



Feral Cat Sterilization Protocol

The American Society for the Prevention of Cruelty to Animals (ASPCA) recognizes that Trap-Neuter-Return (TNR) is the most humane and effective approach to managing the feral cat population problem in the United States. With TNR, all the cats in a colony are trapped, sterilized, vaccinated for rabies, eartipped for identification and returned to their colony. A caretaker provides food on a regular basis and adequate shelter, monitors the animals' health and remains vigilant that any newcomers are immediately sterilized. This stabilizes the population of the colony and, over time, reduces it. At the same time, nuisance behavior such as spraying, loud noise and fighting are largely eliminated, no more kittens are born and the benefit of natural rodent control is continued.

This protocol is based on the work of the American Society for the Prevention of Cruelty to Animals (ASPCA), which has sterilized thousands of feral cats via the ASPCA Cares Mobile Clinic Program. This protocol is the result of input from the community-based groups Slope Street Cats (www.slopestreetcats.org) and Neighborhood Cats (www.neighborhoodcats.org).

Whether you are a rescuer, a colony caretaker, a veterinary technician, a veterinarian or any other friend of feral cats, this is a guide to aid you in helping spay and neuter the many feral cats in New York City's five boroughs.

Getting Started As a TNR Practitioner

- If you are interested in trapping ferals for spay/neuter or if you will be working with trapped cats at any stage of TNR, please contact Neighborhood Cats to sign up for their three-hour workshop called *Trap-Neuter-Return: How to Manage a Feral Cat Colony* held twice a month at the ASPCA headquarters on E. 92nd Street, normally on the first Saturday afternoon and third Monday evening of each month. You can find out exact dates and information on how to register by going on the web at www.neighborhoodcats.org/events or you can call them at 212-662-5761 to let them know you're interested in signing up.
- Once you have completed the workshop on TNR, you will be able to borrow traps from the ASPCA Trap Bank or from Neighborhood Cats or you can purchase your own. The traps we recommend are 36" Safeguard Large Raccoon with Rear Door traps (Model SG-36D) (They are available at ACES for \$54 each at <http://www.animal-care.com>.) We also recommend having two trap dividers at your disposal. We use ones made by Tru-Catch (Model TD-2). They also available at <http://www.animal-care.com> for \$12 apiece.
- All rescuers and TNR practitioners are required to take the workshop offered by Neighborhood Cats before using the ASPCA Cares Mobile Clinic for spay/neuter. It's a great idea for *any* person interested in helping feral cats to take this workshop.

Preparing the Trapped Cat for Spay/Neuter Surgery (for veterinary practitioners)

- Once the cat is trapped, the trap should be covered with a sheet to help calm the cat down. For feral cats, please use proper humane box traps, not carriers.
- Following instructions provided in the TNR workshop, trap dividers should be used to ensure that the traps are cleaned out – no food, no cans and no dirty newspapers left in the trap - prior to surgery. A clean layer of newspaper is fine.
- All food and water should be removed from the trap by midnight on the night prior to the scheduled surgery. Unless you are working with very young kittens, in which case you should contact ASPCA Cares for instructions on when to withhold food and water
- If you will be placing the trap inside a cage, remove the cage's door to fit the whole trap inside **with the rear door facing out**. The trap should be uncovered and the cover stored in a location away from the trap.
- Ferals are IMed using a syringe pole (several types available at <http://www.animal-care.com>) to get them sedated enough to be touched. In the absence of a syringe pole, this can also be done using two isolators (aka trap dividers) and a regular sized syringe.
- If for some reason a cat escapes a trap in the clinic area, cat gloves (several types available at <http://www.animal-care.com>) can be helpful to have on hand. Some ferals can bite through the gloves though, so you could consider using a net bag. If the cat does not respond to either, the best thing to do is to be patient and re-trap.

- To ensure cats are returned to the correct traps, especially if multiple colonies are being treated at the same time, traps should be numbered and the cats logged by trap number and description. ID tags or paper tab-band should be attached once the cats are sedated, then later removed when the cats are returned post-surgery to their traps. **HINT!** No two similar-looking cats should be out at the same time!

NB: Pre-surgical bloodwork is not done on ferals. If a cat is extremely ill or appears to be in pain, humane euthanasia might be a better option than surgery. The cat's caretaker should be consulted and informed on what would be involved in treating the cat before a euthanasia decision is made. Medicating a trapped cat is rarely recommended.

The drug protocol for a feral (approx. 7-10 lbs) as used on the ASPCA Cares mobile clinic is as follows (this may differ from clinic to clinic):

.4 to .5 Ketamine by IM to anesthetize the cat.

.3 - .35 or .4 - .45 Valium IV to calm the cat.

Sometimes we add .2 Ketamine, depending on how the cat reacts to its first dose, and as little as needed.

Females are intubated and receive 2 liters/oxygen per minute and 2% Isoflurane.

When the cat is fully sedated, surgery prep and surgery proceeds as normal.

There is limited medical care that can be provided for feral cats once they have been returned to their colonies. While they are in the clinic, the services provided include:

- spay or neuter - mandatory
- rabies vaccination - mandatory
- FVRCP vaccination (for healthy-appearing cats) - optional
- eartip (Eartipping is absolutely mandatory for all cats returning to outdoors so that the spayed or neutered feral cat will forever be marked as having been spayed or neutered. It is a universal symbol. About 1/4" from the tip of the left ear is cut off in a straight line cut using a hemostat, styptic powder and a clean blade.
- Revolution for relief from fleas and ear mites – lasts one month. Optional.
- FeLV/FIV combo tests (Optional and not recommended for cats returning to the outdoors but can be used on friendly ferals going up for adoption or on ferals that appear symptomatic.)
- In addition, while a feral cat is sedated, it can be treated for other small ailments or illnesses (i.e., pulling teeth, treating infected wounds, etc.).

NB: We do not trim nails on feral cats – they need their claws sharp! We also do not provide bandages or splints.

After Spay/Neuter Surgery (for veterinary practitioners):

- After surgery, Buprinex is administered via IM for pain. We give .05 to kittens 6 months or younger, .1 to adults and .15 to large males. Ferals wake up much more calmly with this.
- Any females cats pregnant at the time of spay are given SQ fluids, usually LRS; IV fluids at surgeon's request (usually for late term pregnancies).
- The cat is returned to its trap while it is still under anesthesia. The rear door is securely fastened (please do not forget to double check this as it is very easy to close the rear door improperly!) and the cover remains off for the duration of the cat's stay in the hospital so they are visible through the traps as they recover. Any ID tag is removed.
- Trapped cats do not get e-collars.
- Ferals are entitled to the same level of post-operative care that any pet cat would receive, at least for the length of time before their caretakers return them to outside. Caretakers are told what to look for in the event of a post-operative complication (see below) and are advised to contact their veterinary practitioner if necessary.

Caring for the feral post-surgery (for caretakers):

- Caretakers should check each cat as they are delivered back to them by the clinic and ask any questions they may have if they are unsure of the cats' post-surgery demeanor.
- Following the instructions provided in the TNR workshop, the trap is cleaned and the cat is fed twice daily with the help of two dividers.
- Two to three days later, the cat may be returned to its colony. Cats identified as lactating and likely to have recently given birth may be released 24 hours after surgery provided there are no signs of complications. A cat who received a late-term spay-abortion or underwent another extraordinary procedure should be held for a minimum of three days.

Post-op complications to look out for:

- **Shaking or shivering.** This is normal behavior for an animal coming out of anesthesia. The animal's temperature drops when it recovers, and it will often shake uncontrollably. If the cat bounces uncontrollably, however, you may see it incessantly rubbing its nose or face raw against the trap bars. Although this is still only from the anesthesia wearing off, the cat can hurt itself this way, so if we notice this, we will administer another .4 of valium IM.
- **Appetite.** This can vary, but after a full day has passed since the surgery, the cat should be eating and drinking normally. By the second day, if a feral is not eating, it is probably just stress related - but if you see it in conjunction with lethargy or any other symptom listed here, contact with the veterinarian or hospital office should be made.
- **Lethargy.** Every cat reacts to surgery and anesthesia differently. For females in particular, their spay is an invasive procedure and they may take their time coming around. It's time to worry when the cat is lethargic AND not eating. It's usually a sign that something more serious is going on and that the cat probably had a medical condition prior to surgery.
- **Diarrhea.** Not abnormal in and of itself (often a result of the stress of being trapped), but when added to lethargy and lack of appetite, a call to the hospital should be made.
- **Bleeding.** Drops of blood or urine tinged with blood is not abnormal, but a pool of blood may indicate a complication with sutures or the site of the incision. Immediate treatment should be sought.
- **Unconsciousness.** Cats should not be returned to caretakers while unconscious. Unconsciousness more than two hours after surgery may be indicative of a negative reaction to anesthesia and immediate treatment should be sought.
- **Other issues.** Probably not related to the surgery. It is imperative that the surgeon and assisting technicians explain to the client that because the medical history of feral cats is largely unknown, any surgery is risky because there may be an underlying condition that shows itself only after any operations are performed. And again, there is limited aftercare available for ferals who have illnesses or chronic medical conditions.