We will speak up for cats and represent their interests
- We will increase the extent and effectiveness of our collaboration with animal welfare and other organisations, for the benefit of cats



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*Cats
Protection
never puts
a healthy
cat to sleep*

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We realise these are tough financial times for everyone with CP branches and centres often full to capacity, helping more cats when able to. Rehoming of cats in need is a short-term solution to the overpopulation issue, supporting neutering is considered a medium term solution and the long-term aim has to be education on neutering and cat care.

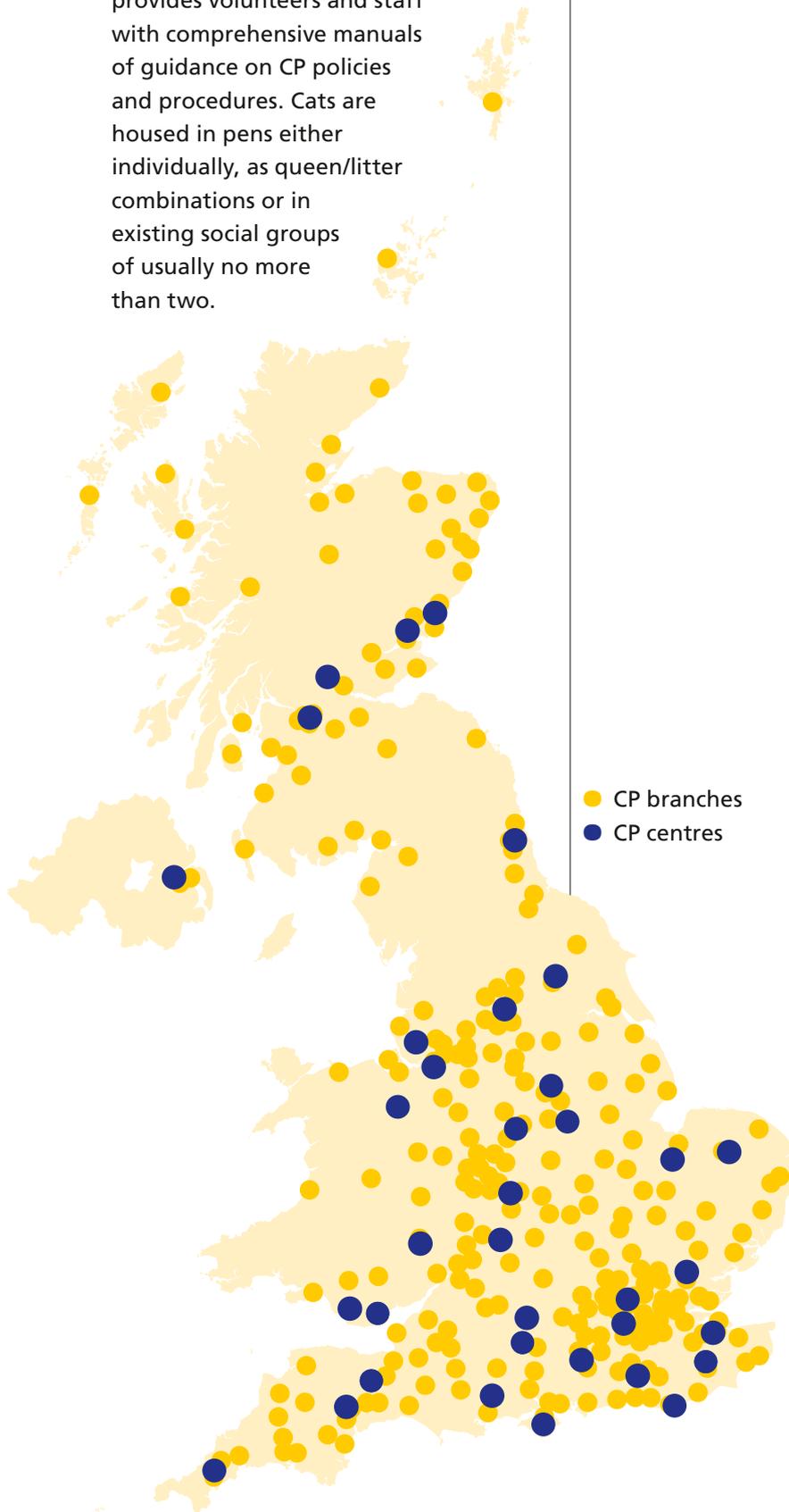
Cats Protection achieves its work via a network of branches and centres across the UK. These are assisted by regional and central employees, many of whom are based at the charity's National Cat Centre (NCC) in Sussex, all governed by a Board of Trustees.

Branches are run by volunteers, often from their own homes. Each branch has a committee of volunteers and fosterers and fundraises to support its activities, supported by some central CP grants.

Centres are run by paid employees and take the form of traditional shelters.

Centres and branches foster cats in need until a suitable home can be found for them. While centres will invariably have more cats at one site than branches, the husbandry standards of which we are proud should be the same for all cats in the charity's care. Cats Protection provides volunteers and staff with comprehensive manuals of guidance on CP policies and procedures. Cats are housed in pens either individually, as queen/litter combinations or in existing social groups of usually no more than two.

Cats Protection's network of over 250 volunteer-run branches and 36 centres



Members of the public can find their local CP branch or centre by looking on our website www.cats.org.uk/find-us or contacting the National Information Line (see page 58).

Cats Protection never puts a healthy cat to sleep and only euthanases on veterinary advice. Long-term life in a pen is not acceptable on welfare grounds and so the vet is asked to consider the welfare of cats in the charity's care with physical and behavioural conditions when examining, diagnosing and treating them, to ensure their quality of life in both the short and long term. CP is not a sanctuary organisation and believes there is a home for every cat. Cats that have been in care for greater than four months are considered long-stay and at this time even more concentrated efforts are made to find them a home.

Name change

Back in 1998, Cats Protection League dropped the League to become Cats Protection. As part of a wider campaign to ensure we are no longer mistakenly called Cats Protection League, we need practices' help! If you are referring to us in any of your materials, invoices, or hold account names as CPL, we ask that they are changed to CP or Cats Protection. We also work with local media outlets to ensure everyone knows we are Cats Protection.

CP is not a sanctuary organisation and believes there is a home for every cat

Cats Protection is a rehoming organisation, and believes there is a home out there for every cat. Being in care causes stress to cats for a number of reasons, and therefore our aim is for each of our cats to spend the minimum time in care and get into a new forever home. ●

CATS PROTECTION AND THE VETERINARY PROFESSION

Veterinary care is a key priority of Cats Protection's work and CP is proud of its good relationship with the veterinary profession, being a major client throughout the UK. Every cat in CP care is examined by a vet and is given a minimum level of veterinary care prior to rehoming, which we call our Minimum Veterinary Standards or MVS. Veterinary practices may interact with CP in a number of ways including:

- treating cats in CP care and/or after their adoption from CP
- using CP neutering vouchers
- signing up to the Cat Population Control Group's Kitten Neutering Database (KiND)
- reading or directing owners to CP's support materials
- recommending Cats Protection as a source of cats to the public
- fundraising to support CP's work

This guide has been produced for the information of all veterinary practices in whatever capacity they interact with the charity.

CP Veterinary department

Cats Protection's Veterinary department is here to provide support to volunteers and employees working with cats, and to also give advice and support to vets working with CP cats in care. The department provides both field-based and central veterinary support: it may be that as a vet working in practice you need advice on shelter medicine principles, protocols or whether a cat is fit to home, our central team is available for support over the phone. If support in person is required, our Field Veterinary Officers can visit your clinic, and are involved in the tendering process when you decide to work with us. The department is also responsible for neutering programmes, behavioural advice and support, cat welfare research and educating the public, veterinary profession and Cats Protection employees and volunteers. The veterinary provision for cats in the

National Cat Adoption Centre is also the responsibility of the Cats Protection Veterinary department. They can be contacted at veterinary@cats.org.uk or telephone 01825 741 991. This number is not for public access; the public can be directed to the charity's National Information Line: info@cats.org.uk or telephone 03000 12 12 12.

Cats Protection also provides resources for vets working with our cats. Our website (www.cats.org.uk) has a 'For vets and nurses' page which contains information about kitten neutering, our wholesaler discount scheme and also a number of protocols and procedures documents, which serve as a guide for vets treating cats in our care. This can be found at www.cats.org.uk/help-and-advice/information-for-vets

Veterinary students

Cats Protection offers extra mural study (EMS) placements for veterinary students in their preclinical years at centres across the UK. Students in their clinical years are offered shelter medicine EMS placements with employees at the National Cat Adoption Centre Veterinary Clinic. Some vet schools regularly bring groups of students to visit our centres to increase their knowledge of cats and shelter medicine. We also have a 'Student Hub' on our website designed for veterinary

Vet students are able to gain valuable experience in shelter medicine principles during EMS placements at CP.

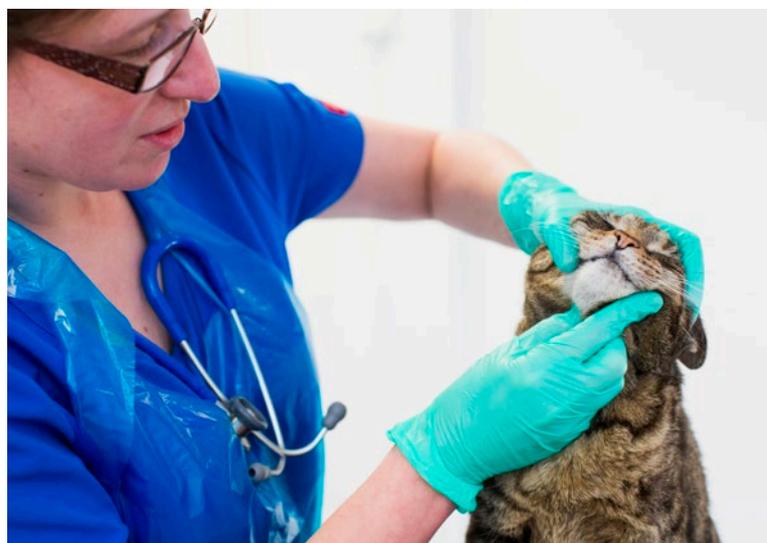


Photo: istock.com/sbyrovaMN



and veterinary nursing students. It contains lots of resources such as our popular podcasts and further information on our EMS placements. This can be found at www.cats.org.uk/help-and-advice/information-for-vets/student-hub

Shelter medicine

In a CP survey, 94% of UK veterinary practices indicated they were involved in some form of animal charity work and there is increasing UK interest in this shelter medicine. Several vet schools now include shelter medicine on their teaching curriculum for vet students and the British Small Animal Veterinary Association (BSAVA) included a shelter medicine stream at their 2019 congress and published a Manual of Shelter Medicine in 2018.

Shelter medicine principles blend animal welfare science with realistic and practical recommendations. The aim is to provide for the needs of animals in the care of rescue and rehoming organisations ensuring individual welfare needs are met and there is a focus on quality of life. It is worth bearing in mind that charity resources are always limited. When treatment plans are considered ensure that the treatment

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*Every cat in
CP care is
examined
by a vet*
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of one individual does not significantly compromise the charity's capacity to treat and help other animals.

Shelter medicine encompasses herd health principles, preventative medicine and infectious disease management and also consideration of the role stress and behaviour play in case and shelter management. Cats temporarily housed in rescue facilities present unique issues to the veterinary surgeon providing for their care. The veterinary surgeon's guidance for shelter management and husbandry, together with optimal control of infectious disease can be invaluable. It ensures the appropriate progress of animals from rescue/relinquishment, enabling them to be fit and available for rehoming, and also ensures suitable integration into new home environments and helps to safeguard their future health as well as the health of others in the area. We would encourage vets to visit and understand the facilities cats are housed in to help in their consideration of the health and behaviour of the cats in their care.

Generally the cheaper, although still appropriate, options for case management should be considered, especially for diagnostic tests. This is ►

► to ensure prudent use of charity funds and allows resources to be available for treatment and to help other cats in need. For example, amputation may be considered more appropriate than a complicated orthopaedic procedure and similarly chemotherapy, antiviral drugs, immune-modulatory drugs and radioactive iodine treatment may not be considered appropriate or pragmatic for the management of cats using a charity's finances. With regard to healthy cats, as more screening tests become available, it is financially impossible for a charity to screen all cats it rehomes for every possible disease that can be screened for. It is also arguably contrary to welfare to put asymptomatic cats through endless tests solely to facilitate change of ownership and guarantee health to potential adopters.

Association of Charity Vets

The Association of Charity Vets was set up in 2010 and is an association affiliated with the BSAVA. Their mission is to support the development of charity and shelter medicine so to optimise the physical and mental health and welfare of animals in a charity or shelter setting. The association has a volunteer committee of 11 people and a growing membership base. The association has annual, well-attended conferences which are a fantastic opportunity to learn and discuss the key topics of shelter and charity medicine. It also acts as a contact point for those working within the field to share ideas and experiences and one of their aims is that shelter medicine becomes a recognised specialist field with shelter medicine streams present in big conferences such as BSAVA. For more information about their work and membership see their website: www.associationofcharityvets.org.uk

References

● Casey R, Vandenbussche S, Bradshaw JWS & Roberts MA, Reasons for relinquishment and return of domestic cats (*Felis silvestris catus*) to rescue shelters in the UK, *Anthrozoos*, 22, (pp347-358), 2009

- Cats Protection survey of veterinary practices, unpublished, 2008
- Clark CC, Gruffydd-Jones TJ & Murray JK, Number of cats and dogs in UK welfare organisations, *Veterinary Record*, 170, 2012
- Dawson S, Understanding human-cat relationships: The foundation for sensitive bereavement care, *CP Clinic*, autumn issue, (pp 8-11), 2010
- FAB *Feral Cat Manual*, (p7), FAB, 2006
- German AG, The extent and implications of unwanted cats and dogs, *Veterinary Record*, 170:19 (pp491-492) 2012
- Joyce A & Yates D Help stop teenage pregnancy! Early age neutering in cats, *Journal of Feline Medicine and Surgery* 13, pp3-10, 2011
- Lovegrove G, Acquisition and Dispossession of Companion Animals, *CP Clinic*, Issue 2, (pp 12-15), 2012
- Murray JK, Browne WJ, Roberts MA, Whitmarsh A & Gruffydd – Jones TJ, Number and ownership profiles of cats and dogs in the UK, *Veterinary Record*, 166(6), (pp. 163-168), 2010
- Murray JK, Roberts MA, Whitmarsh A & Gruffydd-Jones TJ, Survey of the characteristics of cats owned by households in the UK and factors affecting their neutered status, *Veterinary Record*, 164(5), (pp 137-141), 2009
- Pet Food Manufacturers Association website, <http://www.pfma.org.uk/pet-purchasing-trends-2008/> accessed 18/10/12
- PDSA PAW Report 2018: www.pdsa.org.uk/media/4371/paw-2018-full-web-ready.pdf
- Stavisky J, Brennan M, Dean R, Demographics and economic burden of unowned cats and dogs in the UK: results of a 2010 census, *BMC Veterinary Research*, 8:163, 2012
- Tackling the Cat Crisis – A collaborative approach to neutering: produced by the RSPCA and available at www.rspca.org.uk/adviceandwelfare/pets/cats/health/neutering ●





MINIMUM VETERINARY STANDARDS

VETERINARY CARE OF CATS

AT CATS PROTECTION

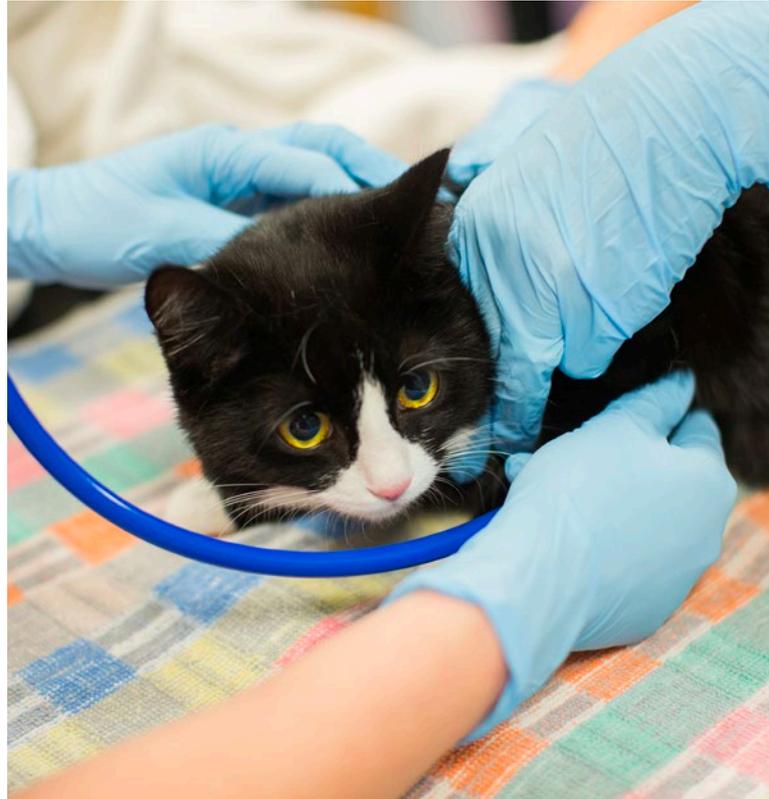
All cats in CP care must receive a Minimum Veterinary Standard of care. The table below highlights the standards, which differ for domestic (non-feral) cats and feral cats. Each point is then discussed in the pages that follow.

For cases where diagnostic work-ups, surgical procedures or treatments are likely to be costly, Cats Protection representatives or the veterinary surgeon are encouraged to discuss this with their regional manager and Cats Protection Veterinary department

Domestic (non-feral) CP cats

Cats Protection describes domestic (non-feral) cats as those cats which are relinquished by their previous owners or are brought into CP care as strays, but which have had socialisation with people during their critical two-to-eight week old period and are thus suited to rehoming in the domestic environment.

It is important that all cats have their clinical notes recorded on individual records. If cats receive anything other than routine veterinary care such as vaccinations, parasite prevention and worming, while under Cats Protection care, their individual clinical notes



All domestic (non-feral) cats in CP care must receive the same Minimum Veterinary Standard of care

should be given to the owner. More information on medical records can be found on page 17.

Feral cats

Cats Protection describes feral cats as those which have not been socialised to people during their critical socialisation period of two to eight weeks old, nor have they been habituated to the domestic environment, and therefore are not suited to life in the domestic environment.

Cats Protection believes that the most effective and humane way to assist the feral population is by undertaking trap, neuter and return (TNR) schemes. This maintains healthy colonies of controlled numbers and avoids the vacuum effect and growth of population which results following feral removal strategies. Feral cats are very territorial and moving them to a new site can be extremely stressful. However, if return to their original site is not feasible, cats should be re-sited to another suitable outdoor situation such as farms or stables.

Feral cats find confinement extremely stressful and should therefore only be

MINIMUM VETERINARY STANDARDS FOR DOMESTIC (NON-FERAL) CATS

- Veterinary examination with diagnostic tests and treatment as necessary
- Blood testing for FIV and FeLV for all higher risk cats
- Vaccination against FHV, FCV, FPV and FeLV with second/booster vaccinations

if still in Cats Protection care when due

- Parasite control including flea and worming treatment
- Neutering
- Microchipping of all cats and kittens over 12 weeks of age
- Free temporary pet insurance for new owners

All cats in Cats Protection care should have separate clinical records. If any non-routine veterinary care (such as preventative health care and neutering) is performed these clinical records should be provided to the new owner.

confined to pens for the minimal time required for neutering or for minor health issues to be resolved. Confinement for treatment of any condition for more than three to five days is likely to be exceptionally stressful and detrimental to their welfare – euthanasia should be considered for this reason in cases which require this length of confinement. Attempts should not be made to try and 'tame' ferals. They should be confined following neutering for no longer than 24 hours, and released sooner if the vet feels it is appropriate. Generally feral kittens should not be brought into care, if the kittens are still feeding from mum then they should be left alone, if weaned then they can also be trapped, neutered and returned. Bringing kittens younger than five to six weeks old into care will mean hand feeding which reduces their survival chances and significantly increases workload for CP volunteers and employees. After five to six weeks old the fear response develops in kittens and so bringing them into care is likely to be very stressful.

Please consult your CP representative for individual feral cats which are not fit for neutering or release – euthanasia on welfare grounds may be necessary.

Further information in relation to each point can be found throughout this guide and a summary document on feral veterinary care on this page. Please also see page 53 with regard to feral cats presented by members of the public with a CP neutering voucher.

VETERINARY MEDICINAL PRODUCTS

Cats Protection can order veterinary medicinal products (VMPs) and other cat care supplies centrally for use in Cats Protection cats, under each branch/centre vet's direction. **CP maintains a list of commonly used products that the charity prefers are used where appropriate for CP cats (with the vet's agreement).** An up-to-date list of these products, for which Cats Protection has negotiated a discounted rate, is available. See page 56 for further details. ●



VETERINARY CARE FOR FERAL CATS

The veterinary care feral cats, presented by a CP representative, should receive includes:

- neuter and ear tip (with health check under GA to ensure fit to neuter and release)
- an in-house blood test for

FeLV/FIV: a minimum of 25% of the colony should be tested and if any come back as being positive the entire colony should be tested. Any cats that are sick or the vet is suspicious of should be tested

- a single vaccination against FPV, FHV and FCV
- roundworm, tapeworm and flea treatment. Where concurrent treatment is unavailable or inadvisable, the vet should elect which is most appropriate

RESPONSIBILITIES AS A VETERINARY SURGEON WORKING WITH CATS PROTECTION

Following the Minimum Veterinary Standards set out by Cats Protection is vital, not only for the welfare of the cats we have in care, but also to ensure that we achieve consistency in the cats that we rehome across the charity. As one charity made up of several volunteer-run branches and employee-run centres, there may be circumstances where cats may need to move between sites. Subsequently it is important that all cats are treated consistently and that new owners can have certainty that a cat that they rehome from anywhere within the charity will have had the same checks made. As vets working with the charity, it is also your responsibility to determine that these cats are 'fit to home': that is that any medical condition that they may have had on coming into or during their time in care has either resolved or been stabilised, and that all minimum standards have been adhered to. For more information on the guidelines on making a cat fit to home please see

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It is important that all cats are treated consistently

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page 17. It is CP policy that when a cat is adopted, the new owners are made fully aware of any known medical conditions whether they have been resolved or are ongoing. The owner should be made aware if any conditions will be ongoing and, if they have resolved, whether they are likely to recur.

Medical summary forms

Cats are matched to potential new owners who are given guidance on integrating their new pet to ensure a successful long-term relationship. At the point of rehoming, an adoption form is completed which transfers ownership and the duty of care to the new owner. We recommend that when a cat is homed, a medical summary form is also completed. This should be completed by the vet whose care the cat is under and completed at the time the cat is deemed fit to rehome. These are available for completion from the branch, centre or CP Veterinary department. They provide a useful and concise way to ensure owners are fully informed of a cat's health status, preventive care and known health issues. If anything other than routine care (vaccinations, neutering, and parasite prevention) is performed this should be detailed in the box, and there is an opportunity here to say how likely it is that the condition will recur. To further allow full disclosure of any previous health problems, in these cases the cat should also be rehomed with individual clinical notes detailing the veterinary treatment they received while in our care. **We also ask that the dental status at the time the cat is made fit to home is written in the relevant box.** The medical summary forms can quickly resolve any later disputes by indicating known presence or absence of a pre-existing condition, and ensures cats are matched appropriately to new owners. The medical summary form should be updated if any other medical issues arise before the cat is adopted.





Pet insurance

A temporary cover note is issued by CP at the point of adoption, regardless of the cat's age, which provides cover for conditions which are not pre-existing. Should an owner make a future claim, a copy of the cat's medical record while in CP care may be requested by the insurer.

Owner's veterinary fees

Owners' are sought who are able and prepared to take on the commitment of their new pet, including those with ongoing medical conditions. It is extremely rare for CP to provide follow-up veterinary financial support

IMPORTANT!

CP does not pay for owners' bad debts, nor for treatment carried out on cats prior to accepting them into its care.

to new owners, as financial support for owners including payment of third party veterinary fees are not one of the charity's core objectives. To do so would take resources away from the essential main aims of the charity. In rare instances, CP will enter into agreements at the point of adoption, to fund specified veterinary costs towards specific conditions in identified cats, where adoption has otherwise proven impossible without such financial support. In these situations, a specific agreement form is completed by both CP and adopter and copied to the veterinary practice concerned. ●



CLINICAL EXAMINATION OF CATS IN CP CARE

A full clinical examination should be undertaken as soon as possible after a cat's entry into Cats Protection care. If a cat cannot be adequately examined despite giving it time in care to settle, it should be sedated/anaesthetised to examine at least once prior to homing. All cats in CP care should have individual records. Clinical notes should be as objective as possible – we ask that vets use the Bristol dental grading chart (see page 38) to assess teeth and that faeces and body condition score are also objectively graded. When performing the veterinary examination of CP cats, the vet is asked to consider the following:

Infectious disease: please be vigilant in checking for signs of infectious diseases as these are more difficult to control in a rescue environment with the frequent introduction of new, stressed animals. In particular, vets are asked to consider ringworm in cats with any skin lesions, feline parvovirus and upper respiratory tract disease (see infectious diseases section on page 39). A Wood's lamp examination should be carried out – if not already performed by employees/volunteers

Age: please make an estimation of the cat's age – making comparison with a previous owner's judgement, if available. It is acknowledged that age estimation is not an exact science, but being able to advise potential adopters of a vet's estimation can be helpful when matching a cat to a potential home and meeting an owner's expectation. It may also affect pet insurance premiums. Adopters are advised of the limitations of age estimations

Sex: please make an assessment of the cat's sex and neuter status. Please palpate entire female cats and those of unknown neutered status for pregnancy – ultrasonography to stage pregnancy is not needed. See neutering section on page 27

Microchip: please scan for a pre-existing microchip

Stray cats: follow CP's stray policy for all stray cats – see page 49

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*Cats in
care need
to be
carefully
monitored*
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Diagnostic tests: please only undertake further examinations or diagnostic tests if necessary in sick cats and when knowing the result of those tests is essential to influence case management – see page 33

Treatment: treatment of conditions that carry a reasonable prognosis and do not cause long-term suffering to the cat should be carried out – see routine treatments and quality of life and euthanasia on pages 47-48

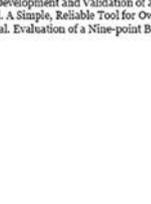
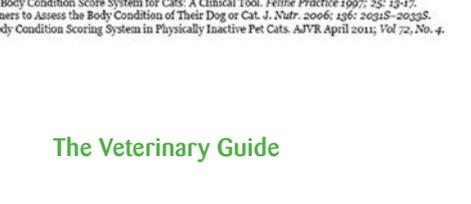
Fitness to rehome: please assess whether the cat is fit to rehome from a veterinary perspective ie it meets all the following criteria:

- healthy on a full health-check or any ongoing conditions are stable
- has received the Minimum Veterinary Standards – cats are usually homed at least 48 hours after vaccination and 48 hours after castration or spaying, unless otherwise advised by the attending vet
- it is not known to pose a zoonotic risk
- it is likely to cope with transition to an appropriate new home and it is expected to enjoy a good quality of life; CP recognises the limitations of a single clinical examination to appraise prognosis and that cats may still become sick shortly after adoption following a clinical examination where nothing abnormal is detected, but the aim is to ensure welfare and reduce the risk of owners facing unexpected consequences soon after adoption. If a cat is not fit to rehome, please discuss further recommendations which may include monitoring/further diagnostic tests/further treatment/euthanasia.

Records: all findings and treatment should be recorded, ideally with a medical record for each individual cat. Please ensure all accounts for Cats Protection cats are in the name of the branch/centre and not, for example, the fosterer's name

Recheck: the vet should recommend when the cat should be rechecked. Cats in Cats Protection care should generally be vet checked at least once every three months. If a cat is undergoing treatment ▶

BODY CONDITION SYSTEM

TOO THIN			1 Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.
			2 Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.
			3 Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.
			4 Ribs easily palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.
IDEAL			5 Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.
			6 Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable, but not obvious; abdominal tuck absent.
TOO HEAVY			7 Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.
			8 Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.
			9 Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.

The BODY CONDITION SYSTEM was developed at the Nestlé Purina Pet Care Center and has been validated as documented in the following publications:
 Laflamme DP. Development and Validation of a Body Condition Score System for Cats: A Clinical Tool. *Feline Practice* 1997; 25: 13-17.
 German AJ et al. A Simple, Reliable Tool for Owners to Assess the Body Condition of Their Dog or Cat. *J. Nutr.* 2006; 136: 2031S-2033S.
 Bjornvad CR et al. Evaluation of a Nine-point Body Condition Scoring System in Physically Inactive Pet Cats. *AAFP* April 2011; Vol 72, No. 4.

► or if the CP representative notices signs of ill health, the cat should be examined more frequently as per the vet's direction
Referral: referral to medical or surgical specialists is generally discouraged – the vet or CP representative should contact the CP Veterinary department for any CP cat where referral to a specialist is being considered

Separate accounts for invoicing purposes should be set up for treatment of cats in CP care, neutering (including owned cats, cats in CP care and ferals) and ongoing treatment agreements for cats that have been adopted from CP. More information on this can be found on page 56.

Diet and body condition

Cats Protection cats are fed on a good quality, complete commercial diet. Cats in CP care must not be fed raw or vegetarian diets, even if supplemented.

Cats Protection advocates the use of wet food, usually in combination with dry food, unless problems identified on the clinical examination leads to the recommendation of a more specific or prescribed diet.

Left: The PURINA® Body Condition Score System for cats

The shelter environment is very stressful for cats – consideration should always be give to their mental wellbeing as well as their physical health



Coming into CP care and being rehomed are stressful times for cats, and stress may cause a loss of appetite and weight loss. Conversely, the limited exercise opportunity for a cat confined to a pen or a room means they may be prone to putting on weight more easily. Each cat's weight should be monitored regularly and any cats found to be overweight can be put onto a light or calorie controlled prescribed diet if deemed appropriate.

Ideal bodyweight will vary depending on breed and age of cat. To help with assessing body condition, Cats Protection uses the PURINA® Body Condition Score System for cats. This system grades the body condition of a cat from one to nine.

Veterinary-prescribed diets can be given to assist or support cats with certain medical conditions. If a cat is on a veterinary-prescribed diet when it comes into care, the CP representative should inform the vet at the cat's first health check, so that a decision can be made on whether it is a suitable food for the cat to continue eating.

● **Cats Protection recommends that cats in care are provided with feeding enrichment to help maintain good physical and mental health. CP provides information on the best types of feeders and puzzles to use.**

Long stay cats

Our aim with long stay cats in CP care is to get them into a home as soon as is reasonably possible. Living in a shelter environment is very stressful for cats, they are unable to carry out certain normal behaviours and have limited control over their environment. Protracted stays in care are significant welfare issues and are not acceptable for CP cats. Subsequently treatment plans put in place have to be sensible and reflect this. There may be cats with chronic health issues that despite best efforts cannot be controlled so that the cat is well enough to be made fit to home. Pursuing lengthy treatment plans must always be balanced with ►

► the needs of the cat, and if issues are not resolving, euthanasia should not be considered as a failure but a treatment plan that will be in the best interests of the cat. Cats will present every three months for rechecks, and we ask that vets look not only at the physical health but also the mental wellbeing of the cat involved. Dealing with cats that have been in care for a long time can involve difficult decision making, and the Veterinary department is always available to help with these cases, email veterinary@cats.org.uk

Feral cats

When a feral is anaesthetised for neutering, the opportunity should be taken to do as much for the cat as possible. A thorough health check should be carried out by the vet before surgery commences. Feral cats should not be examined without sedation or general anaesthesia. In particular, please pay attention to:

clinical examination: a clinical examination should be undertaken to

Once anaesthetised, ferals should have a thorough health check before surgery

assess the cat’s health and whether it is expected to have a good quality of life in the wild

Microchip: please scan for a pre-existing microchip. Do not place microchips in feral cats. If a microchip is present please follow our stray policy on page 49

Diagnostic tests: within a colony, the first 25% of the colony as a minimum should be blood tested in house for FIV and FeLV. If any test positive, or if funds allow, the entire colony should then be tested. Please only undertake further examinations or diagnostic tests if necessary and when knowing the outcome of those tests is essential to influence case management. Tests for which immediate results are unavailable are not appropriate for use in feral cats

Fitness to release: please assess whether the cat is fit to release to its original site or an appropriate alternative site such as farm or stables. Feral cats should be confined for the absolute minimum period of time

Treatment: please provide treatment

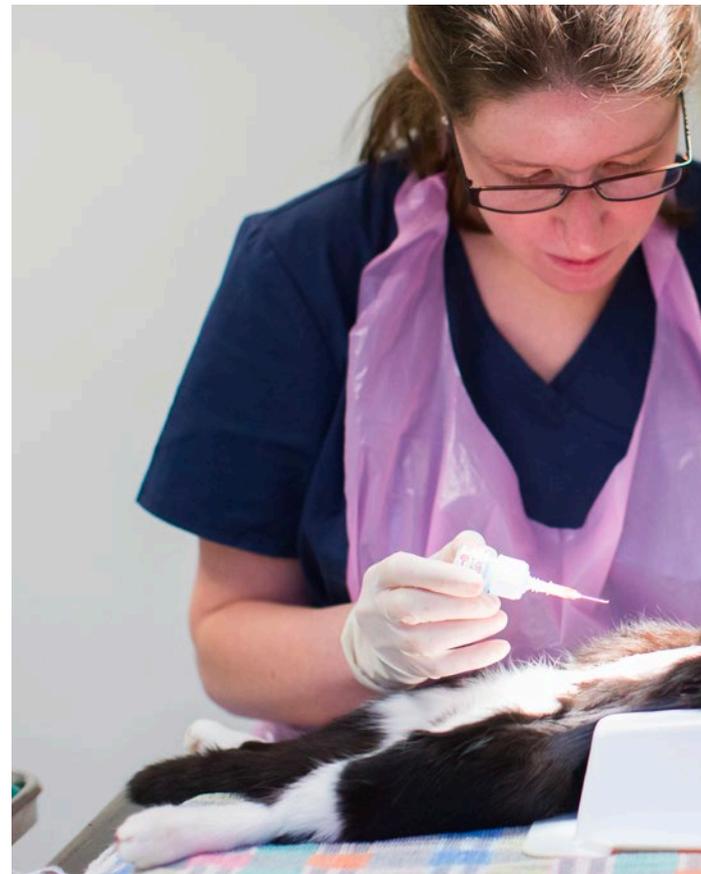
DECISION MAKING AND CASE DISCUSSIONS

The vet is asked to discuss with the Cats Protection representative treatment options, estimated costs and prognosis with regards to the cat’s quality of life in care and after adoption. Please also advise the CP representative whether it is recommended potential new owners discuss a cat’s condition with the vet prior to adoption

and whether medication can be passed on to a new owner.

The vet is asked to discuss any concerns with the CP representative and encouraged to contact CP’s Veterinary department if required – for example, when commencing prolonged therapy or monitoring of cats with a reasonably guarded prognosis. Any

treatment, be it ongoing or one off, which is likely to cost more than £500 should be discussed with the Veterinary department before treatment is undertaken. If an outbreak of infectious disease occurs the Veterinary department must be contacted. For more information on infectious disease management see page 39.





for minor conditions where a single treatment is feasible eg removing a loose tooth, cleaning a wound, treating a minor infection with long-acting antibiotic injections etc. Involved treatments requiring repeated intervention, hospitalisation or confinement are never suitable for feral cats. Euthanasia should be

Vets may be asked to assess whether or not CP cats are fit to travel

considered for feral cats with conditions that cannot be resolved with one-off treatment

Records: all findings and treatment should be recorded – it is recommended that a separate file be used for all feral work

Fitness to travel

On occasion, veterinary practices may be asked to advise on a CP cat's fitness to travel. If a CP cat has to travel for less than four hours then a veterinary health check should have taken place within the last two months, but if the journey will be longer than four hours the health check should take place within 24 hours of the journey. When assessing whether it is reasonable or appropriate to transport a cat in CP care, please consider:

- the cat's health
- the cat's behavioural status
- the cat's prognosis in the short and long-term, and adoption prospects
- the journey time
- the type of transportation
- the nature of intended destination
- the reason for transportation
- alternative options
- any specific considerations needed

For further guidance or support with the transportation of cats please contact the CP Veterinary department. ●



FIV AND FELV TESTING OF CATS IN CP CARE

CP tests all cats deemed to be at high risk of infection with FIV or FeLV. CP representatives and their vet are encouraged to discuss cases on an individual basis and assess relative risk of each cat before deciding on whether or not to test. At the point of adoption, owners are made aware whether a cat has or has not been tested for FIV and FeLV.

Appropriate cats should be tested as soon as possible after coming into CP care. For example, unless essential, do not wait to test pregnant and lactating queens. Positive results are

inevitably traumatic for those caring for the cats, with delays being even more upsetting. Kittens that require testing should be tested as soon as they are big enough to sample ie at around eight to nine weeks of age.

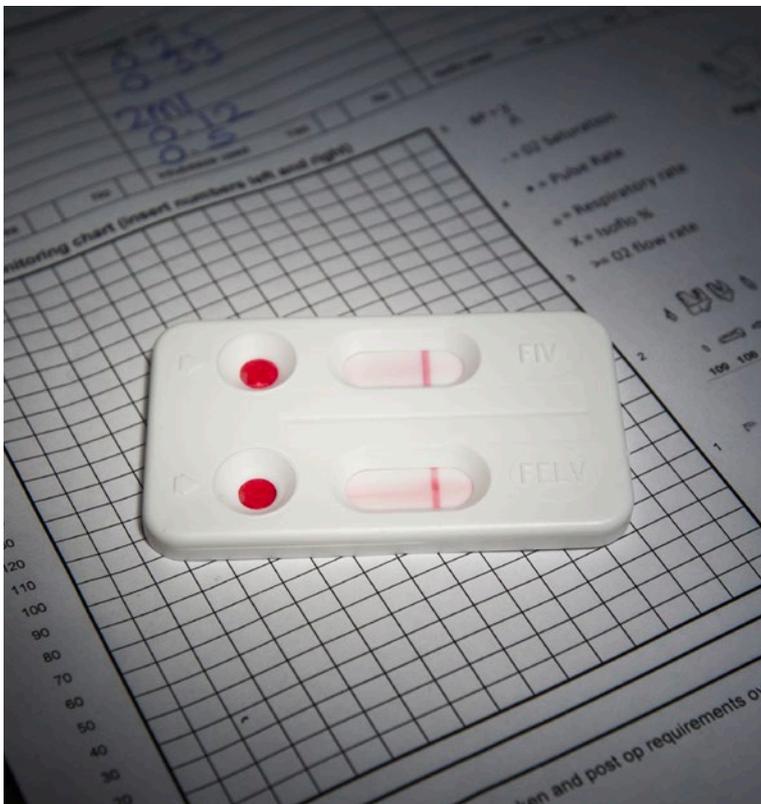
Screening blood testing kits are used first-line and can be ordered centrally through CP. These are in general very accurate but false positive results can be generated. Ideally serum is used for the screening test kits as this reduces the likelihood of false positive results. Any positives are therefore confirmed at reliable external reference laboratories using tests which are able to give us definitive results that are not influenced by, for example, maternally derived antibodies. The only exceptions to this are feral cats (for more information see below) and cats that are showing classical signs of the disease.

Cats Protection FIV/FeLV flow charts offer guidance on testing, confirmation and action in light of results – see our ‘For vets and nurses page’ at www.cats.org.uk/help-and-advice

Feral cats

Feral cats that require FIV/FeLV testing should be blood tested under general anaesthesia (GA) using screening tests. The test should be carried out immediately while the cat remains under GA.

FIV and FeLV blood test



WHICH DOMESTIC (NON-FERAL) CATS SHOULD BE BLOOD TESTED FOR FIV AND FELV

- Cats that are already sick when coming into Cat Protection care or which become sick in care, showing symptoms that are consistent with retrovirus infection
 - All entire, sexually mature cats including pregnant and nursing queens
 - All stray cats
- All cats known to be in contact with cats that are FIV or FeLV positive. This includes all kittens of FIV positive queens
 - Orphan kittens or
- kittens whose mother's FIV and FeLV status is unknown
 - Any cat before it undergoes extensive treatment or surgery
- Any cat that the vet is suspicious of, for example those cats showing clinical signs of disease consistent with underlying FIV or FeLV

It is advised that a sample of about 25% of the feral colony should be tested. If they are all negative, the rest of the colony does not need to be tested. If any test positive, then all cats in the colony should be tested

Ideally all feral cats should be tested if funds are available

All sick cats should be tested, but check funding source first and also first please consult your CP representative for individual feral cats which are not fit for neutering or release

If positive for either FeLV or FIV, feral cats should be euthanased without confirmatory blood tests as they would have to be confined pending results, which is contrary to their welfare. ●

POSITIVE FIV AND FELV TEST RESULTS IN DOMESTIC (NON-FERAL) CATS (FOLLOW THE STRAY POLICY FOR STRAY CATS, SEE PAGE 49)

Cats Protection rehomes confirmed FIV positive cats to indoor homes provided they are clinically well and suited to an indoor lifestyle. Euthanasia is recommended if confirmed FIV positive cats are likely to have a poor quality of life. Kittens of FIV

positive mothers are tested as generally only a proportion of the litter will test positive.

Cats Protection euthanases all confirmed FeLV positive cats and those that are symptomatic for FeLV and test positive with a screening test. It also euthanases

all kittens born to FeLV positive queens before testing as we know that 100% of the litter will test positive for FeLV if the queen is positive.

Potential adopters are made aware on the medical summary form whether a cat has been tested prior to rehoming.





VACCINATION OF CATS IN CP CARE

Vaccination of rescue cats is essential to protect individuals and facilitate herd immunity to limit the spread of infectious diseases. Only veterinary surgeons may vaccinate CP cats following a clinical assessment and they should complete a CP vaccination record card for each cat. Vaccines preferred for use in Cats Protection cats can be ordered centrally through CP, see discount scheme section on page 56.

Timing: All cats should be vaccinated as soon as possible after entry to Cats Protection using Cats Protection's preferred vaccine. If they have previously been vaccinated in line with the relevant Minimum Veterinary Standard of care – see page 12 – and have received a full vaccine in the last 12 months, there is no need to repeat the vaccination. However, veterinary evidence of these vaccinations must have been provided. CP cats should usually be vaccinated 48 hours before neutering – to get our kittens into homes as quickly as possible we recommend vaccinating at eight weeks of age and then neutering 48 hours later.

Stray cats: Stray cats of unknown vaccination status should be vaccinated, even though an owner could come forward, to minimise the risk of an unvaccinated cat contracting infectious disease and the risks to other cats in CP care. See the stray policy on page 49.

Datasheet: Cats should be vaccinated as per the datasheet of the CP-preferred product. Use of vaccines outside the datasheet, eg use of vaccine in young kittens in the face of an FPV outbreak, should first be discussed with the CP Veterinary department. An FAQ document on vaccines is available on the 'For vets and nurses' page on the Cats Protection website.

Pregnancy and lactation: Avoid vaccinating pregnant queens if they are not to be neutered during pregnancy. Lactating queens should be vaccinated at approximately one to two weeks post-partum on a risk/benefit analysis for the particular case (eg in a centre

IMPORTANT!

CP recommends owners take their cats for at least an annual veterinary health check and have regular booster vaccinations as advised by their vet.

Cats should be vaccinated as soon as possible after coming into CP care

with high feline density, a cat may be at greater risk than when with a fosterer with a single cat where there has been no history of disease in the pen). CP can consent to a vaccine being used off-licence. If veterinary surgeons are not sure about using vaccines off licence they can discuss this with the CP Veterinary department.

Adoption: Cats are kept in CP care at least 48 hours after any vaccination before adoption, in case of a vaccination reaction.

Second vaccinations: As per the manufacturer's datasheet, use the same brand of vaccine for the primary course. Otherwise, the vaccine course will need to be restarted. Cats Protection will cover the cost of the second vaccination for the new owner on the understanding that the owner will return to the CP nominated vet and receive the CP preferred vaccine. CP will not cover the cost of a third vaccination in the primary course and where this is offered, uptake will be at the discretion of the new owner.

Feral cats

All feral cats should be given a single vaccination while under anaesthesia against FHV, FCV and FPV as part of the trap, neuter and return programme. This may offer protection against FPV for many years. ●



PARASITE CONTROL FOR CATS IN CP CARE

Sensible use of flea and worming treatment in rescue cats benefits each individual cat and helps to control environmental issues and the potential spread of infectious and zoonotic disease in facilities used to house vulnerable cats. Flea and worming treatments for Cats Protection cats can be ordered centrally through CP – see discount schemes section on page 56.

All domestic (non-feral) cats (including strays) are treated against fleas and worms as soon as possible after entry into CP care, using CP's preferred treatments as per the datasheet, and appropriate to the age, health and physiological status of the cats. A vet must assess the cat before any flea or worming treatment is given. CP Routine Parasite Control Procedures detailing appropriate parasite treatment protocols and intervals for adult, pregnant and lactating cats and kittens in the charity's care. The CP parasite procedures can be found at www.cats.org.uk/help-and-advice

All cats in CP care should be treated for fleas as outlined in CP's Routine Parasite Control Procedures

Feral cats – flea treatment

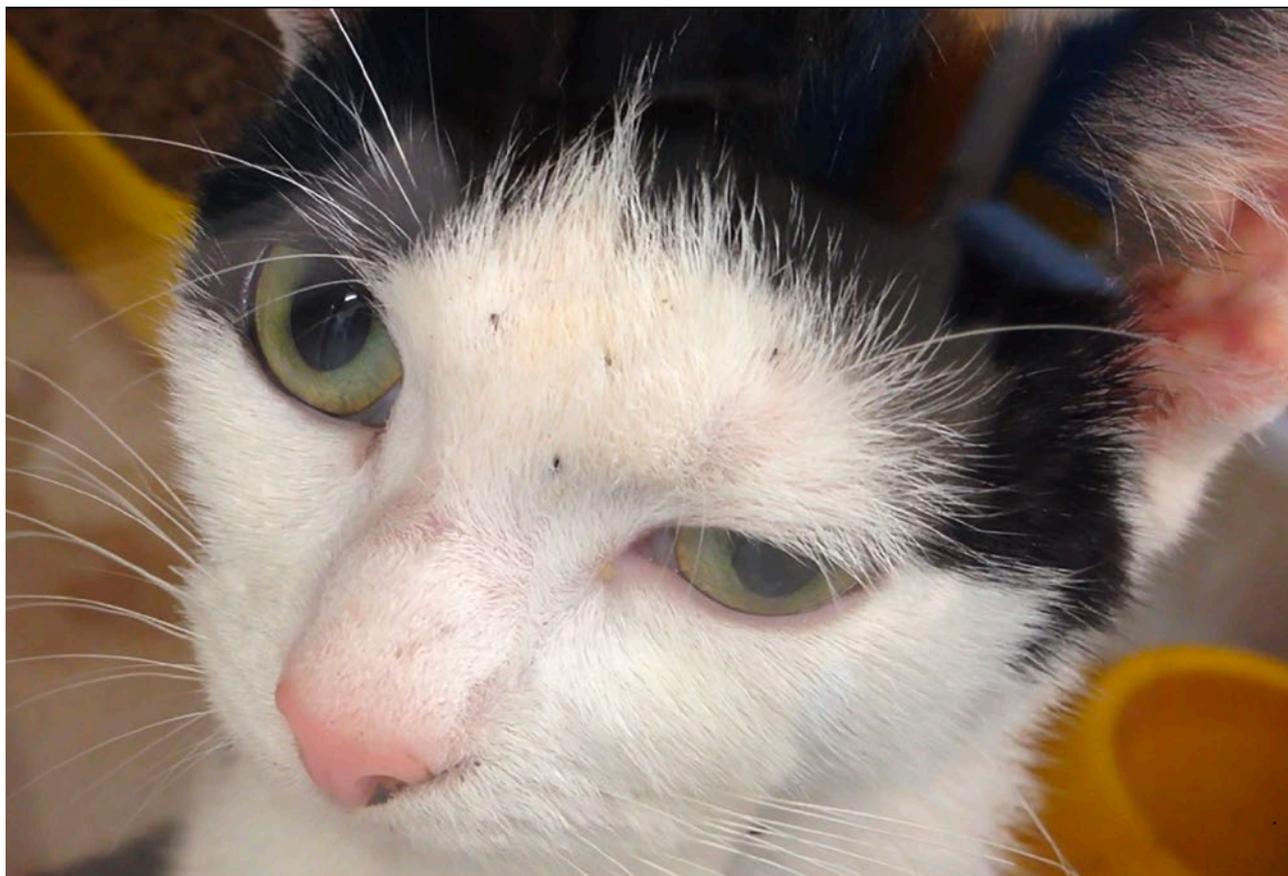
All feral cats should be given a single treatment against fleas under general anaesthesia, as part of the trap, neuter and return programme.

Feral cats – worming treatment

All feral cats should be given a single treatment against roundworm and tapeworm under general anaesthesia, as part of the trap, neuter and return programme. Where concurrent flea, roundworm and tapeworm treatment is unavailable or inadvisable, the vet will elect which treatment(s) are most appropriate for the case in accordance with the Cats Protection parasite procedures.

Owned cats

CP recommends owners seek veterinary advice on the type, frequency and administration of parasite control for their own cats. ●



NEUTERING

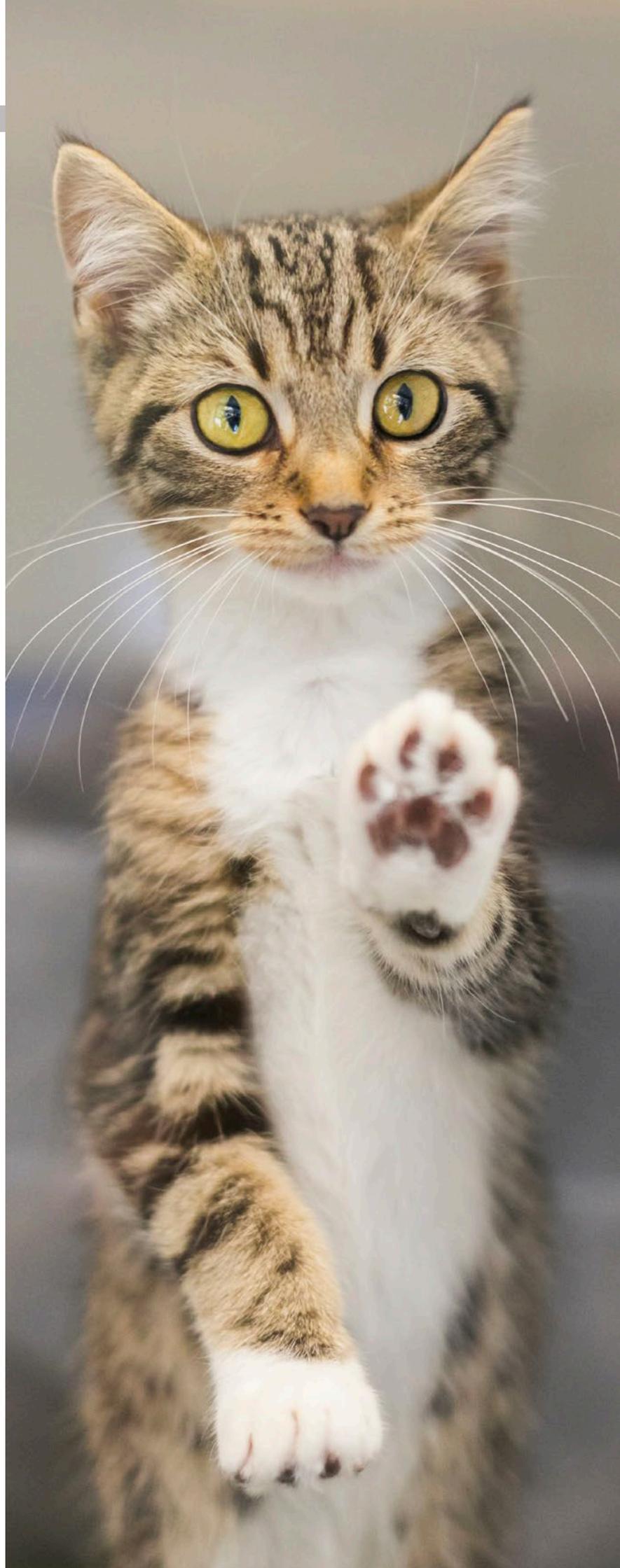
The promotion of neutering is one of CP's core objectives. All CP cats which are old enough are neutered prior to being rehomed. For further information, including a veterinary video guide to prepubertal neutering, see our resources on the Kitten Neutering Database (KiND) website at www.kind.cats.org.uk

KITTEN NEUTERING

Cats Protection believes that kitten neutering, that is neutering at four months or younger, is the best way to tackle the cat overpopulation problem. Cats Protection is not alone in this belief. The Cat Population Control Group is an umbrella organisation that includes several organisations that are working together to improve the effectiveness of neutering by collaborating on research and joint projects. This includes producing a 'one-stop shop' for vets that are either already neutering at four months, or are neutering at the traditional six months but want to consider earlier neutering (more information can be found at www.kind.cats.org.uk). The Cat Group, a collection of professional organisations dedicated to feline welfare, has produced a policy statement on the age of neutering, recommending that kittens are neutered as early as practical and no later than when they are sexually mature (at four months). Organisations aligned with The Cat Group include BSAVA, ISFM and the RSPCA. The BVA also supports the policy statement of The Cat Group. More information on this can be found on The Cat Group's website: www.thecatgroup.org.uk/policy_statement

NEUTERING CATS IN CP CARE

Age: Domestic kittens in Cats Protection care can be neutered any time from two days after first vaccination. However, adoption should not be delayed by holding kittens back in care for neutering, if a suitable owner has been found. All CP cats four months and over must be neutered before homing ►



► where there is an available vet in agreement. Follow the CP stray policy (see page 49) for all stray cats.

Pregnancy: It is recommended cats in CP care up to approximately six weeks of pregnancy are spayed. Giving birth and raising kittens in CP care is stressful for the mother, is arguably detrimental to her welfare and can influence the behaviour of her kittens. It also leads to difficulties in providing safe and adequate socialisation and social referencing, to ensure the kittens become well-adapted pets and have good welfare in their new homes. If in the end stages of pregnancy or giving birth is imminent ie, there is milk in the mammary glands and/or the cat is showing typical behavioural changes, the pregnancy may be allowed to continue, although the vet is asked to assess each case.

Lactation: Female cats in CP care should usually be spayed approximately eight weeks after kitting to ensure the kittens are adequately nourished and to facilitate their behavioural development. In contrast with bitches, queens can be neutered when lactating and it does not prolong lactation.

Assessment of neutered status: Options for the assessment of a cat's neutered status can be found at www.cats.org.uk/help-and-advice/information-for-vets/vet-protocols-and-resources

Surgical approach: Female cats in CP care are generally spayed by the left flank approach – to facilitate post-operative monitoring by CP representatives – with dissolvable sutures where possible. The ovaries and cervix should always be ligated. However, if female CP cats of unknown neuter status are undergoing exploratory laparotomy, following a shave for a scar and Lutenising Hormone test, they should have midline surgery performed in the first instance. For more information please see the CP procedure for the management of cats of unknown neuter status on the 'For Vets and Nurses' page at www.cats.org.uk/help-and-advice/information-for-vets/vet-protocols-and-resources

Analgesia: All cats should be given analgesia at neutering. Post-operative analgesia should be provided on a case-by-case basis as assessed by the attending veterinary surgeon, depending on the environment the cat is going back to.

Antibiotics: As per best practice guidelines, it is not recommended to use antibiotics when neutering domestic (non-feral) cats.

Feral cats

Age: Feral cats are neutered from weaning.

Pregnancy: Feral cats should be neutered up to the latest stage of gestation



Right: Female cats in CP care should usually be spayed eight weeks after kitting

Left: Kittens in CP care should be neutered from two days after their first vaccination





as possible, to prevent the stress of confinement.

Lactation: Lactating feral queens should be neutered – in contrast with bitches, it does not prolong lactation. If the kittens were not found, she should be released as soon as possible post-operatively (ideally no more than 24 hours later) to allow her to return to her litter, although there may be other queens in a colony situation that would suckle the kittens.

Surgical approach: Feral queens should be spayed by the left flank approach, with dissolvable sutures. The ovaries and cervix should always be ligated.

Medication: Analgesia and antibiotic treatment should be given to every feral cat.

Ear tip: Feral cats must be identified as neutered by straight line removal of a 10mm tip (5mm in small kittens) of the left ear and is a condition of voucher payment. This is an internationally recognised means of identification which can be seen at a distance and in low light. This prevents the stress of re-trapping, repeated anaesthesia and surgery. Microchipping should not be performed.

Return: Most female feral cats should be returned to site within 24 hours of neutering (with dissolvable sutures) and most male feral cats should be returned 12 to 24 hours after neutering, although weather or health constraints may require exceptions. Acceptance and reintegration back into a colony is likely to be impeded by delays.

CP NEUTERING VOUCHERS

CP helps tens of thousands of cat owners with the costs of neutering through its regional and national campaigns and it is estimated that CP supports the neutering of around one in six cats neutered in the UK. Further information can be found at www.cats.org.uk/what-we-do/neutering

All cats neutered through the CP neutering schemes should be recorded on a separate CP neutering record for invoicing purposes. ►

► **KITTEN NEUTERING PRINCIPLES**

Keep healthy

Younger animals have a juvenile immune system, so best to do earlier in the day, before other operations to reduce risk of infection.

Keep fed

Withhold food for three hours only before surgery; do not withhold water. Offer food early in recovery.

Keep calm

Keep littermates together, including during recovery and reduce stress from noise, handling etc.

Keep accurate

Weigh accurately and calculate doses based on BSA (body surface area).

Keep warm

Don't clip or wet excessively when prepping. Maintain a warm ambient temperature, keep insulated throughout and express bladder.

When neutering kittens, remember not to withhold food for more than three hours and keep them warm during surgery

Anaesthetic considerations

CP recommends that female cats are intubated for neutering and maintained on O₂. Also, at least 20 minutes elapses after initial i/m medetomidine/ketamine injection before administering atipamezole. Perioperative analgesia should be administered, and post-operative analgesia should be given at the vet's discretion on a case by case basis.

Quad protocol

A useful protocol is to use equal volumes of medetomidine 1mg/ml, ketamine 100mg/ml, midazolam 5mg/ml and buprenorphine 0.3mg/ml. These can be mixed in the same syringe and given at same time.

● CP recommends members of the public have their cats neutered at four months of age or younger

Kitten Quad app

A handy app to help vets calculate drug dosages using this 'quad' combination can be found by searching for 'Kitten Quad' in the Apple App Store or Google Play Store



KITTEN NEUTERING DATABASE (KIND)

The kitten neutering database is a search resource enabling the public to find a vet who will neuter their four month old kitten. The requirement to join the register is that a practice will neuter at four months or earlier and this can also help businesses to acquire bonded clients. CPCG also recruits kitten neutering champions. Could those of you who are already neutering at four months or younger consider becoming champions of the cause? This could just take the form of agreeing to be a mentor over the phone or inviting other vets to your practice to see some kitten neutering in action. For further details, go to www.kind.cats.org.uk ●



Quad protocol feline dose rates



BODYWEIGHT (KG)	BODY SURFACE AREA (M2)	VOLUME ANAESTHETIC DRUGS* (ML)	VOLUME REVERSAL AGENT 5MG/ML (ML)	VOLUME MELOXICAM* 2MG/ML (ML)
0.50	0.07	0.04	0.020	0.05
0.60	0.07	0.04	0.020	0.06
0.70	0.08	0.05	0.025	0.07
0.80	0.09	0.05	0.025	0.08
0.90	0.10	0.05	0.025	0.09
1.00	0.10	0.06	0.030	0.10
1.10	0.11	0.06	0.030	0.11
1.20	0.12	0.06	0.030	0.12
1.30	0.12	0.07	0.035	0.13
1.40	0.13	0.07	0.035	0.14
1.50	0.14	0.08	0.040	0.15
1.60	0.14	0.08	0.040	0.16
1.70	0.15	0.08	0.040	0.17
1.80	0.15	0.09	0.045	0.18
1.90	0.16	0.09	0.045	0.19
2.00	0.17	0.10	0.050	0.20

Photo: Kieron Adams

*Off-licence – obtain informed owner consent.

MICROCHIPPING OF CATS IN CP CARE

Cats Protection supports the microchipping of cats as the preferred means of permanent identification.

All domestic (non-feral) CP cats which have not already been microchipped should be microchipped prior to adoption as per the Minimum Veterinary Standard of care. CP's preferred microchips should be used – see page 56.

Microchipping should be performed as part of the veterinary clinical examination.

Cats Protection microchips cannot be used for cats that are not in the charity's care and CP employees and volunteers cannot microchip cats that belong to the public.

Microchips are available to buy through the CP discount scheme and should only be used for CP cats

Kittens can be microchipped from around eight to nine weeks of age – often at the same time as the first vaccination.

Follow the stray policy (see below) for all stray cats.

Adverse reactions in CP cats – which may include microchip failure, loss, migration or hair loss as well as injury or disease – should be reported to Defra, either call 0845 933 5577 or email defra.helpline@defra.gsi.gov.uk

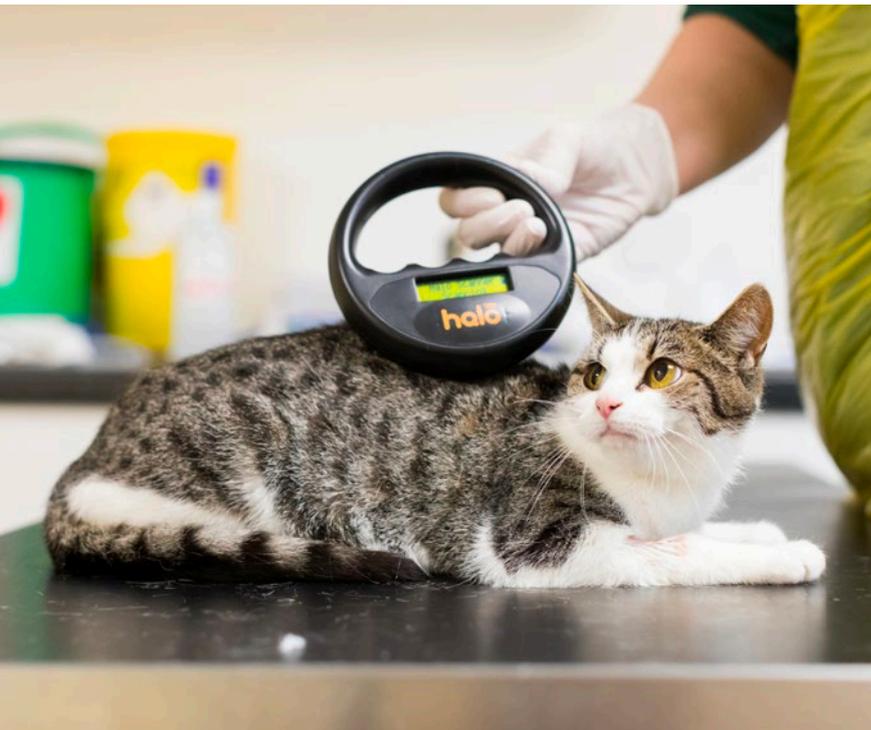
Cats relinquished to CP care with pre-existing microchips have their registered details checked:

- in the case of strays, to attempt to reunify them (see the stray policy on page 49)
- in the case of cats relinquished by their owners, to double-check registered ownership

The microchip's details are re-registered to the new owners at the point of adoption. Cats microchipped while in CP care have their microchips registered to their new owner also at the point of adoption.

Feral cats

Feral cats should not be microchipped. When neutered as part of a trap, neuter and return programme, they are identified as neutered by removal of the 10mm tip of the left ear, a mark which can be seen at a distance and in low light. See page 53. ●



KEEPING DETAILS UP TO DATE

CP encourages owners to ensure they always keep their registered contact details up to date. This is especially important for those owners

whose cats are still registered outside the UK following their travel into the UK – if these cats stray and their foreign-registered microchip is identified, there is

no way of finding out if these cats have entered the country legally through the PETS scheme or whether they pose a risk of rabies and so quarantine or

euthanasia may be enforced in the absence of authorities tracing an owner. If a foreign microchip is found, our branches or centres are

recommended to get in touch with our Branch Support Unit who can advise of how best to proceed. They can be contacted on 0808 0019 1919.



ROUTINE PROCEDURES AND TREATMENTS FOR CATS IN CP CARE

Consent

Please ensure informed consent is given by an authorised CP representative before undertaking any diagnostic, surgical or medical procedure or hospitalisation on CP cats and follow the stray policy.

Diagnostic tests in cats in CP care

Additional diagnostic tests should only be performed in sick cats when knowing the outcome is essential to influence case management. Judicious use of funds for diagnostic tests allows resources to be available to help other cats in need. Also, with regard to healthy cats, as more screening tests become available, it is financially impossible for the charity to screen all cats it rehomes for every possible

disease that can be screened for. It is also arguably contrary to welfare to put asymptomatic cats through endless tests solely to facilitate change of ownership and 'guarantee' health to potential adopters. It is important that adopters are informed of the level of testing that has been done and the fundamental nature of pet ownership ie that pet health cannot be guaranteed.

The following are examples of tests rarely considered necessary in the shelter environment:

- Laboratory identification of FHV or FCV
- Screening for FCoV
- Routine testing for FPV – except where there is clinical suspicion
- Ultrasonography for pregnancy ►

Diagnostic tests should only be carried out if they will influence case management



Poo grading chart

Grade 1

Liquid, watery faeces



Grade 2

Mostly unformed stools; watery faeces with lumps



Grade 3

Approximately 50% formed stools in softer stools



Grade 4

Mostly formed stools with a very small amount of softer stool



Grade 5

All firm, well-formed stools



Grade 6

Small, very hard faecal pellets



► Post-mortem examinations should be performed in cases of sudden death, or euthanasia of cats in CP care where infectious diseases such as FPV should be ruled out, in the interests of protecting other cats. However, extensive post-mortem tests for non-infections causes are not generally considered an appropriate use of charity funds.

Diagnostic testing including routine pre-anaesthetic and geriatric blood tests and blood pressure monitoring should only be performed in cats where there is clinical suspicion of disease, and not routinely in all healthy cats, regardless of their age.

Laboratory submission forms should always be in CP's name and not the name of the fosterer for example.

If in doubt about whether or not to run a diagnostic test contact the CP Veterinary department.

Medical treatments

As funds are limited, please consider the strength and quality of evidence for the efficacy and safety of products including nutraceutical products when recommending them to cats in CP care. Lengthy protracted treatment plans are likely to compromise feline welfare. See page 56 for details on centrally ordering discounted products for use in cats in the charity's care.

Cascade

Cats Protection understands that there may be occasions when it will be necessary to use medicines, which while not specifically authorised for the treatment of cats may be used legally when justified by the veterinary surgeon clinically, under the Veterinary Medicines Regulations 'Cascade,' and that there may be unknown side-effects associated with the use of such medicines. Please discuss this with the authorised CP representative when prescribing products to cats in CP care under the 'Cascade.'

Left: Faecal grading is a simple and cost effective way to help provide more information about the health of a CP cat

The CP Veterinary department are always available to offer help and advice on case management of CP cats

Complementary therapies

Complementary therapies, in place of conventional therapies, should not be used for the Minimum Veterinary Standards in cats in CP care.

If they are used additionally in CP cats, this should only be by a suitably trained veterinary surgeon. Cats Protection's outlook on the use of these treatments is aligned with the RCVS statement on the use of complementary therapies, particularly in that we 'expect that treatments offered by veterinary surgeons are underpinned by a recognised evidence base or sound scientific principles. Veterinary surgeons should not make unproven claims about any treatments, including prophylactic treatments'.

Referrals

Referral of CP cats to medical or surgical specialists is generally discouraged and it is recommended that CP representatives discuss with their regional manager and the CP Veterinary department before internal or external veterinary referral is undertaken.

Boarding and hospitalisation

There will be instances where cats in CP care will need to be hospitalised – for example severe cat flu cases. ►



► Cats Protection does not recommend treatments that will entail lengthy hospital stays as this is likely to compromise feline welfare. Equally Cats Protection does not endorse veterinary clinics to board cats in CP care for more than a few days, as this will compromise welfare and may also compromise infectious disease control.

Common conditions and case examples

When considering treatment options for cats in CP care, please also consider their impact on rehoming (where their welfare needs can often be better met) and timing – our aim is always to get a cat out of care as soon as is reasonably possible. This means that slightly different options will be more appropriate for cats in our care compared to cats already in a home environment. Some examples of this are below:

- The treatment of a hyperthyroid cat. Options once the thyroid disease is stabilised are:
 - 1 Oral medication – £
 - 2 Performing a surgical thyroidectomy – ££

Right: A dental assessment should be carried out on all CP cats as part of their clinical examination

The impact on time in care and rehoming should always be considered for any treatment option

- 3 Radioactive iodine treatment – £££
For a cat in our care the best option is going to be to perform a thyroidectomy. This may not be the cheapest option, but by performing the surgery we can resolve the issue, meaning that we are able to home a cat without the need for ongoing medication. While radioactive iodine treatment can also achieve this, it means a lot longer in care and is much more expensive, so thyroidectomy constitutes on balance a much more appropriate treatment plan.

● The treatment of a case of cat flu where the cat is anorexic and lethargic with purulent nasal discharge:

- 1 Hospitalisation with fluids and antibiotics, with a feeding tube placed if needed – ££
- 2 Trial a course of antibiotics in the centre along with supportive treatment – £
- 3 Hospitalisation as per number 1 but also take diagnostic swabs to find out the causative agent – £££
In this case 1 or 2 may be appropriate – we would certainly encourage vets to hospitalise severe cat flu cases and feeding tubes can often help to get the cat back onto the road to recovery quickly. However diagnostic swabs are not likely to change the treatment or the outcome so would not be recommended.

● The management of a complicated limb fracture:

- 1 Orthopaedic surgery to repair the fracture – £££
- 2 Amputation of the limb – ££
In this case amputation is generally the preferred option. Firstly this will dramatically reduce the time it will take to get the cat fit to home – generally the cat will only have to stay in care a further seven to 10 days following surgery. Orthopaedic surgery is likely to have a lengthy recovery period of several weeks. There is a risk of complications which is likely to be higher in a shelter cat, where the stress of being in care is





likely to impact on the cat's immune system and capacity to fight infection, which may lead to further surgery and time in care.

The Veterinary department appreciates that decision making for cats in care can sometimes be tricky, particularly if the bulk of the patients you see are private ones. Consistency across the charity is also important and subsequently the Veterinary department has put together a number of different protocols to help with the management of common conditions in cats in our care. These can be found on our 'For vets and nurses' page at www.cats.org.uk/help-and-advice/information-for-vets/vet-protocols-and-resources and include guidance on the approach to management of heart murmurs, FPV, ringworm, FIP and FIV/FelV testing scenarios. The list of protocols is updated regularly.

Dental treatments

All cats' mouths should be graded as per the Bristol dental grading chart (see page 38). If there is dental disease present

“
Our aim is always to get a cat out of care as soon as is reasonably possible
”

that is grade three or more severe, or if there are resorptive lesions (also known as feline odontoclastic resorptive lesions, FORLs or neck lesions) or broken or loose teeth dental work is recommended.

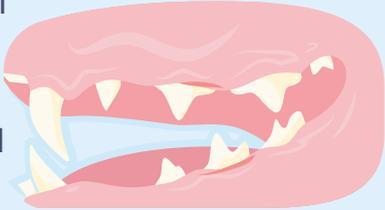
All tooth fractures should be extracted unless there is definitely no pulp cavity exposure. Preventive or cosmetic dental procedures on teeth of grade one or two should not be performed due to cost, additional stress and their potential to prolong the time before a cat is available for homing. It is important that potential owners are informed of the cat's dental status prior to adoption. The dental grade at the time of homing should be recorded on the medical summary form for all cats, and if dental work is carried out this should be noted with details of the individual teeth extracted. The use of antibiotics at the time of dentistry is at the vet's discretion, we recommend giving consideration to the fact our cats are likely to be under stress and may subsequently mount a weaker immune response against potential dental infections. ●



Dental grading chart

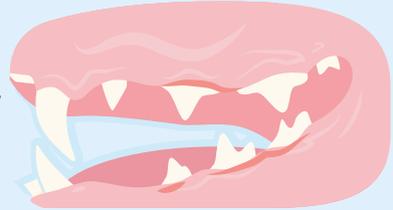
Grade 0

No to minimal gingivitis, or no to minimal calculus



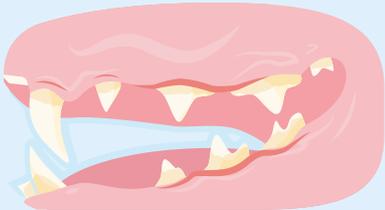
Grade 1

Moderate gingivitis only, no calculus



Grade 2

Moderate to marked gingivitis and calculus



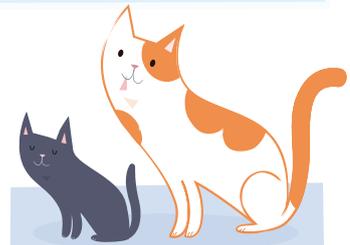
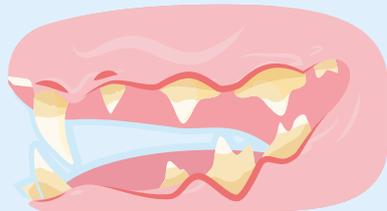
Grade 3

Mild to moderate periodontitis (apparent mild attachment loss)



Grade 4

Severe periodontitis (apparent severe attachment loss, exposure of furcation and tooth root)



Adapted from Bristol Grading Chart

A cat is graded 0-4* and may also have one or more of the following to note:

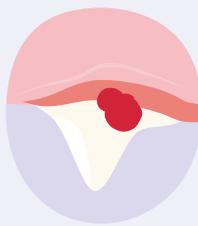
Fractured teeth



Stomatitis



Resorptive lesion



Retained deciduous teeth



Missing teeth



*Kittens are graded as 0

INFECTIOUS DISEASE IN CATS IN CP CARE

The management of infectious disease for cats in CP care comes with many unique challenges. Not only will rescue cats vary in age, physiology and nutritional and health status, they will be experiencing significant stress as a result of coming into care. This stress will impact on the immune system and leads to increased susceptibility to a variety of feline infectious diseases. This may manifest as either clinical or subclinical disease – where the cat is not showing symptoms but is shedding the infectious agent. Additional to this is the fact that often multiple cats will be living on the same site, so the introduction and spread of disease can have serious consequences. When considering the health of cats in CP care, it is important to not only consider the individual but also the ‘herd’ of cats in the centre or branch, and how this infectious disease may affect them. Cats Protection has strict husbandry standards for its cats to minimise the spread of infectious disease.

Please demonstrate excellent hygiene to CP representatives who will inevitably follow your example. Please wash hands/ use disinfectant wipes or gels between examining cats, wipe the stethoscope and other equipment between uses on CP cats.

Cats Protection has some guidance for the management of infectious disease outbreaks. Please note that some infectious disease agents require specific disinfectants and husbandry regimes – particularly ringworm, feline parvovirus and coccidia. For more information please go to www.cats.org.uk/help-and-advice/information-for-vets/vet-protocols-and-resources

The vet or CP representative should always contact the CP Veterinary department, in the event of:

- a case of feline parvovirus
- a case of MRSA
- a case of TB
- a case of any notifiable or reportable disease
- any situation where there are difficulties controlling outbreaks of

infectious disease and where further guidance is needed

- more than one case of FIP
- an outbreak of ringworm*
- an outbreak of cat flu*
- an outbreak of vomiting or diarrhoea*

* In these cases, an ‘outbreak’ is where a disease has spread to other cats in the facility

Please explain the nature and risk of any zoonotic infections diagnosed in CP cats to their carers. The charity cannot rehome cats with known zoonotic infections until they are confirmed free of the disease or are of minimal zoonotic risk, and it has a duty to protect CP representatives from zoonotic diseases. When dealing with uncommon zoonotic diseases (such as MRSA, TB, etc) or for further guidance, please contact the CP Veterinary department. ●

Appropriate PPE and barrier nursing is required to help prevent the spread of infectious diseases



PAIN IN CATS IN CP CARE

Pain management in cats can be challenging, and assessing pain in cats in the shelter environment can be even more so. Cats will have limited space to express natural behaviours and noticing issues, for example with mobility, may be difficult. Equally there will be limitations on the amount of time CP representatives may be able to spend with the cat in their care. Cats can be masters at hiding sources of pain. Tools such as the Glasgow Composite Pain Score can be useful to ascertain signs of pain based on feline facial expression. CP representatives caring for cats in the charity's care have guidance on signs of feline pain to watch for, as indicated below:

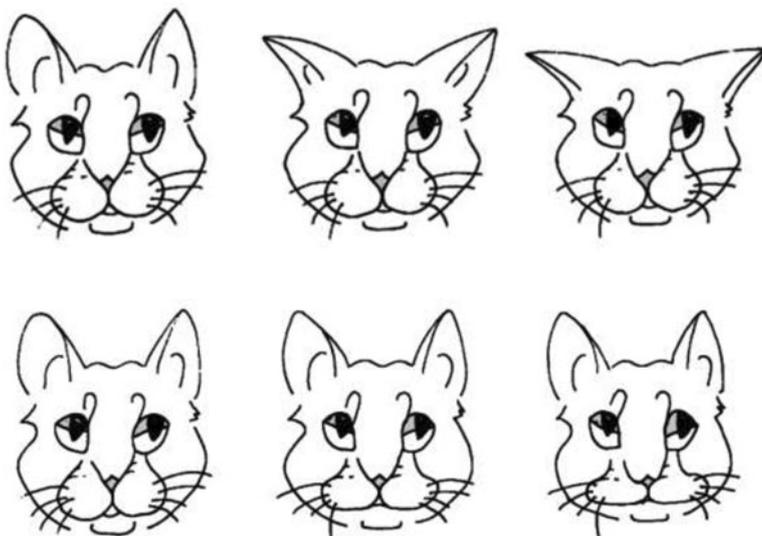
- becoming more withdrawn or hiding more than usual
- sleeping more than usual, especially in one place, or slowing down
- becoming less tolerant around people or of being handled
- aggressive behaviour
- hesitating or becoming more reluctant to jump up or down, or go through the cat flap
- stiffness after resting or showing a preference for using a particular leg when going up and down
- crouching in a hunched up position with squinty eyes

The Glasgow Feline Composite Measure Pain Scale uses factors such as changes to the ear position (top caricatures) and changes to muzzle shape (bottom caricatures) to measure acute pain

- reduction in play behaviour and interaction with owners
- reduction in eating or drinking behaviour
- increased anxiety or fear
- sleep disturbance
- pacing, circling or restlessness
- coat becoming scruffy or matted, particularly in hard to reach areas
- vocalisation, especially when moving or using the litter tray
- not using the litter tray
- overgrooming
- some cats will purr when in pain

Management will of course improve welfare and may also enable those cats to find the appropriate new home more quickly by improving any associated behavioural issues. The treatment of acute pain, eg following surgical procedures, is generally straightforward, but the management of more chronic pain states, for example management of osteoarthritis, can prove more difficult. For more information on the management of pain relating to neutering see pages 28 and 29. Cats suffering from chronic pain which does not respond to standard analgesia are a significant welfare issue, in these cases euthanasia is often the best decision for the welfare of the cat – for more advice contact the Veterinary department.

Please be especially vigilant for signs of pain in CP cats so that it can be managed appropriately. These signs can be confounded by the stress of being in the rescue environment, so it may be hard for carers to distinguish between cats that are in pain or who are suffering from a wellbeing point of view. Our recommendation is that any cat with abnormal or concerning behaviour be checked by a veterinary surgeon before any further behavioural modification is considered. ●



Pain scale: Universities of Glasgow & Edinburgh Napier 2015. Licensed to NewMetrica Ltd



CAT BEHAVIOUR IN CP CARE

Cats enter CP care from a variety of sources and backgrounds. There will be some cases where very little in the way of veterinary history is available. The process of coming into care and then being adopted involves the cat going through a number of changes which are likely to cause the cat stress and increase the chance of behavioural issues developing. Therefore it is likely you will encounter behavioural problems in some cats in CP care: some cats may have pre-existing behavioural issues, which may be the reason for their relinquishment and other cats may develop behavioural issues while in Cats Protection care. Some cats have no behaviour issues evident while in care, but display behaviour issues after adoption.

There may be simple changes which can be made in the cat's environment to reduce stress and improve their psychological wellbeing

Given that behaviour problems can have a variety of causes and often the information available only shows how that cat behaves under a specific set of circumstances and factors, it can be very difficult to predict how that cat might behave in a different situation eg in a different pen, with a different carer or once adopted.

CP branches and centres are advised that all cats showing a change in behaviour or behavioural issue should first have a full veterinary health check with discussion about the specific issue, to rule out any medical causes for that behaviour, before any further behaviour advice is sought. Having ruled out medical causes, before considering any therapeutic treatment, drug or nutraceutical for a CP cat to manage stress or a behavioural issue, please first consider whether there is something about the environment or the management of the animal that can be improved or changed, otherwise the underlying cause may not be dealt with. If a medical/pharmacological treatment is needed, please also consider the strength and quality of evidence for its efficacy as resources are limited, as well as considering the evidence of its safety. It is recommended that if behavioural issues are encountered in cats in CP care our Behaviour team are contacted (behaviour@cats.org.uk) for advice and support. This offer of support also extends to new owners in the first six months of ownership if behavioural issues are encountered.

Given the difficulties faced with a cat exhibiting behavioural problems in rescue care, it is important that measures are taken to try to prevent the development of behavioural problems, through attention to relinquishment information, husbandry and the environment.

Kitten socialisation

The management and treatment of behavioural issues is an important part of the work that Cats Protection





does with cats, but preventing these problems developing later in life is also vital to reduce the chance of future relinquishment. Cats do not have an innate 'need' to be with people, tolerance of and desire to be around people is a learnt behaviour. Early handling by a variety of people is therefore essential in order to socialise kittens with humans. The experiences kittens have within their first two months of life are extremely important in influencing their behaviour for the rest of their lives. Early life in a pen environment, as many kittens will experience in CP care, is not representative of the experiences that cat will have in the future, therefore it is important that kittens are not only well socialised to people but also to

“
*some cats
may have
pre-existing
behavioural
issues*
”

the normal domestic environment they will be rehomed into. Cats Protection has a structured kitten socialisation programme to help prepare kittens for the variety of experiences they may encounter later in life. The programme, covering the first two to eight weeks of life, introduces and repeats various positive experiences throughout the socialisation period of the kitten. It is very important these experiences are positive as negative experiences during the first two to eight weeks can be as damaging as no experiences. Cats Protection has developed a kitten socialisation CD that can be played to mimic the usual noises cats are likely to hear in a domestic environment, the sounds are also available on the CP website. ●

THE ROLE OF STRESS IN CARE

Despite best efforts, coming into care will always be stressful for the majority of cats. They will generally enter a confined environment which they have limited control over, where they will potentially be able to smell, hear and see other cats. This can lead to psychological suffering with cats feeling emotions such as fear, frustration and anxiety. Long-term confinement may lead to depression and chronic stress as cats are no longer able to rely on adaptive measures to feel safe and alleviate these negative emotions; at this point the emotional distress will become damaging to the cat. It is important to recognise this psychological suffering and not put it down to the cat being shy or not interested.

Individual cats will vary in the time taken to adapt to their new environment. CP representatives caring for cats in the charity's care are given guidance on signs of stress to watch for, as indicated below:

- being withdrawn or hiding more than usual
- sleeping more than usual – some cats will feign sleep while trying to monitor their environment
- becoming less tolerant around people/ other animals, or being less tolerant of being handled
- showing aggressive behaviour
- hesitating or becoming more reluctant to use important resources eg only eating or using the litter tray at night
- crouching in a hunched up position with squinty eyes – some cats may cringe away as people approach
- reduction in play behaviour and interaction with people
- reduction in eating or drinking behaviour
- overeating
- increased anxiety or fear
- sleep disturbance
- pacing, circling or restlessness
- coat becoming scruffy or matted (undergrooming)
- house soiling
- overgrooming

Branches and centres are recommended to seek veterinary advice for cats that show prolonged signs of anxiety or stress, such as always hiding, only eating or using a litter tray at night or showing aggressive behaviour.

Examples of husbandry and environmental measures used to help alleviate stress in Cats Protection cats include, but are not limited to:

- providing a place to hide, such as an igloo bed, a cardboard box or a CP Hide & Sleep®, part of CP's Feline Fort® system
- providing elevated perches
- providing a solid barrier between pens that cats cannot see through to block the view of other cats
- providing continuity of the cat's scent, such as a double bed system where only one bed is washed at a time
- minimum number of caregivers for familiarity
- providing a consistent, predictable routine
- not mixing cats taken into Cats Protection care from different sources or previous homes
- separating cats which appear not in the same social group even when from the same previous home

As cats adapt to their environment, their stress levels tend to decrease and then will plateau. However, stress levels can rise again due to the development of boredom and frustration.

Rescue and rehoming facilities must maintain effective infectious disease control and together with limited space this inevitably restricts the opportunities for cats to exhibit a full repertoire of normal behaviour patterns.

Cats in care have limited control over their environment, can be surrounded by a changing population of unknown cats and their environment is less complex and therefore stimulating than that of the home and outdoor environment. Chronic stress can be evident in cats which had previously



adapted to the change of environment but which then develop behavioural issues and it may contribute to a variety of medical conditions.

Examples of husbandry and environmental measures available to help alleviate chronic stress in Cats Protection cats include, but are not limited to:

- providing a variety of toys on rotation to maintain novelty
- providing interactive play sessions eg using fishing rod-style toys
- providing one-on-one interaction, such as petting and attention
- providing feeding enrichment, such as puzzle balls and puzzle boards

Managing feline stress in the veterinary clinic

Visiting the vets and receiving veterinary treatment can be stressful for all cats, and cats' responses to this stress can at times make examining and treating feline patients challenging. There are ways that clinic staff can help improve CP cats' experiences when at the vets:

Leave anthropomorphism at the door:

cats that are stressed at the vets may show aggressive-type behaviours towards staff interacting with them. While this is indeed challenging, this is purely part of the cat's fight/flight response, the cat is not 'evil', 'malicious' or acting with any intent, it is scared and reacting with its instinct. It can be easy to attribute cats with these emotions, but ultimately it will inherently change the attitude we have towards feline patients. Cats Protection believes in positive reinforcement, and does not expect cats to be punished for behaviour that is not considered appropriate

Handle with care: cats will always respond much better to gentle, quiet handling. If the cat is able to initiate the contact, by hand sniffing or rubbing for example, it will likely respond much better to future handling. Having a quiet environment will help to calm the cat down. Use towels when handling to allow the cat to hide as it needs to and ensure the cat is examined on a ►

► stable surface they can easily grip onto. Heavy restraint and scruffing should be considered an absolute last resort

Use pheromones: the use of synthetic pheromones (eg FELIWAY® *Classic*) can really help to keep cats calm. They can either be sprayed onto a towel ahead of using it for restraint, or a plug in diffuser can be placed in the room

Know when to stop: ensure staff are able to recognise signs that the cat is stressed – if this is the case it is often better to stop the examination and give the cat a break versus continuing until the cat feels it has no option but to resort to aggression to get out of the situation

Let them hide: having the opportunity to hide is very important. While towels

can help with this during handling, cats often struggle in veterinary pens to hide sufficiently, often resorting to hiding under vet beds. The Hide & Sleep® will fit in most veterinary clinic cages and allows cats to hide and also to get up high

Consider sedation: often cats will struggle, despite gentle handling, to tolerate certain procedures such as blood sampling. In these cases sedation to allow for the procedure to take place is usually preferable to repeatedly attempting it with the cat conscious

More information on stress in cats can be found in *The Behaviour Guide* produced by CP which is available online www.cats.org.uk/media/1725/cp_behaviour_guide-web.pdf ●

The Hide & Sleep® provides a place for cats to hide, helping them feel safe and secure





QUALITY OF LIFE AND EUTHANASIA OF CATS IN CP CARE

Cats Protection does not euthanase healthy cats in its care and euthanasia must only be carried out by a vet following their recommendation based on assessment of the cat's overall quality of life and prognosis. Euthanasia decisions will be made on welfare grounds as a result of poor feline physical and/or emotional health.

Cats Protection defines a good quality of life as a cat having its welfare needs met and expressing positive signs of physical and mental fitness, mental happiness and demonstration of positive natural behaviours. This can be assessed and interpreted following physical and clinical assessment, and observation of behaviour. This assessment is facilitated by good communication with your CP representative. When making treatment decisions, emphasis should be placed on quality rather than quantity or length of life.

Cats Protection has a legal duty of care as owners or keepers of cats: the Animal Welfare Act (England and Wales) 2006, the Animal Health and Welfare

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Cats Protection does not euthanase healthy cats in its care
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(Scotland) Act 2006 and the Welfare of Animals Act (Northern Ireland) set out the following needs that owners and keepers must ensure they make reasonable steps to meet for cats in their care. These are known as the 'five welfare needs' and are listed below:

- the need for a suitable environment
- the need for a suitable diet
- the need to be able to exhibit normal behaviour patterns
- the need to be housed with or apart from other animals
- the need to be protected from pain, suffering and disease

Cats Protection as a charity has a legal responsibility to ensure that these needs are met, as do the fosterers or cat care assistants.

Long-term life in a pen is not considered to be acceptable on welfare grounds. It can be difficult to know exactly what mental state a cat is in – health related quality of life is often much easier to assess objectively. However studies in humans suggest severe depression is considered ▶

► worse than physical suffering. When considering the quality of life for cats that may be difficult to home and subsequently become long stay cats, their degree of mental suffering should be ascertained. The vet is asked to consider the welfare of cats in the charity's care with physical and behavioural conditions when examining, diagnosing and treating them, to ensure their treatment plans allow for quality of life in both the short and long term. Examples where euthanasia might be contemplated are:

- cats with acute or chronic conditions where the short-term prognosis is poor
- cats with chronic conditions which preclude them finding a suitable home
- cats with chronic diseases where stabilisation of the condition has not been possible
- cats with conditions where the cat is not amenable to appropriate treatment
- cats with severe behavioural problems causing welfare issues
- conditions where treatment would cause undue suffering to the cat
- all cats confirmed to be FeLV positive (see FeLV flowcharts at www.cats.org.uk/help-and-advice)

STRAY CATS

Please contact the CP Veterinary department for further guidance and please follow the stray policy – see page 49.

Assessing an individual cat's welfare and quality of life is fundamental when deciding about a cat's future

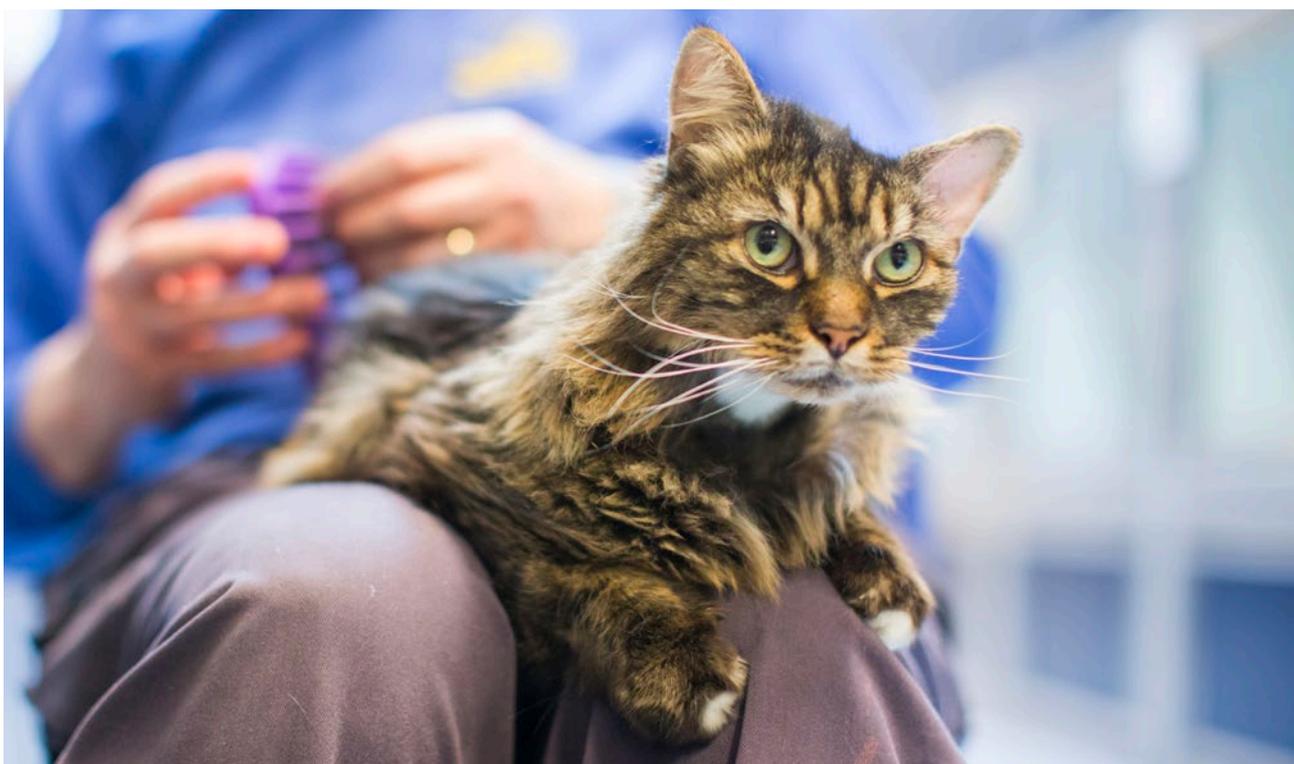
- zoonotic conditions that are not easily managed and pose significant risk to people eg TB

Euthanasia recommendations should be discussed with the authorised CP representative and any disagreements should be discussed with the CP Veterinary department. It is not acceptable on welfare grounds for a CP cat to have a poor overall quality of life and prognosis, without due consideration being given to euthanasia.

More information on assessing the behaviour of cats in CP care can be found in *The Behaviour Guide*: www.cats.org.uk/media/1725/cp_behaviour_guide-web.pdf

Post-mortem examinations should be performed in cases of sudden death or euthanasia of cats in CP care where infectious diseases such as feline parvovirus should be ruled out, in the interests of protecting other cats – see page 47.

Cats which die or are euthanased in CP care should have general cremation organised by the veterinary practice. ●



STRAY CATS

Acceptance forms are completed by owners when they relinquish their cats to CP. Acceptance forms transfer legal ownership to the charity. With stray cats, ownership issues are more complex.

Cats are regarded in law as property. It is theft if a cat is dishonestly taken from its owner or from anyone else who has possession or control of it, where there is an intention to permanently deprive that person of the cat. It is also a potential offence under the Criminal Damage Act for a person, without lawful excuse, to neuter or euthanase a cat that belongs to another person or is in the care, control or charge of others. Therefore, except where there are urgent welfare concerns, CP makes reasonable efforts to find and reunite a stray cat with its owner prior to undertaking non-urgent work. A CP acceptance form must still be completed by the finder of the cat who passes the cat to CP.

The CP veterinary standard of care that stray cats accepted into CP care receive will be the same as for other domestic (non-feral) cats relinquished to CP care by their owners, but because of their stray status, the timings may differ.

CP STRAY POLICY

Stray cats must be held in CP care for 14 days before rehoming or non-urgent euthanasia, but other non-urgent procedures such as neutering and non-urgent dental work can be undertaken after seven days. The time-frame starts from when the cat enters CP care, and not before, regardless of whether paper collars have been used or any history is available from the finder. If a veterinary clinic takes a cat into care and makes efforts to find an owner, this cannot constitute as part of Cats Protection's stray time, so it is recommended cats are signed into charity care as soon as possible.

All details of treatment of stray cats, including euthanasia, should be recorded carefully in case the owner comes forward at a later date. Where



Photo: istock.com/rouloftime

euthanasia has been undertaken, the veterinary practice is asked to retain the cat's body for the 14-day period in case an owner comes forward and wishes to identify it.

As soon as possible after admission of a stray cat into CP care:

- CP will make reasonable efforts to find an owner – such as scan for a microchip, advertise and check websites and lost and found registers
- Vaccinate as per the Minimum Veterinary Standard to reduce the risk of it contracting or transmitting disease to other cats in CP care
- Treat for fleas, roundworm and tapeworm
- Blood test cats for FIV/FelV under the Minimum Veterinary Standard (see page 22). For those that test positive:
 - results should be confirmed at an external laboratory ►

PLEASE NOTE

This guide is not intended to constitute legal advice; it is simply an explanation of the procedures which the charity adopts in respect of stray cats which come into our care. We cannot provide legal advice in individual situations and would always recommend you consider seeking independent legal advice for non-CP stray cats.



- ▶ ● guidance should be given by the attending vet regarding treatment of any sick stray

FIV/FeLV positive cats – they should not be euthanased during the 14-day period unless on the advice of the attending vet.

First seven days in CP care:

- carry out any urgent veterinary treatment for welfare reasons
- euthanasia should only be carried out when the vet feels there is no other alternative and the cat's welfare would be compromised by continuing treatment – it is recommended to note on the euthanasia consent form how long the cat has been in Cats Protection care
- if a cat needs a general anaesthetic immediately after it enters CP care for urgent treatment, it is acceptable that the cat is neutered at the same time if the vet feels it is appropriate rather than anaesthetising it a second time

Seven or more days in CP care:

- neuter and undertake other non-urgent treatment (except non-urgent euthanasia)
- if it is suspected a specific stray cat may require non-urgent euthanasia after 14 days, it may be appropriate to delay anaesthesia for neutering and other assessment until the cat has been in CP care for 14 days, in case euthanasia is indicated
- if a stray cat is anaesthetised for non-urgent treatment such as neutering between seven and 14 days after coming into care, but an untreatable problem such as a tumour is discovered while the cat is anaesthetised, it may be appropriate that euthanasia is carried out immediately for welfare reasons

Contact the CP Veterinary department for advice when necessary.

Fourteen or more days after a stray cat comes into CP care:

- a cat may be rehomed – once it is deemed fit to rehome – and non-urgent euthanasia may be undertaken if necessary – for example an FeLV positive

Left: Stray cats that come into CP care receive the same veterinary standard of care as those cats relinquished by their owners

Stray cats must be held in CP care for 14 days before rehoming

cat which is not yet in a critical state to have warranted immediate euthanasia. It is recommended that stray cats with a microchip where the owner has not been traced should not be rehomed for at least 28 days after coming into CP care

Odour issues

If the smell or behaviour of a mature stray tom cat is causing issue, such as stress to other cats in CP care, during the seven-day holding period before a tom cat can be neutered, the issue can usually be dealt with using one or more of the following methods:

- moving the cat elsewhere
- using appropriate odour-eliminating products
- cleaning thoroughly with recommended disinfectants

If the issue cannot be resolved, a medical option, such as use of delmadinone may be considered where the vet feels it is appropriate.

Please contact the CP Veterinary department for advice if unsure what procedures may be undertaken in individual cases.

If an owner comes forward for a stray cat, they will be advised of any treatment or procedures carried out while in CP care and their outcome. ●





FERAL CATS

CP provides neutering vouchers to members of the public who need help with feral colonies. Unfortunately, due to financial constraints, we can only provide assistance for the neutering of cats and do not provide assistance for other treatments. It is a condition of payment that neutered feral cats are ear tipped. For feral cats presented by CP representatives, the following provides a summary guide to their veterinary care, with more detail available on pages 12, 20, 22, 25, 26, 28 and 32.

General principle: Trap, neuter and return (TNR) to original site if at all possible. If not, re-site immediately to another outdoor site.

Under general anaesthesia:

- blood testing for FeLV and FIV
 - a sample of about 25% of a colony should be tested – if any of these test positive then test all cats in the colony
 - euthanase if positive for either FeLV or FIV, with no confirmatory testing, as confinement pending confirmation is contrary to their welfare
- a single treatment for roundworm, tapeworm and fleas. Where

A 10mm straight-line amputation of the left ear tip should be carried out after neutering a feral cat

concurrent treatment unavailable or inadvisable, vet to elect which is most appropriate. For more information see our parasite protocol

- Vaccination – one dose of vaccine against at least FPV at neutering
- neutering (including health check under general anaesthesia to ensure fit to neuter and release)
- Pregnant cats should be neutered as late in gestation as the vet feels is safe for the queen as confining her until the kittens are weaned is contrary to her welfare. If she cannot be neutered it's recommended to return her
- Soluble sutures should always be used when neutering feral cats
- Analgesia and antibiotic injection should be given
- Ear tipping – 10mm straight-line amputation of the tip of the left ear in adults (slightly less in kittens) – this is imperative as it prevents cats being re-trapped and anaesthetised again
- Treatment of illness or injury
 - Only minor conditions where a single treatment is feasible and their ability to recover and thrive in their natural environment upon release is not compromised ▶



- ▶ ● Not treatments requiring repeated intervention or hospitalisation
 - Consider euthanasia for cats with conditions that cannot be resolved with one-off treatment, consulting your CP representative
- Microchipping should not be performed

General guidelines for release after neutering are case – and weather-dependent – males should generally be released within 12 hours and females within 24 hours, the sooner the cats can return to the colony, the better the chances of successful integration. Feral cats should not be confined to pens for prolonged periods.

Kittens

The onset of a fear response or hazard avoidance response is six weeks of age in kittens. It is extremely difficult to socialise kittens that have had no human contact after weaning and impossible after reaching sexual maturity. In the interest of welfare, feral kittens found after weaning can be trapped, neutered and returned to their colony, to prevent the stress of confinement and forced close exposure to people.

While feral kittens that are brought into a home environment before the onset of fear can become socialised with people, it is worth bearing in mind that genetic influence from the parents, hormonal influence from the queen and learnt responses before coming into human contact will play a role in the friendliness of the kitten in adulthood.

Therefore if weaned, neuter and return. However, if less than eight weeks old and people are able to socialise them, then socialise and rehome (treat as a domestic cat and neuter by four months). This should be decided on a case by case basis – if kittens are already very fearful socialisation is unlikely to be successful. Do not try to ‘tame’ older kittens, this is likely to cause major welfare concerns.

“
Do not try
to ‘tame’
older
kittens



Community cats

Community cats are another type of cat you may come across when working with CP. They are free-living cats that usually receive some form of care (generally being fed) but are not attached to a particular household. Some members of the community where the cat lives may feel the cat belongs to the community and be very attached to them, although no person is individually responsible and generally these cats will not be receiving regular veterinary care. The level of socialisation present within community cats varies, some will be true ferals while some will have a degree of socialisation and are comfortable with interactions with the people they have become accustomed to. These cats are unlikely to cope well with the rehoming process so CP aims to trap, neuter and return these cats to their site. There will be some community cats that are well socialised abandoned pets that seek out human company outside of wanting food – these cats may be suitable for rehoming.

Cats Protection and the community

CP understands that there is a large stray and feral population in the UK, but the numbers of actual cats involved is at present unknown. Projects like CP’s Cat Watch programme aim to better understand the number of strays and ferals so that the charity’s work can be better targeted on communities that need it the most. We know that by creating groups of neutered, managed community cats, the cats will benefit from the health advantages of neutering, the population can be stabilised and the members of the community will benefit also. Cats Protection’s Community Neutering Officers work closely with communities most in need to ensure these cats are neutered and returned to the caretakers – supporting the community by ensuring they have advice and support if needed. More information can be found on www.cats.org.uk/cat-watch ●



COSTS

CP funds are limited and subsequently a pragmatic approach to veterinary treatment is preferred. If two treatment options are available that will achieve the same outcome the cheaper option is recommended. The cost of treatment is not the only thing that should be considered, with the time spent in care, the long term prognosis, chance of complications and likelihood of homing following this treatment plan also being important considerations. For example, amputation instead of complicated orthopaedic procedures may be in the cat's best interests (less chance of complication and a dramatically shorter time in care) and will also be much cheaper.

For cases where diagnostic work ups, surgical procedures or treatments are likely to be costly, CP representatives are encouraged to discuss this with their regional manager and CP Veterinary department, in particular if costs are likely to exceed £500 (either for one procedure or over the course of treatment).

In contrast with some other charities, CP branch and centre cats and funds raised are not owned by the branch/centre but are owned by CP. Cases, costs and records can therefore be discussed and shared with CP regional managers and the CP Veterinary department, when necessary. See page 33 for further information on routine treatments.

Commonly ordered products and discount schemes

Following selection of clinically appropriate products, CP has negotiated discounts with a number of suppliers to enable CP to make considerable savings when buying veterinary products for cats in its care. To take advantage of these discount schemes, most items must be ordered via CP. The discount schemes include:

- veterinary medicinal products (VMPs): a veterinary wholesaler scheme is available for the purchase of vaccines, flea and worming products and commonly used veterinary medicinal products for use in CP cats

- FIV/FelV testing kits: FIV/FelV screening testing kits can be purchased through the veterinary wholesaler scheme, as with VMPs above
- microchips: a scheme to purchase microchips directly from the manufacturer is available for use in CP cats
- external laboratory: a comprehensive veterinary diagnostic laboratory scheme is available for discounted tests on samples submitted from CP cats

These discount schemes are regularly reviewed by the Veterinary department and are subject to change. An up-to-date list of Cats Protection's commonly-ordered products for which CP has negotiated a discounted rate, is available from your CP representative or CP Veterinary department and at www.cats.org.uk/help-and-advice We request that these products are ordered and selected, where appropriate.

Most commonly used veterinary medicinal products can be ordered through the CP wholesaler scheme. It is however more cost effective for most injectable medications (excluding vaccines) to be supplied through the vet's own stock, due to the relatively short in-use shelf life of these products.

Invoices

Accounts should be in the name of CP and the branch/centre, and not a fosterer's name and the specific cat(s) should be detailed. We would be grateful if veterinary practices can provide CP branches and centres with invoices/statements that meet HMRC invoicing requirements of a VAT invoice, detailing all services charged, to enable CP to reclaim the attributed VAT where appropriate. Where any VAT exemptions apply, these are the responsibility of the veterinary practice. Authorised CP representatives can provide invoicing address details.

Each cat should have separate clinical records. Separate accounts should be created for the treatment of cats in CP care, neutering and ongoing treatment agreements for homed cats. ●



The cost of treatment is not the only thing that should be considered





CP CONTACT DETAILS

Veterinary department:

01825 741 991 or veterinary@cats.org.uk
(not for the public)

Cats Protection's Neutering Helpline:

03000 12 12 12 (Monday – Friday 9:30am-1pm) (public)

Neutering department:

01825 741 926 (Monday – Friday 1-5pm – this number is for vets only, not members of the public) or email is branchneutering@cats.org.uk

National Information Line:

03000 12 12 12 or email info@cats.org.uk

BSU(The Branch Support Unit):

01825 741 995 or email BSU@cats.org.uk

Finance department:

01825 741 949 or accounts@cats.org.uk

Postal address:

Cats Protection
National Cat Centre
Lewes Road
Chelwood Gate
Haywards Heath
RH17 7TT

CP CLINIC

Feline case reports and articles for a veterinary audience, intended for CP Clinic magazine are always welcome and can be sent to the Veterinary department. These can be emailed to CPClinic@cats.org.uk

FOR VETS AND NURSES

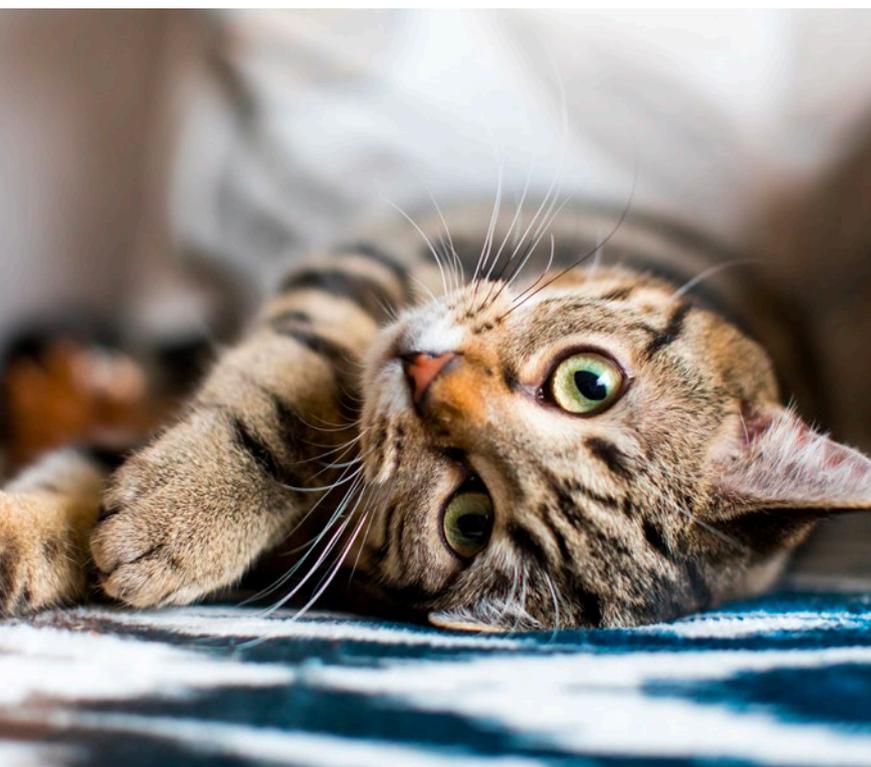
Guidelines, disease protocols and procedures for vets can be found on our website at www.cats.org.uk/help-and-advice and click on 'For vets and nurses'.

PR

If you are treating a Cats Protection cat that has an interesting background story, please contact the charity's Media Office on 01825 741 911 between 9am and 5pm, Monday to Friday (excluding Bank Holidays) or email media.office@cats.org.uk Promotion of the excellent joint work carried out by vets and local Cats Protection branches and centres to the public benefits everyone and helps spread important animal welfare messages.

RESEARCH

Practice-based research can provide an important evidence base to improve the health and welfare of cats. If you are considering undertaking research or writing a scientific case report that will involve a Cats Protection cat, please contact the Veterinary department for guidance. Cats Protection may undertake or facilitate ethically sound feline welfare research, of high scientific rigour, but must ensure energy and resources are focussed on projects that will bring greatest benefit to CP's feline welfare knowledge priorities. Cats Protection will protect the physical and emotional welfare of cats in its care and ensure such research only involves practices undertaken for the purpose of recognised husbandry practice or recognised veterinary practice. The charity will not be involved in research regulated by the Animals in Scientific Procedures Act 1986 nor in veterinary clinical trials, which require a Veterinary Medicines Directorate Animal Test Certificate.





SUPPORT MATERIALS

- national website www.cats.org.uk
- *CP Clinic* – magazine for veterinary professionals – one free copy per practice is available – if you would like to receive a copy please email cpclinic@cats.org.uk from the email address you wish to receive the magazine. Please give your full name and profession (eg vet or vet nurse)
- leaflets – Essential Guides and Veterinary Guides – can be helpful to give to clients to support your advice during consultations – they can be downloaded on the website and hard copies ordered free for the practice. These can be found at: www.cats.org.uk/help-and-advice/information-leaflets
- *The Cat* magazine – magazine for all cat lovers – one free copy per practice is available for display in your waiting

● **Your local CP branch/centre details can be found at www.cats.org.uk/find-us**

room. More information can be found at: www.cats.org.uk/support-us/thecatmag

- Cat Guardians service – CP can take on the care of your cat if you pass away and organise the rehoming of your cat – more information can be found on www.cats.org.uk
- Paws to Listen – a confidential phone line which enables owners to speak with trained volunteers following the loss of a pet, to help cope with the grief they experience. There are also resources available which explain delicate issues such as euthanasia. The Paws to Listen service is available on 0800 024 94 94 and is available Monday – Friday 9am-5pm. A range of resources are available that support this: www.cats.org.uk/media/3494/paws_to_listen_-_order_form.pdf

- Advocacy & Government Relations team – 01825 741 996 – advocacy@cats.org.uk The team work with and influence politicians and decision makers to create a better world for cats
- The Animal Behaviour and Training Council (ABTC — www.abtcouncil.org.uk/) represents behaviourists and trainers from practitioner organisations recognised as meeting the agreed standards, and therefore provides a reliable source for referral. It is supported by the British Small Animal Veterinary Association and the British Veterinary Nursing Association. Veterinary practices can play a vital role in raising awareness of this organisation, via waiting-room displays and owner education evenings as well as websites and social media
- Behaviour advice is available to vets working with cats in our care and also new owners who have had their cat

Through collaboration Cats Protection and the veterinary profession can help improve the quality of life for all cats

- for less than six months from the CP Behaviour Department at behaviour@cats.org.uk Further information about feline behaviour can be found in Cats Protection's *The Behaviour Guide* and also on our website which has a dedicated behaviour section: www.cats.org.uk/help-and-advice/cat-behaviour. We have resources and information available on kitten socialisation on our website www.cats.org.uk/kitten-socialisation
- CP online shop – www.catsprotectionshop.co.uk – our Hide & Sleep® can be ordered through this website
 - Student hub – our student hub contains information for students on pre-clinical EMS and EMS placements, resources useful for studying including podcasts and links to other useful pages and can be found at www.cats.org.uk/help-and-advice/information-for-vets/student-hub ●





Hide & Sleep®

The Hide & Sleep® has been developed to help cats deal with stress in a natural way by providing the opportunity to hide and perch. It is useful to help reduce stress-related behavioural problems in both the veterinary and home environments.

For more information go to www.cats.org.uk/help-and-advice/information-for-vets



Please note: The Hide & Sleep® is part of the Feline Fort® which contains three elements; Cat Step, Cat Table and Hide & Sleep®. Picture shows only the Hide & Sleep®.

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 **PURINA** Institute

Advancing Science for Pet Health

THANK YOU

Cats Protection is grateful to our
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