Welcome to the American Association of Feline Practitioners (AAFP) Cat Friendly Practice® Program. This program encourages your practice to be cat friendly, shows you how to achieve this, and explains the benefits of being cat friendly for cats, clients, the veterinary team and the practice. This guide is brought to you by the American Association of Feline Practitioners based on AAFP’s standards of cat friendliness within a practice.

We’d like to express our sincere thanks and appreciation to the ISFM who are the copyright holders for original content that has been modified by the AAFP, as well as the AAFP Cat Friendly Practice Committee and Advisory Council. Members of the Committee both authored this manual originally and continue to review and update it regularly so that it continues to be a valuable resource to our members.

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This guide is designed to support the veterinary team to become an AAFP Cat Friendly Practice® (CFP). Any practice that works with cats, regardless of practice type, can become a CFP – mixed animal, companion animal, or feline only. The goals of becoming a CFP are to decrease stress associated with the visit, improve feline care, increase feline visits so more cats get the healthcare they need, and to create a better experience for cats, caregivers, and the veterinary team. Now is the time for your practice to become cat friendly to increase feline veterinary visits and provide cats with the best care possible.

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A Checklist for Better Cat Care

How do we create a practice environment to encourage cat owners to obtain the care their cat needs? The staff team should evaluate the entire experience from a cat and cat owner perspective and make every effort to reduce the stress associated with the visit by making changes to the clinic environment, procedures, staff training, medical care, client education, and more.

This guide provides education about the unique aspects of cats including behavior. It elaborates on the program’s checklist to provide you with background information that explains why these are important to cats as well as how you can implement them. Using this manual you can make changes in your practice so that you, too, will have a truly Cat Friendly Practice®.

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Getting Cat Clients to Visit and Return

This guide is designed to be used in conjunction with the Checklist. It includes species specific information on the cat, an explanation on how to evaluate your practice, and details on ways you can make your practice cat-friendly. This demonstrates to your cat clients that your practice is different from others. Ultimately, the best advice for cat owners must come from their veterinarian; the AAFP’s CFP program provides an excellent platform for you to provide advice and share in the long-term success in these partnership relationships.

The CFP Program also provides you with the tools to demonstrate to owners your high level of commitment in feline health and understanding the cat, which is another important aspect of being cat-friendly. Once you successfully complete the CFP self-assessment checklist, you submit it for approval. Once approved, you will receive further information as well as access to the Toolkit and other resources.

Approved Cat Friendly Practices have seen amazing results and the program has a 99% satisfaction rate. According to surveys, members overwhelmingly recommend the program, and report improved feline knowledge, better team morale, increased visits, new feline patients, positive feedback from clients, increased revenue and a decrease in injuries. Access results at www.catvets.com/cfp/veterinary-professionals

Additionally, practices report the top benefits as: less stress on feline patients, higher satisfaction among clients, improved client retention, increased attention to cats, and that it shows they care about their feline patients.
How Trends in Ownership and Care Impact the Potential for Your Practice

Up until the 1970s, most cats were primarily considered outdoor pets that would occasionally be allowed to come inside. The independent nature of the cat and the relative ease at which their basic needs for toileting and nutrition can be met have made them popular pets that now live in the confined space of our homes and apartments. However, many owners think that cats require less care and effort than other pets, such as dogs. While they may be surviving, their health concerns are often unrecognized and their needs are not being met. Several factors contribute to this issue. Cats can be profoundly subtle in the expression of their signs of illness or pain. Unless an owner has been properly educated about these subtle signs, behaviors that signal disease are often missed until an illness is in a more advanced stage. If the normal behaviors and species characteristics (husbandry) of the cat are not well understood, it is difficult to provide an optimal environment. Veterinarians have a unique opportunity to greatly improve both the cat and owner’s quality of life by establishing a relationship that will guide good medical care, as well as educate about the cat’s needs.

Many people come into cat ownership with very little information about their care. There are a broad range of medical concerns, behavior considerations, housing, and nutritional issues that fall to the veterinary team to communicate to an owner. Your team can help owners learn about the role they play in their cat’s care, which can lead to a shared responsibility that helps ensure the information and recommendations you make are practiced in their cat’s life. Recognizing these issues expands the opportunities that a veterinary practice can have for increasing their role in becoming a partner with the client to provide the best care for their cat. Helping owners understand the value of veterinary services will increase routine preventive care and bring more cats to the practice. This should lead to an active interest in advice about husbandry which will help the veterinarian and the practice be seen as a valuable resource for care.
Despite the popularity of cats, small animal practices have historically had many fewer cat visits than dogs. Disturbing trends in cat ownership and care have been shown in past pet population and demographic studies. There are millions more owned cats than owned dogs in the US. According to the 2011 Bayer Healthcare, L.L.C., Brakke Consulting, Care Usage Study, however, almost twice as many cats than dogs never visit the veterinarian. Of the cats that visit the veterinarian, they average 26% fewer visits than dogs. There are two major concerns that have been suggested reasons for this fact.

The first is a lack of appreciation for the value and need for veterinary care for cats. The second is the concern over the stress resulting from a visit to the veterinarian. In many small animal practices, more effort goes into educating clients about the value of the care and services that can be given to canine patients than their feline patients. Clients are often unaware how veterinary services can improve the quality of life and life expectancy of their cat. Clients are also reluctant to put themselves and their cats through the struggle of going to the veterinarian, especially if they do not understand why going to the veterinarian will help their cat.

Most clients would willingly pursue good veterinary care if we overcome those two giant hurdles. Many clients who have both dogs and cats choose a different practice for their cat because they experience a difference in the level of care delivered.

You can help clients ensure a longer, better quality of life for their cat by improving wellness care, education, and being proactive about diagnosing diseases early. This builds a strong and more productive practice relationship with the client and improves care for the cat. There are so many ways for veterinarians to improve client visits, especially with our aging cat population. Learning strategies to lessen the stress of the veterinary visit can encourage more frequent usage of the services a veterinarian offers. It is a win-win for all involved - the cat, the client, and the practice. As we improve our understanding of feline patient’s needs, our clients will see our greater interest and knowledge. Strong client relationships build loyalty and open the door for client referrals recommending your practice to their friends as being cat friendly.
What are the unique characteristics of feline behaviors, personality, and health? We will apply that information to their needs and stresses. Veterinarians and technicians can also use this information to better predict how cats will behave. We will also look at what owners often misunderstand about cats. Most behaviors that a cat manifests are likely normal behaviors for the species. It is often our lack of understanding of the cat’s requirements that results in what is viewed as inappropriate behaviors in a household. For cats, there is an important link between stress and disease. Stress can also alter clinical tests which can affect reliability. Understanding these factors affects the treatment and its success for the practice. How cats are cared for at home and the environment they live in can also affect the healthcare plan. If we don’t understand the factors in their environment that are counterproductive to our treatment efforts, then care will suffer.

What is a cat? Why does it behave as it does, why does it sometimes seem more difficult to deal with than a dog, and how does this affect those working with cats? The following characteristics help us define a cat. Understanding each area will help practices and clients make better choices. A cat can be summarized as…

- A solitary hunter and carnivore
- Designed to catch and eat frequent small meals alone
- A social species
- Affected strongly by social scents in its environment
- Naturally ‘clean’
- Self-reliant and highly aware
- Influenced greatly by early experience
Cats have evolved to have physical and behavioral characteristics that make them specialized hunters of rodents and other small prey. They are developed to be solitary predators, and are motivated to hunt by the sight and sound of prey. In order to be a successful hunter, the cat will search its hunting range at times when its main prey are active and vulnerable, which is usually at dawn and dusk. The cat is an obligate carnivore, unable to survive or thrive without nutrients found in meat, such as taurine.

Cats are also prey. As predator and prey animals, they have unique reactions to unfamiliar environments and stimulation. They have evolved the ability to hide disease. This can make health care challenging to the veterinarian.

*What Does this Mean for the Veterinary Practice?*

- As solitary hunters, cats are naturally neophobic in unfamiliar environments and highly efficient at defending themselves against perceived threats. Any change can be frightening.
- Cats are highly motivated to play with, as well as attack, any sudden movement. Team members should move slowly and develop distraction techniques that can defuse escalating stress in the cat.
- The risk of potential infection from bites and scratches can be high. Learning strategies that help avoid stress will keep people and animals safer. Finding ways to minimize fear and defensive aggression are important. Understanding that many cats will be compelled to fight if not given an opportunity to hide can keep staff and clients safer.
- Nutritional imbalances can occur in cats whose owners feed them inappropriate diets. Vegetarian diets, dog food, incomplete homemade diets that have not been developed by veterinary nutritionists, or raw food do not constitute a complete diet.
- Differences in hepatic enzyme pathways can make cats vulnerable to certain drugs or chemicals which do not affect dogs.
Clients Need to Understand That:

• Cats cannot be vegetarians even if their owners are vegetarians or have ethical beliefs against their cat eating meat. Clients need to understand that being a carnivore is essential to cats’ unique dietary needs.

• The dietary requirements of cats are difficult to achieve properly with home-prepared diets. Feeding high quality commercial foods offers the best and safest option to meet their needs.

• Cats that are neutered require approximately 33% less calories than unneutered cats. Caloric needs are also based on activity levels. Obesity is related to inactivity in cats, feeding larger amounts than needed, and stressors relating to how cats are fed. The veterinary team must calculate calories and make feeding recommendations for each patient.

• Kittens that are encouraged to play roughly or to attack hands and feet in play may continue this as adults, which can be painful or even dangerous as they grow and become stronger.

• Cats are naturally active at dusk and early in the morning (when they often wake up owners for interaction or food). Cats should not be fed as soon as the client wakes up because this will reinforce the behavior of the cat waking the client.

• Cats are hunters and may hunt even when provided sufficient food. Cats may sometimes bring prey indoors.

• Owners should understand the value of an enriched environment that encourages “working play” and food puzzles. These activities help mimic behaviors that would be utilized in daily hunts and are necessary to maintain healthy behaviors that allow them to live with us.
Cats as Patients

Cats Catch and Eat Frequent Small Meals

The most common method of feeding pet cats is the provision of two or three meals per day in a feeding bowl. For cats in the wild, feeding is purely a functional behavior to refuel. Food capture is a time-consuming activity requiring many efforts during the day. As a result, cats are designed to take in small amounts of food frequently throughout the day. Fixed meal feeding is not natural for cats.

Food is the ultimate survival resource and for cats it is an individual affair. Given the choice cats will search, acquire, and consume their prey in solitude, with the exception of mothers providing opportunities for their kittens to learn prey-handling techniques. The feeding process is not a socially interactive one – cats prefer to eat alone. Neutering and being kept in an unnatural environment disrupts the self-regulation of food intake for owned cats.

Understanding natural drinking behavior can help to ensure the cat gets enough. In the wild the cat eats prey, which has high water content so the actual water consumption of cats may be low in other environments.

What Does this Mean for the Veterinary Practice?

• Obesity can be caused or aggravated because the owner does not understand feline eating habits.

• Cats fed only dry food will need to consume more water than a cat fed canned (wet) food. Canned (wet) food can help keep a cat hydrated if they are not getting enough water. This can be important with certain disease conditions.

• Dry kibble allows greater opportunities for more interactive feeding, for example through hiding kibble that the cat has to forage to find.
**Clients Need to Understand That:**

- While cats can survive being meal-fed, in the wild they typically consume 10-20 small meals throughout the day.

- Cats should be provided with both canned and dry food early on, so that they won’t be fixated on one type of food. Feeding canned food reduces the calories provided to the cat, and is best given in multiple small meals, with small amounts of dry food provided in puzzle feeders. Canned food is also helpful for cats with certain medical conditions.

- Feeding dry kibble gives a greater opportunity to space out the feeding. It also offers variety and interactivity through hiding kibble, and using food puzzles, which add valuable stimulation for the cat, as well as avoid unnaturally large and infrequent meals.

- Cats often eat a few mouthfuls of food and walk away because they do not normally eat large meals (prey is usually small). This may not be a sign that the cat does not like the food. Replacing it with something more palatable may result in an initial increase in food intake, but the pattern then begins again. It may also teach the cat to reject food for higher value food, which can lead to obesity. Use of feeding toys filled with food can provide small regular meals as well as environmental enrichment.

- For cats, the feeding process is not social. Behaviors such as leg rubbing and vocalizing are actually initially signals of initiating social interaction, rather than signs that a cat wants food, but they are often interpreted in this way. The cat will quickly learn that it can use these behaviors to control the supply. Since owners derive comfort and pleasure from their pet seeking them out in this way, they will often increase the amount of food they offer to reward the social interaction or simply to keep the cat quiet. This action can increase the risk of overfeeding and obesity.

- Cats prefer to eat alone. A house with lots of cats needs many feeding places so each cat can get to food freely, quickly, and on its own. A willingness by cats in the same household to come together at feeding times is often taken as a sign that they get along with each other. However, it is important to remember that food is a vital survival resource and since food delivery is controlled by owners at certain times and places, cats may have to share space to gain access to food. Cats may suspend hostility for long enough to eat their meal, but eating together is stressful and the level of tension between the cats at other times may actually increase. There needs to be a food station for each cat, and visual barriers between eating stations can help.

- The placing of food can be important. Placing it in a corner can make it difficult to access, next to a cat door can be threatening because other cats can come in, and next to a glass door can lead to eating food too quickly in order to get away from a vulnerable position.
Cats as Patients

A Cat is Territorial

We often use the term ‘territory’ quite loosely, but in behavioral terms it is the area that a cat is prepared to defend. In the wild, the cat’s survival and hunting success depends on the integrity of its individual home range and territory. Consequently cats are usually cautious and concerned about intrusions into their area, especially at certain times such as dawn and dusk. As household pets, cats are fed by their owners and they don’t need to hunt to survive, however they still have a strong drive to hunt and establish territories and ranges.

An intact male’s ranges are normally much larger than an intact female’s ranges (usually from three to ten times). An average neutered or spayed cat’s outdoor range may only be their immediate yard and may be less confrontational than their intact counterparts.

Urban living feral cats that share a plentiful supply of food can tolerate living at a relatively high population density of 30 or more cats per acre. Pet cats in a similar urban setting often live at a density of over 50 cats per acre. It is important to note that the food resource is what drives this density.

This population dynamic is not the same as found in a natural habitat where cats will be less tolerant of pressure placed on their prey population as a food source.

Just because two cats live in the same space and have the same owner does not mean they are going to get along. The cardinal rule of feline social interaction is “proceed with caution when meeting any cat that has not been a part of your cat family, or social group, for as long as you can remember.” Owners assume that when they obtain a second cat, the two will quickly become friends. Cats are more likely to merely tolerate one another. To reduce conflict, they often set-up separate, sometimes overlapping, territories within the home, but may continue to scrap with each other sporadically. Mostly they avoid each other if they can. Tension may remain if both cats are fed in the same room or space, there is only one litter box, or there is competition regarding resting places. Feeding each cat in a different room or space, and providing several litter boxes in different locations (away from food stations), can often make the situation more tolerable for both cats. Unrelated cats may continue to challenge one another over territory and boundaries for years. Here are some signs that cats have set up separate territories within the house:

- Chase or run away from each other
- Hiss or spit when they encounter one another
- Avoid one another
- Sleep far apart
- Sleep defensively - one eye open, ear twitching, or tense posture
- Restrict each others’ movement
- Stare at each other or watch tensely
- Adopt tense body postures when in the same room
- Interact separately with the owner

In domestic homes cats are fed on a regular basis and this indoor world becomes their safe core area within their territory. All cats have some behavior that reinforces a level of comfort and security with their surroundings. Regardless of how they are housed, they are compelled to express these behaviors. We call many of these behaviors marking territory and cats will use a range of methods to do this. Some examples are rubbing, scratching or spraying urine. The method used is highly dependent on their emotional state at the time and may have many ways of manifestation. What is important to remember is that all these behaviors provide a release of stress. If they are observed and perceived as a problem, the practitioner needs to start trying to determine what drives them in the environment.

Some territorial scent marking, when it occurs inside rather than outside (i.e. spraying, urination, defecation and sometimes scratching), can be a sign that a cat does not feel safe.
**What Does this Mean for the Veterinary Practice?**

- Cats feel unsafe just by being out of their territory; the smells, sounds, and sights of the practice will add to this, making cats very anxious, fearful, and defensive.

- Wounds and subsequent infections or abscesses on indoor cats can mean that cats within a household do not get along and advice is needed. This is an important opportunity and responsibility for the practice.

- Clients may come in for behavioral advice because their cat is highly stressed by other cats within their neighborhood. These very territorial cats seem to actively seek out territory defended by others and try to restrict usage by other cats at certain times or drive them out.

- Clients may come in frequently for treatment for their cat because it is the victim of such a very territorially aggressive cat. As well as physical injury, this can include stress related conditions such as feline idiopathic cystitis (FIC).

**Clients Need to Understand That:**

- Cats are territorial animals, and need to have a sense of safety in their territory in order to form relationships with people and other companion animals.

- Cats do not necessarily tolerate other cats in the same house. While owners may feel their cat is lonely and needs a ‘friend,’ cats may feel very threatened by this if they are not related or from the same social group initially. Visitors who bring their cat to stay can cause great upset to a resident cat.

- Cats who are not in the same social group may need separate territories within the home, as well as separate resources. These cats should be fed in different locations and have several litter boxes in different locations (away from food stations).

- Cats may feel threatened, fight, or try to hide because of perceived threats. Owners may be unaware of the perceived threat because the cat’s avoidance behavior is subtle and does not draw attention. However, the result may be seen in behavior changes or stress-related problems.

- If a cat’s territory is limited and confined indoors, the owner needs to ensure that the environment provokes exploration and makes the cat ‘work’ to gain resources or access desired places. Restriction from resources may exacerbate territorial behaviors as the cat tries to increase its sense of security. The core area of an indoor cat’s territory may be under the bed and areas around the door may not be seen as safe. Additional resting places high up can increase the safe possibilities of the territory. Some territorial scent marking, when it occurs inside rather than outside (i.e. spraying, urination, defecation, and sometimes scratching), can be a sign that a cat does not feel safe.

- Cats are often more bonded to their territory than to their owners. This can lead to a cat returning to an old home after a move to a new home.

- Scratching is a natural, normal, and necessary behavior for cats and a way to mark their territory. They do not scratch with the intention of upsetting their caregiver or damaging furniture. Increased scratching and marking may help cats cope with stress and anxiety and may occur more often during those times. It is critical to provide scratching resources and identify the cause of the stress or anxiety to address the issue and reduce the unwanted behavior.

- Cat doors can be helpful for cats allowed outdoors, however, they can allow other cats to enter. Ideally cat doors should have an ‘exclusive entry’ feature that allows only the resident cats to enter by using magnetic, electronic, or microchip ‘keys.’ The cat door is a transition point between the inner safe ‘core’ of the cat’s territory and the riskier outside world, and for some cats the core territory will only be a small part of the home.

- Cats rarely voluntarily leave their home range, so when it is necessary, owners need to be sensitive to their needs.

- The cat should be acclimated to the carrier by leaving the carrier out at all times and rewarding for its use. Also, familiar bedding, toys, and/or food should be brought with the cat if leaving their home territory, such as visiting the veterinary practice, in order to make it feel more secure.
Cats as Patients
A Cat is Highly Sensitive to Scent

Cats use scent as a means of social communication – usually to keep other cats at a distance (except when looking for mates or scent marking members of their feline group). Cats use pheromones and scent derived from glands over the face and body as well as urine and even feces in different circumstances.

Cats have scent glands on their lips and chin, the top of the head, along the top of the tail, in between the digits of their paws, and around their anal region. When a cat rubs around its owner it is these areas that leave its unique scent. Similarly cats mark in the same way on twigs, branches, and other objects in their territory. Cats will also claw on trees and fences leaving both a visual and scent mark from glands between their paw pads. The urine of a tom cat that has not been neutered leaves a pungent invasive mark. All cats, regardless of sex or reproductive status, scent mark in some way. This may include minimal signals such as facial rubbing to more extreme signals such as spraying. Cats may also leave feces prominently sited rather than bury them (middening). It is important to remember that all scent marking originates from reinforcing some kind of security with the environment.

Colonies of cats usually consist of related queens and offspring. They may be found in feral or farm colonies where clumped food resources exist, are friendly societies (and the females may cooperate in terms of rearing kittens) where individuals spend time rubbing and grooming preferred individuals within the group.

By rubbing against each other the cats swap their individual scents to produce a group scent profile; therefore the cats can recognize each member of their social group because of how they smell. There is very little aggression within the group. However, if cats from outside the social group try to hunt on their territory, colony members may show extreme aggression to get rid of these cats as they represent a threat to food and other resources. A cat who comes near the colony regularly, may gradually become accepted by the colony. This gradual introduction process should be mimicked when introducing a new cat into the home.
What Does this Mean for the Veterinary Practice?

• Scent is the first sense used for feeding. If food doesn’t smell palatable the cat won’t even attempt to taste it. Diseases such as upper respiratory infection compromise the sense of smell and cats may not wish to eat. Releasing odors by warming up food may make it more tempting.

• There are no familiar smells in the veterinary practice so anxiety may be high. Bringing familiar items from home to veterinary visits can help alleviate some of the stress.

• Similarly, a stay in the hospital may be less stressful if an item from home with a familiar scent can be left with the cat.

• Washing hands and table wiping is essential for hygiene, but also to remove the scent of other animals.

• Strong disinfectants can be overwhelming. Rinse and let dry before introducing a cat to a cage.

• Avoid alcohol due to the strong smell. Use an appropriately dilute chlorhexidine solution or another safe agent instead of alcohol for cleaning skin prior to sample collection or intravenous injection.

• Behavior ‘problems’ involving marking can be common but it can take time to investigate and advise clients effectively. Referral for a behavior consultation should be encouraged if basic management advice shows no change. Urinalysis and other diagnostics are important to rule out medical problems in these cases.

• Use of synthetic pheromones can help comfort cats and be useful in the practice.

Clients Need to Understand That:

• Changes to the familiar scent profile of the cat’s home can be challenging, for example, household cleaners and deodorizers, new furniture, redecorating, visiting people, dogs, or other cats. Prevent these stressors when possible and consider them if behavior problems arise.

• Cats use scratching to mark their territory visually and with scent (pheromones) as a protective mechanism. During times of stress or perceived competition for resources, these behaviors may increase. Identifying and reducing the source of the stress and anxiety will reduce the unwanted scratching behavior. It is important for cat owners to understand that scratching is a normal behavior, and to provide cat’s with preferred suitable scratchers. See additional AAFP Scratching Resources at www.catvets.com/scratching-resources.

• Scent marking indoors is not a sign that a cat is “doing something wrong” but is a response to changes in emotional state and often happens when a cat feels threatened. This might be in response to a new cat or some change in their environment that they find challenging.

• Owners often misinterpret spraying for inappropriate elimination and vice versa.
Healthy cats spend a significant amount of their time grooming. The drive to groom is very strong. Cats are predators so they need to be in good condition to hunt and also to be as undetectable as possible, so maintenance is important. Grooming helps to remove parasites or anything that may degrade or produce a smell on their coat. The hairs in the coat, especially the whiskers, are also highly sensitive to movement and help to give the cat information about its surroundings including wind direction. Cats will groom poisonous substances off the coat that they would never directly eat or drink. Grooming is also involved in maintaining social relationships and is likely to serve as a comfort behavior.

While urine and feces can be used as markers and messages for other cats, cats may also wish to conceal their whereabouts by burying them. For humans the cat is usually an exceptionally pleasant animal to have around in that it does not smell to us and will usually use a litter box very successfully if it is maintained properly.

Cats will often naturally bury their urine and feces, and prefer approximately 1.5 inches of litter, however preferences may vary. A poorly maintained box or litter that is undesirable to the cat are reasons that a cat will chose another substrate or location to use. Cats prefer soft, easy to rake substrates, so sand or clay based litter is preferred.

As a general rule it’s advisable to provide one litter box per cat in the household, plus one extra, all located in different areas and with a minimum of one litter box per floor. Litter boxes should be easily accessible. Placing boxes in different locations can prevent conflict and avoid anxiety created by cats interacting around this important resource. Boxes must be scooped once or twice daily, and changed and cleaned regularly.

**Reasons Why Cats May Start to Use Alternative Sites Rather than the Litter Box Include:**

- Tension within a multi-cat household that compromise a safe approach to the box.
- Aversion to the location of the litter box.
- Underlying medical problem(s), such as urinary tract disease, constipation or diarrhea, or hyperthyroid disease.
- Aversion to the litter substrate or litter box.
- Blocked by another animal from using the litter box.
- Unpleasant experience associated with the litter box, e.g. dirty litter box, fearful or painful event experienced while in the litter box such as a loud noise, or being interrupted by the owner or another cat.
What Does this Mean for the Veterinary Practice?

• Underlying medical problems should always be ruled out first or in conjunction with inappropriate elimination or spraying. If a cat has pain when urinating or defecating, it may associate that pain with the place instead of the act. As cats get older, their joints become stiff or painful and they may be less mobile. A high sided deep litter box or one located up/down stairs that may have been used previously may become very difficult to access.

• Poisons can be ingested via grooming the coat or feet rather than simply eating or drinking.

• A poor coat can be a sign that the cat either cannot groom successfully or does not want to, which can be due to dental problems, osteoarthritis, cognitive dysfunction, hyperthyroidism, or anxiety.

• Grooming is also thought to have a calming or rewarding effect and may be used by a cat as a displacement activity.

• Cats prefer to feed and sleep away from a litter box, so the size of hospital cages and placement of the contents can affect feeding and relaxation.

• If a cat is house-soiling, it can be helpful to have a cat owner draw a floorplan of the home for you to discuss. This may help to identify potential causes.

• Cages should be adequately sized so food and resting areas are separated from the litter box. Ideally, there should be a double compartment cage, with a litter box in one compartment, and all other resources spread out in the other. When unable to provide a double compartment, separate food, resting area, and litter box by a minimum of 2 feet, facilitated by placing them in a triangle (one in each corner one side, and the other in the middle of the opposite wall).

• Cats may have a preference for a certain litter type or a covered or open litter box. Most cats prefer unscented, clumping sand litter, and an uncovered box.

Clients Need to Understand That:

• Cats need a litter box that allows them to comfortably urinate or defecate and dig easily. If the litter box is unfamiliar, has the wrong consistency, or wrong smell for a cat, it might choose another location or substrate.

• Litter boxes should be 1.5 times the length of the cat, from the tip of the nose to the base of the tail. This allows sufficient room for the cat to walk in and turn around, and also to dig and bury eliminations if they so choose. Attention to basic litter box care can help prevent problems from arising in the first place.

• Litter deodorizers, fragrant litters, and strong disinfectants are often undesirable for cats.

• The placing of a litter box is also important to avoid conflict with other cats and to improve acceptance.

• The number of litter boxes available to multi-cat households may not be adequate.
Cats are excellent at hiding signs of illness and pain so as not to attract attention. As solitary hunters, this is an important mechanism to prevent predators from recognizing their weakness. Owners may not be aware that the cat is suffering because the signs are subtle.

The cat that survives on its own outside does not need feline company. It can hunt for itself, find its own den, and defend its own territory. It can keep itself clean, its claws sharp, and protect itself by being highly aware of its surroundings and using its agility, speed, and strength to get itself out of trouble. Hiding or fleeing is preferred over fighting if a cat faces danger. Where they do live together, cats do not form structured packs like dogs and there is no dominance hierarchy among a group of cats. The assumption that cats need the company of their own species is based on human perceptions of sociability.

Cats can live in social groups, but only in specific circumstances such as feral colonies on farms or in areas where females are usually related to each other and there is enough food and shelter for larger numbers. Social groups in homes are usually related cats adopted together that are already socially bonded. However, gradual and proper introduction of a new kitten or cat to other cats in a home may lead to a positive social group.

Kittens will be more likely than adults to accept new environments, new people, and other cats or pets. If kittens are adopted in pairs, they will keep each other engaged with their high level of activity, especially if siblings. Kittens have to learn to be good hunters. They will play attack things that move or that resembles prey. Other pets and the people in the household are often targets of this unwanted behavior. Kittens of similar age can engage with each other while undergoing this very active period and this may defuse tensions in the household. It is recommended for kittens to be adopted as siblings or similar aged pairs that are already socially bonded so their necessary activity doesn’t frustrate household members.

Kittens that have very strong play-prey behaviors can become problems as they interact with people and their aggressive play escalates, such as attacking ankles and legs. Play with other similar age cats or other animals can be a valuable outlet for these behaviors and head off problems later in life.

On the other hand, adult cats that have been by themselves or in a stable, long standing household are usually quite intolerant of new animals. That intolerance can often be seen in aggression or fearful behaviors. Often the aggression is subtle, such as blocking the path of another cat, or using posturing that might intimidate or stress another cat. We may not perceive these emotional states, but other cats may readily interpret facial and postural changes as social signals.

Cats are usually most content when they can dictate the timing of interaction with their owners and other humans. Allow the cat to come to you, and it will be more comfortable and relaxed than having you choose when to handle the cat. Access to higher levels and places to hide will make cats feel more safe, more secure, and may facilitate interactions.
What Does this Mean for the Veterinary Practice?

- Cats may react quickly if disturbed or frightened. Since they are not allowed a means by which to hide or flee to lessen their anxiety in the practice environment, they may resort to defensive aggression.
- Hiding is an important feline coping strategy in an unfamiliar environment. A cat can feel more safe if hidden in the bottom half of a carrier, under a towel, or in a cat bed, and can also be safer to work with for the veterinary team.
- A slow quiet approach and avoiding eye contact (using a slow blink) will minimize threat.
- Avoid sharp or loud noises when working with cats as these can be very alarming to an already stressed cat.
- Scruffing or intrusive handling can cause fear and panic.
- Bring all necessary equipment into the examination room and avoid going in and out of the room. It can also be beneficial to conduct many procedures in the examination room to avoid increased stress to the cat by bringing them into a different room.
- A single unpleasant event at the practice can affect future visits for a patient.
- A frightened cat will often try to run away, so window and door security is essential.
- Cats are excellent at hiding signs of pain or vulnerability. Owners may have noticed behavior changes, but are not aware of their relevance.
- Increasing arousal signals can be subtle.

Clients Need to Understand That:

- Kittens need to be adopted in pairs. Adopting siblings is best since they have already formed a social group and have the same activity level.
- Existing adult or older cats in the household may be more likely to tolerate the adoption of kitten(s) rather than mature cat(s).
- Training with positive reinforcement techniques engages cats and kittens and gives them something to do in the artificial environment of our homes.
- While cats may choose not to be dependent and interactive with people, engaging them in reward activities might modify their response.
- Adult cats may not want a feline ‘friend’ as they are often content to live alone.
- Sharing territory with another cat can be stressful.
- Cats may not wish to be confined or cuddled.
- Cats can be stressed by unfamiliar sights, sounds, and smells.
- Like all mammals, cats are fast learners. Utilize this to redirect behaviors. Cats do not learn through punishment - verbal or physical! The best way to train a cat is through positive reinforcement of the desired behavior. Ignore or redirect the undesired behavior to a more positive behavior (e.g., toss a kibble in the other direction to distract a cat from something).
- Emotions and behavior can change very quickly. Cats may become aroused if disturbed or frightened.
- Routine and predictability in a cat’s life can reduce stress and improve quality of life.
- Changes in routine behavior (such as sleeping more or avoiding contact) can occur because of emotional change or may indicate health problems. The most common sign of a medical problem is a change in behavior.
- For cats, the need to keep themselves clean is very strong, so being deprived of the ability or opportunity to do so is potentially stressful.
- Cats are excellent at hiding signs of illness and pain. They tend to stay still and quiet so as not to attract attention. Owners may not be aware that the cat is suffering.
A cat’s behavioral characteristics are determined by their genetics, the environment, and experiences. Feline boldness and acceptance of novelty and interaction vary with genetic predisposition and environment.

What a kitten is exposed to between two and seven weeks of life will dictate what kinds of experiences it can tolerate the rest of its life. This sensitive period of socialization is critical to mold a cat’s behaviors. If they have learned to enjoy interacting with people and other cats early, this behavior will likely continue.

During the first few weeks of life, the kitten learns its social identity and how to feed itself. Its mother will wean it from suckling milk onto eating dead and, later, live prey. This process gradually introduces the kitten to every part of killing and hunting the prey it needs to survive. In a domestic setting, the kitten also practices hunting behavior. The queen teaches kittens play behaviors such as batting, chasing, and pouncing to help kittens learn to hunt. By participating in the play activities of kittens, using toys and games, we are taking part in their development in a very similar way to the mother and littermates.

Up to the age of about two months, the kitten is particularly sensitive to learning about its environment and establishing social bonds. Research conducted into the quality and quantity of handling during this ‘sensitive period’ shows there are distinct benefits to providing the necessary socialization in the right way. Kittens between the ages of two to seven weeks that are handled in a calm and positive manner by different people tend to be more sociable towards humans than those that didn’t benefit from such handling.

This is also the age that kittens should be exposed to, and rewarded for positive experiences they may need to accept later in life. Experiencing noise, children, dogs, vacuum cleaners, different locations, and even car trips in a positive way, enables the kitten to learn that new experiences are not to be feared.

Social maturity occurs at approximately 2-4 years of age. This correlates with the time that an adult cat would be leaving the colony and moving away from the extended family group in which they were reared. Owners may see changes in how cats respond to each other as they reach this age. This period of social maturation can be upsetting for owners as they find that their cat may have developed different behavior characteristics. Often cats become less tolerant of new and changing elements of their environments and may even become less tolerant of feline housemates that were previously “friends” prior to this age.

This transition period in the cat’s life represents the time when it truly discovers the value of its territory and its capacity to live as an individual. Intact males will expand their territory entering into more conflict with other cats and becoming more assertive about territorial marking. Neutering greatly diminishes these characteristics and should be strongly encouraged for all cats not used for breeding, regardless of sex.
What Does this Mean for the Veterinary Practice?

- The vital time for socialization is before 8 weeks of age. Veterinary practices can influence the breeders, cat owners, foster parents or shelter workers who use the practice to ensure that young kittens are exposed to the right experiences to produce socially comfortable pets.

- Discussing the importance of normal prey-play will help kittens develop healthy behaviors.

- Kitten enrichment programs will educate owners and further bond them to the practice.

- Cats are less able to cope with stress associated with people and the human environment if they are not socialized appropriately. Fearful cats will need careful handling. Aggressively fearful cats may be more difficult to handle and human safety is a priority. Sedation may be indicated.

- Hospitalized cats are often fearful of the unfamiliar. Make sure your practice has cages that provide places to hide in (e.g., a box, carrier, tall cat bed, double compartment cages when possible) as well as perches to monitor the environment. These features help cats to better adapt and return to normal eating and elimination behavior more quickly.

Clients Need to Understand That:

- Kittens must engage in appropriate socialization experiences.

- Cats have unique personalities and not all cats are friendly or sociable with humans.

- There may be a limit to what can be done for nervous kittens which have not had the right early exposure and feral kittens may always be anxious.

For more reliable cat owner information and resources, visit the AAFP’s cat caregiver website, Cat Friendly Homes, at www.catfriendly.com.

This has been a brief overview of feline behavior. Now we can start to apply this information to create the least stressful and most feline friendly way to care for cats that come to the practice.
Becoming a practice that is genuinely cat friendly involves paying particular attention to three distinct aspects. The remainder of this manual will discuss each of these aspects and offer support and examples of best practice. The three aspects are:

1. **Attitude and approach to healthcare and the veterinary experience for feline patients and owners** - It is important the practice has a proactive approach to client communication and education. The entire practice culture should reflect a passion for ensuring the best possible experience for feline patients, and increasing the quality of care provided.

2. **Continuing professional development in feline health and welfare** - Measures should also be in place to ensure practice outcomes are being monitored, new staff are trained in feline-friendly tactics, and improvements are being made where necessary.

3. **Appropriate design and layout** - Practices need to ensure they have appropriate equipment, facilities, and instruments to ensure feline patients are cared for in the best possible way.

These three aspects are all extremely important and combine to form a practice that is both ‘cat friendly’ and ‘cat caring.’ All Cat Friendly Practices® should utilize information from the AAFP Guidelines (www.catvets.com/guidelines/) and include the recommendations from these publications into the information above. As you evaluate your practice, be creative about strategies to implement cat-friendly changes and be willing to improve as you become more familiar with these ideas.
An appropriate attitude is necessary in order to approach the cat in a way that will result in delivering the most effective care. A Cat Friendly Practice® (CFP) should set an example of tolerance, empathy, and understanding of basic feline behavior and be able to modify the approach to each individual cat in a way that reduces the stress and anxiety of the visit to the practice. The cat has endured a great deal of cultural bias and general misconception about the significance and meaning of many of its behaviors. It is essential that accurate information about cats is understood. It’s critical to have staff with a positive attitude toward cats and who are knowledgeable about their needs both in and outside the veterinary practice setting. Encourage all staff members to develop a calm approach, realizing that ‘less is more’ when handling and restraining cats. All members of the practice team should be well versed in feline friendly strategies relevant to their positions in the practice.

In addition to knowing and understanding cats and their unique needs as veterinary patients, understanding the cat owner is also vital. Help the cat owner with the difficulties and the challenges of not only getting their cat to the practice for care, but also administering care at home.

**A Practice with a Good Attitude to Cats and Owners Will:**

- Have a team who understands cat owners and the challenges in getting a cat to the practice.
- Have a practice that understands cats and is overtly welcoming to cats.
- Have a team who knows how to behave towards and around cats.
- Have a team who understands and takes note of the behavior of the cats when in the practice, and can modify their approach appropriately in response.
- Have a team who is well trained in the handling of feline patients. It is crucial that handling of cats be done in a way that reduces rather than increases stress. This means that heavy restraint is avoided. The team embodies the principles of respectful handling.
- Have a team that applies ‘cat friendly’ principles and are knowledgeable in all aspects of the care they provide for cats and cat owners.
- Have a team that encourages the best possible preventive healthcare care for cats.
- Have a team who is willing to work together to continually improve on the ways they provide care and the experience for cats at their practice.

For the cat and owner, nothing is worse than members of the healthcare team who give the impression that they are disinterested in cats or do not understand them. Owners will see when staff shows annoyance, frustration, or distaste for the fearful and anxious cat. Clients will be much more relieved and relaxed if staff shows more understanding and a knowledgeable approach to handling, and if they feel the staff is actively invested in helping improve their cat’s experience.
In addition to knowing and understanding cats and their unique needs as veterinary patients, understanding the cat owner too is vital. For many owners, the process of taking a cat to the practice is traumatic. They have had to find and catch the cat, try to confine it in a carrier, take it away from its natural environment and territory, transport it in a car, and then bring it into the practice. For most cats this is a highly stressful event, and that inevitably causes distress to clients also. Understanding the implications of veterinary visits for cat owners, and what needs to be done to reduce the negative impact this has, will help enormously.

First Impressions
Often, the client’s first impression is made by the team member who answers the telephone and makes the initial appointment. It is important to remember the experience starts before the cat enters the practice. There are many ways to make the client feel at ease and to help facilitate a ‘low stress’ visit during this initial stage. When scheduling the appointment, ask about the client’s comfort level with bringing their cat to the practice. Appropriate preparation for the visit can save a great deal of time and distress for all. This step can make the subsequent physical examination easier and provide a welcoming environment, making them more likely to return in the future. If needed, a team member can call the client back for a more in-depth discussion.

The 2011 AAFP/ISFM Feline-Friendly Handling Guidelines address detailed recommendations for veterinary staff to use in their client education efforts to make the physical act of getting to the veterinarian less stressful. Integrating what we know about the cat’s natural behaviors when exposed to new and anxiety provoking circumstances can help the veterinary staff be more empathetic in the assessments and more effective in their recommendations. Using positive reinforcing behavior modification techniques is the cornerstone of acclimating a cat to the carrier, car ride, and experiences it will likely be exposed to in a veterinary practice. The use of an appropriate carrier can greatly facilitate reducing anxiety, both in travel and once the cat is at the practice. Refer to the Feline-Friendly Handling Guidelines for the most current information about the specific details for client recommendations. Also available is a client brochure called “Getting Your Cat to the Veterinarian,” which includes tips and strategies for cat owners. Both can be found on the AAFP website at www.catvets.com/guidelines/

Advising owners on the most appropriate ways to bring the cat to the practice and helping them remain calm and relaxed has a very positive effect, both on the client and the cat. The cat will be exposed to many stressors such as:

- An unfamiliar cat carrier
- An unfamiliar car journey
- Strange smells, sights, and noises on the journey and in the practice
- Unfamiliar people and animals, both of which can be highly threatening
- Being handled and examined by unfamiliar people in an unfamiliar environment
- Potentially having investigative procedures done and being hospitalized at the practice
The goal is for the cat to learn to associate the carrier with positive experiences and routinely enter voluntarily. You can explain to your clients:

- Make the carrier a familiar place at home by leaving it in a room where your cat spends a lot of time.
- Place familiar soft bedding inside of the carrier. Bedding or clothing with your scent can make them feel more secure.
- Place treats, catnip, or toys inside the carrier to encourage the cat to enter at home. Often, you will first see that treats are removed from the carrier during the night.
- It may take days or weeks before your cat starts to trust the carrier. Remain calm, patient, and reward desired behaviors.
- If you still have trouble, you may need to assess the carrier itself.

What type of carriers are best? Recommendations to your clients should include:

- The best carriers are inexpensive hard-sided carriers that open from the top and the front, and can also be taken apart in the middle. An easily removable top allows a cat who is fearful, anxious, or in pain to stay in the bottom half of the carrier for examinations. Your veterinarian can often do the examination in the bottom of a well-designed carrier. Avoid carriers that require a cat to be pulled from or dumped out for an examination.
- Choose carriers that are sturdy, secure, and stable for the cat, as well as easy for you to carry. The Center for Pet Safety (www.centerforpetsafety.org) recommends that the carrier be belted into the backseat only if it has been crash-tested. All others should be placed on the floor of the backseat to keep your cat safer and to reduce the bumpiness of the ride.
- Some cats like to see out, whereas others are less anxious when the carrier is covered with a blanket or towel to prevent seeing the unfamiliar.
- The client service representative or appropriate team member should escort the client into the exam room and carry the cat in the carrier, securing the bottom by placing their hand under it, to reduce jarring or banging the carrier on door jams.

If a cat needs to come to the practice right away, and is not yet accustomed to the carrier, the following recommendations may help clients:

- Start by putting the carrier in a small room with few hiding places. Bring the cat into the room and close the door. Move slowly and calmly. Do not chase the cat to get them into the carrier. Encourage the cat with treats or toys to walk into the carrier.
- If your cat will not walk into the carrier, and your carrier has an opening on the top, gently cradle your cat and lower into the carrier. Another option is to remove the top half of your carrier while getting the cat to go into the bottom half, and then calmly replace the top.
- Use familiar bedding inside the carrier. Consider use of synthetic feline facial pheromone (Feliway®) analog spray in the carrier at least 15 minutes prior to transport to help calm the cat.

You will need to make recommendations to clients about returning home to a multi-cat household. Cats are very sensitive to smells, and unfamiliar smells can result in one cat no longer recognizing another. Aggressive behavior can occur when one cat senses another as a stranger. These suggestions can help avoid problems between cats following a veterinary visit:

- Leave the returning cat in the carrier for a few minutes to see how all your cats react.
- If all cats appear calm and peaceful, let the returning cat out of the carrier.
- If you sense tension between the cats, or if previous home-comings have resulted in conflict, keep the cat in the carrier and take it to a separate room to avoid potential injury from an upset cat. Provide food, water, and litter box for a minimum of 24 hours to regain the more familiar smell of home.
- If there is still stress after this time, contact your veterinarian for more advice on slower introduction or medication to help the process.
- A synthetic feline pheromone (Feliway®) can help provide the sense of familiarity.
- For future visits use familiar bedding or clothing with your scent as it retains the smell of home and helps with re-introduction. Use a synthetic feline pheromone (Feliway®). Bringing both cats to the veterinary practice together can prevent future conflict as both cats will carry the scent of the practice.

The client needs to understand they are a very important member of the cat’s healthcare team. The client can be instrumental in helping their cat have more relaxed veterinary visits and improved healthcare.
Have Staff Who Understand Cats and Cat Owners continued

**Cat Advocate**

Having “Cat Advocates” in the practice who can be responsible for educating the entire practice and encouraging everyone is very beneficial for the practice and clients. Advocates need to have a strong understanding of cats and be able to facilitate and encourage a practice culture and educational efforts that ensure practice policies and procedures support a cat friendly environment.

The advocates are often a technician or other practice staff. They do not need to be a veterinarian.

**Have Staff Who Know How to Behave Towards and Around Cats**

It is important the veterinary healthcare team understands normal cat behavior and why cats react as they do at the veterinary practice. Understanding normal feline senses:

- The cat’s sense of smell is far more acute than ours, and cats sense their environment through scent.
- Wearing strong perfumes or excessive use of air fresheners should be avoided.
- Recognize the normal smells of the practice can be alarming to the cat. Ventilate rooms and rinse off disinfectants thoroughly as directed by the manufacturer. Wherever possible, use disinfectants that are not highly scented.
- Cats returning home with the scent of the practice — especially cats that have been hospitalized — may not be recognized by other household cats, leading to upset and fights. Clients should be educated how to reintroduce cats.
- Be aware of the cats’ sensitivity to sound (and sight) — cats have much more acute hearing than humans or dogs, and this needs to be taken into consideration. The practice and staff need to try to avoid sights or sounds that will cause unnecessary distress.
- Be aware that cats are away from their normal territory — while a number of cats can cope well with being taken out of their normal environment, many more find this very challenging and stressful. Simply being aware that the cat is likely to be stressed, and responding appropriately (gentle, empathetic approach, keeping cats separate from other pets and from each other, etc.) is very helpful.
- The synthetic facial pheromone analog (Feliway®) can help comfort the cat and reduce stress. Diffusers can be used in the waiting room, examination rooms, treatment area, and cat wards. Spray can be used in carriers and cages, on towels, and uniforms. Although helpful, it must be used in conjunction with a Cat Friendly Practice® environment and respectful handling of feline patients.

**Have Staff Who Know How to Handle Cats**

Appropriate handling of cats is crucial. Cats generally display fearful or anxious behaviors to unfamiliar people and situations. Their body language may incorporate subtle changes that can be misunderstood or may not be recognized. Often fear and pain are overlooked as causes of aggression. Recognizing the early, subtle signals of anxiety will allow techniques to be used to defuse the arousal before it escalates to full blown fear aggression.
It’s imperative that all practice members are taught how to handle the cat respectfully and with understanding. We rarely give enough thought to the art of handling cats well. Adopting a ‘less is more’ approach is an important concept to cat handling. Cats generally respond better to minimal restraint. Many cats are frightened, but if they can be gently reassured rather than heavily restrained, this will help prevent most cats from becoming defensively aggressive. Have staff members that are best at handling work with cats that are the most fearful or fearfully aggressive. Forceful restraint and ‘scruffing’ of cats is to be avoided. Grabbing and immediately scruffing or heavily restraining a cat can be highly intimidating and often provokes defensive aggression.

- Always approach a cat in a calm and soothing manner. Don’t look the cat in the eye on first contact – look past it and blink slowly. Stroking and talking to the cat before handling is ideal if the cat allows this. From behind, rub your hands gently over the cat’s own pheromone centers (the cheeks, chin, around the mouth, and the preauricular area). Let the cat sniff your hand first to gauge response before you attempt physical contact. The cat will often then put its head in your hands, which is very impressive to clients!
- Have items such as thick towels available for calm use if required.
- Being moved around on a slippery surface can be quite stressful. A towel, blanket, or rubber mat prevents discomfort and makes the cat feel more secure. Preferably, this should be familiar to the cat, and with the scent of the cat or a familiar person already on it. A comfortable bed on the table or bottom half of the carrier can comfort cats and reduce stress.
- Use clothing and materials that minimize static as these can startle and alarm the cat.

Handling Cats in the Hospital Environment

Many cats respond well to human interaction. Making time for staff to play, stroke (gently, especially over the forehead, around the ears, or under the chin), and groom the cat will significantly reduce stress in many hospitalized cats. However, different cats will enjoy different things; assess each individually as some cats prefer to be left alone, and these cats should be handled minimally (just as much as needed to perform needed testing and/or treatment).

- Handle cats quietly and gently, but recognize when they need or want to be left alone.
- Try to limit the number of personnel around hospitalized cats and view the environment from their perspective, particularly bearing in mind their sensitive senses of hearing and smell.
- Consistency, predictability, and feeling in control are very important for cat welfare.
- Quiet music played in a hospital may have a calming effect.
- A quiet area for minor procedures such as collecting blood, performing blood pressure assessment, and inducing anesthesia is essential. Let the cat get used to the room before starting any procedure.

- Educate all staff that staring and intrusive or rough handling (or stroking) can be stressful for most cats and highly detrimental for many.
- If possible, provide a separate room for owners to visit their hospitalized cat to avoid disturbing the other cats and to give them time to settle and interact.
- Carefully observe the behavior of each cat, and be prepared to implement changes immediately if problems become apparent.
- If cats are being boarded at the practice, a dedicated boarding ward is preferable.
- Cats with infectious diseases need to be isolated from other cats.
- Treats may be used to create a positive association with the hospital.

The AAFP/ISFM Feline-Friendly Handling Guidelines provide an excellent resource for further information on handling and practices are expected to have policies that comply with these guidelines (available on AAFP website – www.catvets.com/guidelines/.

Pain/Sedation

Pre-visit behavioral modification and/or sedation can significantly lower a cat’s stress associated with visiting the hospital. Gabapentin is used as an anxiolytic to decrease negative emotions, including fear, which can interfere with attempts to examine and perform diagnostics. Gabapentin is excreted by the kidneys; therefore, it may be best to reduce the dose of gabapentin in cats with Chronic Kidney Disease (CKD). Gabapentin should not be given transdermally.

If a cat cannot be handled safely, select sedative drug(s) to give as a single IM injection. Good sedative options are dexmedetomidine and alfaxalone. Alfaxalone is apparently safer in cats with cardiac disease, and occult heart disease is not uncommon. However, this information has not been confirmed in cats with hypertrophic cardiomyopathy. Use these drugs in conjunction with other drugs (e.g., butorphanol, ketamine, hydromorphone, midazolam) as per the AAFP Feline Anesthesia Guidelines. Dexmedetomidine can be reversed. IV induction for brief general anesthesia may be employed if adequate sedation is not achieved. Be prepared to intubate and monitor.

Effective communication between the practice and the client is vitally important in delivering comprehensive care to the feline patient. It is important that communications are done in an empathetic and understanding way, and that clients are given the opportunity to contribute to any discussions and voice any concerns. It’s essential for clients to be involved in all treatment plan decisions and those decisions are individualized for each patient and the owner as well. Effective communication not only applies to clinical investigations and treatments, but to all aspects of client communication and education. For example, clients should be informed about procedures, how best to transport the cat to the practice, what to expect when they arrive, what is happening during the exam (narrate), and respectfully asked about their cat’s past behaviors in the veterinary practice when booking an appointment. Giving owners time to ask questions and asking them open-ended questions (e.g., what additional information might be helpful for you and your cat?) is also important in gauging how well they have understood what you have explained.

Important aspects of client communication, and some ways that this can be enhanced include:

- Ability to communicate directly with all clients, whether by mail, email, text message, telephone, or social media. You may want to use different techniques for different clients. Some form of communication is essential to remind clients when routine prophylactic therapy is due (e.g., examinations and vaccine reminders, parasite prevention, follow up care for chronic illnesses, etc.), and ideally the practice should take the opportunity to provide other proactive communications, such as a practice newsletter. Tailor any technical content or language to ‘plain language’ so clients can easily understand your message.

- All staff members should wear nametags which include their position or title. Clients should know who are the cat advocates in the clinic.

- Whenever investigations and treatments are being discussed with clients, it is important to share all options that are appropriate. The client should be provided with reasonable estimated costs in writing. Whenever investigations and/or treatments go beyond initial estimates, clients need to be informed as early as possible. When necessary, have further discussions about other options that may be available. When charging for work that has been done, fully itemized invoices are made available to clients on request.

- In mixed small animal practices, it may be helpful to have one or more staff members whose primary focus is cats. This person or people do not have to be veterinarians, and may be technicians or other staff members. They should be naturally empathetic with cats and their owners, have a good understanding of cat behavior and how to handle and approach cats, and good communication skills. A major component of the ‘Cat Advocate’ role is staff training, client education, and ensuring CFP standards are being met.
• Feedback is always encouraged from clients. The practice should have a policy outlining how clients can make a formal complaint and how these are handled by the practice, and this policy made known to clients upon request. Additionally, signage in the examination rooms or reception area encouraging feedback may encourage clients who may not think to ask, or may be reluctant.

• Provide clients with relevant printed materials to supplement what was verbally relayed to them during the consultation. As you know, a portion of any verbal communication is quickly forgotten. The client booklet — “Why You and Your Cat Will Love a Cat Friendly Practice®” provides cat owners with information on your Cat Friendly Practice® and provides web links for valuable resources. Designated CFPs will receive these brochures in their toolkit after their application is approved. Advice on appropriate, reliable, and accurate websites, including catfriendly.com may be appreciated.

Provision of Care Outside of Normal Hours

While not all practices are able to provide continuous 24-hour care for hospitalized cats, or provide a 24-hour emergency service, it is important that clients understand the level of care provided and what to do in an emergency situation. Therefore:

• A policy must be in place on how to handle emergency treatment of cats outside of normal practice hours. Clients are to be given clear instructions on how to obtain emergency treatment for their cat through client materials, voicemail message, and/or contacting a practice team member. Clients must know how to obtain prompt emergency care for their cat when required. Emergency medical care options outside of regular business hours may also be posted inside the practice, on the entryway door, and on the practice website.

• For cats that are hospitalized overnight or on weekends/public holidays when the practice is not normally open, clients should be clearly informed of the level of staffing in these situations and how frequently the cats are examined. While continuous monitoring of hospitalized cats outside normal working hours may be unachievable in many situations, clients should always be informed about the level of care and monitoring that will be provided. Additionally, clients must be made aware of other options for after-hour care where monitoring is available so they can make informed decisions.

• The pros and cons of hospitalizing a patient outside of regular business hours should be thoroughly discussed with the client so that any decision is a fully informed decision.
Continuing Professional Development

Good clinical practice involves keeping up to date with current knowledge, and applying this knowledge in a practical setting. Practice protocols and treatment should be updated based on ‘best practices.’ Continuing education is critical to ensure good practice. This can be provided in a number of different forms, for example:

- Attendance at conferences
- Online webinars, videos, and resources
- Distance education courses
- Private reading of journals/articles/papers
- In-clinic staff education

The Cat Friendly Practice® program requires:

- Veterinarians undertake a minimum of 30 hours of RACE approved CE every three years. Personal/private study (reading journals, books, or other publications) is also recommended. Additional CE is required for Gold level practices.
- Technicians undertake a minimum of 15 hours of CE every three years, and again personal/private study is recommended.
- A significant proportion of the CE (at least 50%) undertaken by both veterinarians and technicians should be feline-specific.
- The practice can provide education to all staff members, perhaps during staff meetings or trainings. The CFP Cat Advocate can help in initiating this education.

Written records of the continuing education undertaken by all staff in the practice, whether through attendance at meetings, through online or e-learning, are kept and monitored.

Practice Library and Availability of Reference Materials

It is important that a range of current up-to-date relevant reference materials are available to support both veterinarians, technicians and other practice staff. These should include, but are not limited to:

- Current relevant feline-specific textbooks.
- Current relevant feline-specific journals.
- Access to the guidelines published by the AAFP.

Both the American Association of Feline Practitioners and the International Society of Feline Medicine produce a range of materials that are relevant and helpful to veterinarians in clinical practice, including the Journal of Feline Medicine and Surgery. It is required that at least one veterinarian in the practice be a current member of the American Association of Feline Practitioners.

Good Clinical Practice

Ongoing monitoring is encouraged to assess clinical outcomes and to help identify where improvements should be made. Veterinarians should review clinical practices to discuss clinical outcomes to help identify areas that may require attention. This may be in the form of regular practice meetings, and also incorporate ‘morbidity and mortality’ rounds, where cases that have developed unexpected complications or have died unexpectedly are reviewed in order to determine if any policy changes are needed to avoid problems in the future.

Opportunities to discuss clinical protocols, procedures and cases with peers outside of the practice is encouraged to help learn from others experiences. This can be met through discussions with colleagues, online forums, regional meetings/conferences, or VIN/Rounds.
General Practice Standards
For any veterinary practice, care needs to be taken over the location, accessibility, and general standard of the practice building. As a general principle, the practice needs to be readily accessible to clients and, especially for cats, needs to be free from excessive noise. The practice must be well maintained and:

• Be in good decorative order and have good levels of clinical cleanliness.
• Be free of offensive odors and have adequate ventilation. Cats can be extremely sensitive to odors — odors from other animals should be kept to a minimum, and care must be taken to avoid overpowering odors from disinfectants and/or air fresheners.
• Have good lighting throughout the practice.
• Have adequate safeguards to ensure that cats cannot escape.

Waiting Room or Reception Area
The waiting area and the staff in the waiting area are responsible for creating both the first and last impressions for the cat and the client during the visit to the practice. A well-designed waiting room/area with cat friendly staff can set the scene for a low stress visit to the practice for the cat and a positive experience for the owner.

The waiting room/area should be of sufficient size and have sufficient seating to accommodate the normal caseload of the practice. The waiting area must be clean and free of excessive noise and odors. The overall aim is to create:

• A calm and unthreatening environment for the cat to wait in so it is not frightened by the time it reaches the consultation room.
• An atmosphere that reassures feline owners that this is a clinic staffed by people who care about both them and their cats.
When the cat initially enters the practice it will attempt to assess the safety of this new environment. The waiting room should be designed and used in a way that minimizes the threats cats may feel (visual, aural, olfactory, etc.). The ideal environment is to completely separate the dogs and cats attending the practice. Any one of the following options is also an excellent way to reduce the stress for cats during their visit:

- A separate or dedicated cat-only waiting area. This should include physical separation of the waiting area into two different spaces for dogs and cats (e.g. benches back to back with tall plants in between, room divider/shoji screen, etc., so dogs and cats face opposite walls). Avoid visual contact between dogs and cats, and have barking or noisy dogs wait elsewhere, or try to book appointments for them when cats are not scheduled (put notes in client files).

- Cats should encounter minimal human and animal traffic while in the waiting area and when going to the examination room. Some clinics create a separate doorway into the examination room from the cat waiting area so cats can enter without having to risk an encounter with a dog.

- Schedule routine cat appointments separately from dog consulting times. Thus at any one time, the waiting room will only be used by either dogs or cats.

- Whenever possible, take cats directly to an examination room so they don’t need to wait in the reception area. Alternatives might include separate entrances for cats.

- Cat Concierge Service: the client and cat can wait in their vehicle and staff will contact them when the examination room is ready.

- Other creative methods to reduce stress and avoid direct contact with dogs or other animals.

Other important considerations for the feline waiting area include:

- Have an elevated area near or at the reception desk where clients can place cat carriers as an option while waiting or checking out (above the head height of most dogs).

- Prevent or reduce any noises from the exam rooms reaching the waiting area.

- Display clear notices asking clients with dogs to keep them away from cat carriers, and reinforce this by asking dog clients to be considerate of cats in the waiting area.

- Try to ensure clients and cats are not left to wait for excessive periods in the waiting room, but are able to move to the exam room as quickly as possible.

- If a cat is known to be or becomes obviously stressed in the waiting room, put a blanket over the carrier and bring to the examination room as soon as possible.

- Direct visual contact with other cats can also be very threatening and stressful, and a small cat waiting area can force cats to be close to each other at busy times. Measures to help overcome this include:
  - Erecting small partitions between seats to separate cats in the waiting area.
  - Providing clean blankets or towels to cover the cat’s cage, and encouraging owners to bring their own blankets/towels for this purpose.

- Cats feel insecure if they are placed at floor level. Having shelves, perches, or chairs to place cat carriers on is very useful. These ideally are about 48 inches or more from the ground and have partitions (or use covers) so cats are not confronted with each other.

- An alternative is to have a bank of compartments within the waiting area where carriers can be placed while owners are waiting (or when they are paying).
Each clinic will need to work out what measures are practical and usable in their situation, but the key to creating a truly cat friendly waiting area is to consider the needs of cats, and then carefully plan the best way to meet these. Cat clients will see this effort and recognize the practice values their cat as a patient, and will make them more likely to return and follow recommendations for care.

The check-out process must be done with as little disruption as possible. Examples are: allowing clients to check out in the examination room, leaving the cat in the carrier in a quiet room or exam room while owner checks out in the front, making sure there is somewhere off the ground to place the cat carrier near check-out, or having staff escort clients out and carry the cat carrier to limit accidental “banging” of the carrier.

In addition to the physical design and use of the waiting area, other measures that help reassure cat clients include:

• Receptionists and technicians who understand cats, and can give good basic advice on feline topics, including general care, behavior, parasite prevention, neutering, etc., and direct owners to a relevant source of reliable information.

• In the waiting area, display evidence of membership or participation with professional cat organizations (e.g., AAFP, CFP) and feline-related qualifications or continuing education that staff members have undertaken. Have information about staff in the practice and who is/are the ‘cat advocates’ in the practice.

• Put up displays of cat breeds, photographs of clients’ cats, details of in-house practices, promotions, lectures or cat information evenings, etc.

• Provide cat magazines and relevant cat information for clients. It might be useful to include some information about transporting cats to and from the practice, how to medicate cats, etc.
Ensure any ‘alarm scents’ left by preceding patients are removed by cleaning the examination table and by providing good ventilation. The aim is to provide a safe non-threatening examination area where cats can be examined calmly and effectively.

There should be a minimum of one dedicated feline examination room, but the number of rooms should be sufficient for the normal practice feline caseload. A dedicated feline-only exam room is a best practice, but is not required for Silver-level designation.

Should a dedicated feline examination room require use on an emergency basis for dogs, the entire room, including floors and furnishings, must be fully cleaned and disinfected before the next feline appointment, and any instruments or other materials removed. If a feline pheromone diffuser is in place, it should not be removed.

The benefits of a cat-only exam room fall into several categories:
1. Design
2. Stress
3. Owner perception

**Design**
An exam room designed for cats can be outfitted with furnishings, equipment, and instruments specifically for the size of these patients. Examination tables can be small or eliminated from the room. Surfaces can be covered with towels or other washable, soft fabrics more comfortable for the feline patient. An infant scale for accurate weight recording can replace large dog scales. Comfortable seating allows alternatives to tabletop exams. A smaller room will provide enough space for a cat to explore and become acclimated and therefore less fearful. Sound dampening materials can reduce noise, a component of arousal.

**Stress**
A feline facial pheromone diffuser can be plugged in upon arrival in the morning to help reduce stress and arousal. The absence of dog smells is helpful in that regard as well. The small size of feline patients is an important consideration when selecting supplies and equipment. A critical evaluation of the room from a cat’s perspective is essential to remove or alter components that might increase stress. Choose seating that does not block easy access for a cat trying to escape or hide. Consider securing benches to a wall to keep floor space open, for example. Close off potential spaces that are accessible to a cat-sized patient such as cupboards, gaps between cabinet and wall, or space behind a computer. Remove any objects that can shatter or make a loud noise if jostled. The cat-only examination room can be outfitted with appropriate sizes without consideration for large patients. By creating a space only for cats, no compromise is necessary. The best sizes for this species become the only consideration.
Owner Perception

This space is a concrete visual indicator the practice has made a commitment to feline patients. Owners will recognize and appreciate the effort and investment being taken on behalf of them and their beloved cats. Art and resources with cat themes and content reinforce this perception and provide a welcoming environment for the owner.

The room(s) should:

- Be clean and hygienic, and have adequate light and ventilation.
- Have enough space for the veterinarian, the client(s), the cat(s) and a technician, without being cramped.
- Allow complete closure for privacy and for safety (to prevent the cat escaping), preferably with locks on the door to ensure no one can enter the room if dealing with a particularly nervous cat.
- Have a floor and table constructed of materials that allow thorough cleaning and disinfection. Stainless steel examining surfaces should be avoided because they are cold, noisy, reflective, and slippery. A rubber mat on a stainless steel table can help overcome some of these problems. Heated table-tops, in some situations, can be more comfortable for the cat.

In addition:

- If there are outside windows, it is essential these have safety features that will prevent the escape of cats (e.g., cannot be opened far enough to allow a cat to escape, have a safety cage around the outside, etc.)
- Within the practice, there must be at least one room in which cats can be examined that can be fully darkened (no light) to facilitate adequate ophthalmic and dermatological examinations. This does not have to be a dedicated room for these type of exams, but is there if needed.

- Hand washing and disinfection facilities must be available to allow washing of hands between feline patients and disinfection of surfaces.
- Breakable or harmful items should be kept in cabinets as an agitated cat may run around the examination room, including over shelves and surfaces, and may cause damage or be injured if care is not taken.
- The design of the room is taken into consideration so there are no small holes or gaps that the cat can easily get into or underneath, from which it can be difficult to get the cat out.
- The use of synthetic feline facial pheromone sprays and diffusers (Feliway®) may help to provide a more relaxed atmosphere, although no amount of analogue feline pheromone will replace good handling techniques. Follow the instructions carefully as using more pheromone than required is not necessarily better.
Examination Room Equipment
A properly equipped and prepared examination room is very important. Gather up all pieces of equipment needed for a feline exam and place them in the room prior to the cat’s arrival in order to limit the need to enter or exit the room once the cat has been placed inside. This disruption can cause unnecessary stress for the cat.

Essential equipment available in the consulting area or brought into when entering includes:
- Stethoscopes appropriate for feline use (e.g., human pediatric stethoscopes with a small diaphragm).
- An otoscope with cone attachments that are appropriate for feline use – these must be properly cleaned and disinfected/sterilized between use on different patients to avoid transmission of infectious diseases.
- An ophthalmoscope.
- Pen light and hand lens.
- Quiet clippers when needed.
- Thermometer – soft, flexible tip, rapid thermometers are ideal in cats and adequately cleaned, disinfected, and lubricated between use on different patients. Temperatures do not need to be taken during all preventive healthcare exams, but taken when indicated.
- An indirect blood pressure monitor (preferably Doppler, which are more reliable in conscious cats).
- A means of showing radiographs (a viewer, or a screen for digital radiographs).
- Pediatric or feline-specific electronic scales that are accurate and properly calibrated.
  - It is advantageous to have scales that allow the cat to be weighed in the carrier.
  - The weight of all cats is monitored at each consultation.
  - It is essential to weigh cats accurately before any sedative or anesthetic drugs are administered.

Clinical Records
Good effective clinical record keeping is essential for all patients. Permanent records detailing all relevant clinical information should be kept in either written or electronic format, and need to be readily accessible by clinical staff.

The Examination Process
The aim of the consultation process should be to obtain a full history, perform a thorough physical examination, and assess what further actions or diagnostics may be required in conjunction with the owner, while ensuring the cat remains as calm as possible.

The client service representative or appropriate team member should escort the client into the exam room and carry the cat in the carrier, keeping the carrier stable by either holding from above or below, to reduce jarring or banging the carrier on door jams. Place the carrier on the floor or bench, and open the carrier door before walking away. In most cases, the cat will walk out of the carrier and begin to acclimate by exploring the room. Avoid placing the carrier on the examination table because this is not usually the most comfortable location for the cat.
If the cat has not exited the carrier by the time the doctor enters the room, every effort should be made to disassemble the carrier, and allow the cat to remain in the carrier where he/she feels safe. There may be circumstances when team members may determine it will be less stressful to leave the cat in the carrier.

Please note that some of these suggestions may not be appropriate based on the individual cat or examination room layout.

The principles of cat-friendly handling must be adhered to at all times (see the AAFP/ISFM Feline-Friendly Handling Guidelines) and the cat is given time to acclimate to this unfamiliar environment. We suggest an absolute minimum of 15 minutes for a routine appointment in order to allow feline-friendly principles to be utilized. However, usually allowing more time than this is frequently necessary to thoroughly cover all aspects of the examination process.

**History Taking**

The clinical history is focused on client concerns and helps obtain standardized data for all patients.

- Clinical history and/or health questionnaires (for example, including behavior, mobility, routine prophylactic therapy and general health) can be given to owners to fill out prior to the appointment time.
- The history should also include a nutritional assessment that evaluates the cat’s diet, life-style, feeding habits, etc. to see if any changes are recommended.

- It is essential to obtain information about the cat’s behavior, the environment where the cat lives, and any changes to that environment so potential problems can be picked up at an early stage. It is also important to remember that many medical and behavioral issues are inter-related (e.g., obesity, arthritis, idiopathic cystitis, and inappropriate location for elimination).
- Once cats reach the mature life stage (7+), the risks of osteoarthritis increases appreciably. Many signs of osteoarthritis are subtle in cats and usually better appreciated by clients at home than during a practice visit. Using a mobility checklist or questionnaire is therefore important for these cats. Usually the first sign of arthritis at home is reduced jumping or difficulty going up and/or down stairs.
- Specific questions relating to the presenting clinical problems will need to be asked, but not at the expense of an overall history, except in emergency situations.
Physical Examination

Patience, gentleness, and empathy are important in the exam room. Even with the best environment and approach, some cats will remain very anxious and a full physical examination may be challenging. Remember that each cat deserves a comprehensive physical examination. Be prepared to take additional time, schedule another appointment if needed, or hospitalize the cat if necessary. Again, remember that the attitude and approach taken by staff in the exam room may determine whether or not the client will ever bring the cat back to the practice. As with the history taking, use a standardized form for the physical examination.

Useful tips for the physical examination include:

- Do not ever rush when examining a cat. “Move slow to move fast” is advice often given.

- Always assess whether the cat will be more comfortable outside the carrier or remaining inside the bottom half of the carrier for as long as possible. Allow the cat to come out of the carrier on its own. Open the carrier and put it on the table or on the floor once the exits from the room are closed and secure, and allow the cat to come out (if willing) while you are going through the history with the owner.

- Many cats will choose to stay in the security of the carrier. When clients use appropriate carriers like those previously described, the top can be taken off or a cat can be otherwise accessed from the top. Refrain from dragging or dumping a cat out of the carrier. That will only upset them more. Often cats will benefit from having a towel draped over them while remaining in the bottom of the carrier for further security. The exam can be performed beneath the towel with less stress to the cat than if uncovered.

- Be flexible and let the cat choose – the key is to find out what makes the cat more relaxed and adapt the place/position/way you do the physical examination to suit the individual cat. Some will be happier sitting in a lap (cats that like to sit on a lap at home will often be comfortable in the staff member’s lap) and others on the floor. Some may enjoy looking out of a window, while others prefer to stay sitting in their carriers or even hiding under a blanket. Try to adapt to whatever the individual cat prefers, be gentle, and take your time. Give the cat plenty of attention if that is what it likes, talk gently, and aim to complete the majority of the physical examination without the cat realizing you are doing anything more than just stroking it.

- If you are examining a fearful cat on the bottom of the carrier in order to reduce stress, obtain the weight at the end of the visit. Tip: weigh the cat, towel, and the bottom of the carrier together. At the end of the visit weigh the carrier and/or towels when the cat comes out and subtract the difference to obtain the weight of the cat. The cat can then immediately go back into the carrier and you do not need to pick them up and move them onto the scale.
• Sitting with the cat on the floor often helps, and can make handling much easier. This is also true for things like neurological examinations.

• Sitting with the cat in your lap allows you to respectfully handle the cat and examine at the same time so another holder is not needed.

• Some cats prefer to lie down, while others prefer to stand - try to do as much as possible with the cat in its preferred position.

• Apply ’cat-friendly’ principles, and always adopt the minimal restraint necessary. Any form of overt restraint will signal danger to the cat.

• If helpful, split the examination into short sections, and in between allow the cat to change position, have a look around, etc. As soon as the cat gets restless, give it a break with a gentle stroke or a walk around the room or table, even if only for a short period of time.

• Avoid direct eye contact where possible. To help with this, perform as much of the examination as possible with the cat facing away from you. Avoiding sustained eye contact will be much less intimidating. Where direct eye contact is needed, a relaxed gaze with slow blinking will help.

• Avoid loud or sudden noises and bright lights. Also, be aware of the sounds you use – for example a ‘Shhh’ sounds like a hiss to a cat and should be avoided. Talk to the cat calmly, slowly and with a quiet reassuring tone. Avoid sudden movements.

• Be aware that older cats often suffer from osteoarthritis, which may make handling uncomfortable or painful.

• Cats in pain should receive analgesic (e.g. buprenorphine) prior to examination of the painful areas. Examination of the rest of the body can be performed while waiting for analgesic to take effect. (Please refer to Pain/Sedation section on p. 25)

• The hypertensive or hyperthyroid cat may feel anxious and require a more cautious approach.

• Perform more invasive examinations last. Leave taking the cat’s temperature (if needed) and opening its mouth to the end of the examination if these are likely to stress it.

• Pay attention to owners if they warn that a cat is likely to bite or scratch. Do not expect owners to hold cats, and remember the safety of the owner is your responsibility while they are in the practice.

• In exceptional cases, some cats are so fearful that a full examination is not achievable even with the most patient of handling. Rough handling with heavy restraint (scruffing the cat or pinning it to the table) is likely to make things much worse and cause huge stress to the cat. Consider if chemical restraint is appropriate, and if so, ensure you get as much information as possible (and collect samples if appropriate) while it is sedated.

• Always make sure that owners know and understand what you are doing when you are examining the cat and what you have found, so that they can understand and enter into the healthcare process with you.

• The AAFP/ISFM Feline-Friendly Handling Guidelines are consulted for further discussion of considerations and strategies.

**Weighing the Cat**

Cats prefer soft surfaces, so place a towel on the scale and then zero it before placing the cat onto the scale. You can also allow cats to remain in the carrier. Just remember to weigh the carrier on its own after the cat is safely placed elsewhere. Do not assume all cats weigh the same. The body condition score (e.g. scale of 1 to 9 by Nestle Purina, or scale of 1 to 5 by Hill’s Pet Nutrition) must also be assessed. Make sure you pay attention to the weight, muscle, and tissue condition. Weights and body condition scores are recorded with each examination and at least every 6-12 months. The percentage of weight change is calculated at each visit and trends noted (for example, a 1 lb loss in an 10 lb cat does not sound much, but clients would understand this better as 10% bodyweight loss equivalent for themselves).

Cats with any illness that may be associated with weight loss or a poor appetite, or those that are overweight and are on a weight restriction diet need regular monitoring, depending on the condition.

Hospitalized cats must be weighed daily, and weighing cats before administration of certain medications to ensure accurate dosing, (e.g., sedatives and anesthetics) is vital.
The overall aim of hospitalization is to keep the cat in a safe, clean, and quiet environment conducive to recovery where it can be handled with minimum stress.

Hospitalized cats frequently feel vulnerable and stressed, often showing this by hiding in their litter trays or under bedding. Veterinarians and all team members must be educated and trained in recognition of feline stress associated with hospitalization. The emotional state of the feline patient is considered when developing all treatment plans for in-hospital patients as well as any discharge plans.

**Admitting Cats to the Hospital**

It is helpful to have as much information as possible written down before the cat is admitted to the practice. Invaluable information includes:

- What the cat is normally fed, including amount and frequency.
- The usual type of cat litter and litter box used.
- Whether the cat likes being groomed, stroked, or played with at home.
- Other relevant behavioral information.

When admitting the cat, also consider:

- Having a predictable environment with ‘normal odors’ is important to feline welfare. Encourage owners to leave something that smells of home (e.g., clothing or a blanket that the cat often uses). Where necessary, explain that the item might not be returned, but make owners aware of the benefit the item can bring.
- Don’t leave newly admitted cats waiting around at floor level in exposed or busy locations, near dogs or facing other cats.
- If the cat cannot immediately be transferred to a kennel, cover the carrier and ensure it is in a quiet, safe, raised position.
- Veterinarians and team members must be educated in best practice protocols in removing feline patients from hospitalized cages for treatment or procedures (e.g., approach cage from the side, avoid eye contact if possible, be aware of the cat’s fear and stress level, cover with towel if in the cat’s best interest, etc.).
Having a dedicated feline-only hospitalization ward really is an absolute essential for a cat friendly practice. The difference this makes to stress-levels and comfort for hospitalized cats is enormous. However, location, size, and layout are also vital to the success of having a cat-only ward, along with consideration of the cage size and layout. A dedicated feline-only hospitalization ward is best practice, but is not required for Silver-level designation.

If possible, the ward should be large enough to contain a set of electronic scales suitable for weighing cats to enable daily monitoring of inpatients without having to remove them from the ward.

**Cat-only Ward**

Having a completely separate location for canine and feline patients is preferable. The cat ward should be physically separated from the dog ward with solid walls, and should allow for complete closure for safety and security.

The optimal environment for the ward is calm, quiet, and positioned away from noise as well as has appropriate lighting, ventilation, and temperature control.

In a small animal practice, if dogs and cats absolutely have to be housed together, using the synthetic Dog Appeasing Pheromone, DAP®, may help reduce agitation in hospitalized dogs, which can have a secondary beneficial effect on cats. If feasible, organize a timetable that allows for different species to be admitted for routine operations and investigations at different times/days.

The noise of dogs, other cats, banging equipment, or metal implements should be eliminated from the cat ward as much as possible. If there is an aggressive or noisy cat in the practice, it ideally is kept separate so that the other cats cannot hear it. Similarly, when performing procedures, other cats should not be allowed to see or hear another cat hissing or yowling if it is becoming distressed. Maintain low levels of light to calm anxious cats and encourage them to rest.

**Location of the Ward and Visibility of Cats**

The ward should be in a location that is easily accessible and does not require the cat to be taken through busy noisy areas to get there. However, it needs to be near enough to other areas to ensure that the cats are frequently observed, and not forgotten about. Put cats as far away as possible from entrance doors, stainless steel sinks, telephones, and other noisy, busy areas. Timid, frightened, or very ill cats generally need more quiet, but observation must still be straightforward. The careful use of glass panels in doors and partitions, or even having a glass wall, may greatly enhance the ability to observe cats easily without being intrusive.

**Size of the Ward, Temperature and Ventilation**

There needs to be space for personnel to work and observe the cats without having to be too close to the cage of a nervous cat. The room needs to be wide enough to get cats in and out of the cages without them having to be held directly in front of another patient.

The ward should be temperature controlled (heated or cooled). Ward temperature and relative humidity should be kept in accordance with AVMA recommendations. Adequate ventilation is also important.
Cages: Design and Size
There should be a sufficient number of cages in the ward (and of sufficient size) for the normal workload of the practice. Ideally, the cages are constructed of solid, impermeable material to facilitate cleaning and disinfection and should be escape-proof. The floor must be solid.

- Stainless steel is commonly used but may conduct heat away from the cat, can be quite noisy, and reflections may stress some cats. Cages made of fiberglass or similar material give better comfort for cats, are quieter, warmer and are just as easy to clean and disinfect.
- The front of the cage must be easy to clean, allow good observation, and prevent escape or injury. A toughened glass door allows very good visibility, reduces the risk of airborne infection spreading, and reduces the chances of the patient putting paws through the bars and opening the door or causing self-injury.
- Rubber or plastic stoppers on metal cage doors are very valuable to reduce noise when the doors are closed.

The position and layout of the cages is important:
- The position of the cages should not face each other to avoid direct visual contact between patients and the risk of aerosol spread of infectious particles. Instead cages should be placed in separate rooms or back-to-back if possible.
- If cages do face each other (directly or at an angle) partial coverage of cages with a towel, shredded paper, or curtain is necessary so the cat can choose whether to look out to see other cats.
- If space allows, having a mobile cage or an empty isolation area may allow flexibility in hospitalizing some patients that may get too stressed in a general ward.
- Ideally, the lowest cages are positioned at a safe height for personnel (about three feet above floor level) so the cat is fully visible and can be retrieved easily.
- If there are two rows of cages, the lower level should be raised off the ground by at least one foot. Cats prefer not to be at floor level.
- Cages which are too high or too deep can also prevent good observation, and pose a safety risk to personnel as it is more difficult and more stressful to retrieve the cat from the back of the cage.
- Cages that are too high, too low, or too deep are also difficult to clean properly.

The ward should contain a mix of cage sizes for long and short stay patients. A smaller cage may be acceptable for day-patients, but at the very least there must be adequate space for a litter box, bedding, and food/water bowls. Many day patients are admitted for minor procedures such as neutering or dental work and, although they may not be in the cage for long, there needs to be adequate space for them to be fully stretched out with their neck extended to allow a safe recovery from anesthesia. Cats that are hospitalized for more than 24 hours should have a larger space allowing some degree of free movement. Suitable sizes are (or similar square inches):

- A minimum for cats hospitalized up to 24 hours of 432 square inches of floor space (e.g. 18 x 24 inches) and 21 inches in height
- A minimum for cats hospitalized and boarded longer than 24 hours of 576 square inches (e.g. 24 x 24 inches) of floor space, and 22 inches in height
Furnishing the Cage

Hospitalized cats frequently feel vulnerable and stressed, often showing this by hiding in their litter box or under bedding. Often small changes can make the hospitalization cage much more acceptable.

- A synthetic feline pheromone analog (Feliway®) sprayed into cages a minimum of 15 minutes prior to placing the patient in the cage, has been shown to help calm or comfort feline patients.
- Cages should be adequately sized to allow cats to perform their normal behaviors. Ideally, there should be a double compartment with litter box in one compartment and all other resources spread out in the other.
- An important benefit for the cat is that it can remain within the cage while spot cleaning, maintaining the familiar scent.
- A port-hole can be made between 2 smaller cages to make a double compartment cage. For more information, see Newberry S., et al. Associated Shelter Veterinarian Guidelines for Standards of Care in Animal Shelters.
- When unable to provide a double compartment, separate food, resting area, and litter box by a minimum of 2 feet. This can be facilitated by placing them in a triangle (one in each corner on one side, and the other in the middle of the opposite wall).
- Cats enjoy being in a high position and often prefer to lie on a perch within their cage. Although not as good as a double compartment, the addition of a perch to a cage is another method to increase overall space. Placing a towel on the perch so that it flows down provides a hiding area underneath the perch, and divided space for resources (e.g., water under the perch, food above, litter on another side of the cage.)
- If perches are not built into the cage, options such as BC SPCA Hide & Perch boxes are sturdy and disposable cardboard boxes that allow perching and hiding. If the cage is of sufficient size, it may help to put the cat’s carrier (open or with door off) in the cage so it can either curl up inside or sit on top. Assess to see what the cat is most comfortable using.
- Comfortable warm hygienic soft bedding is used for all feline patients to provide a soft surface for the cat. Towels and blankets may be used, but absorb moisture and so must be changed quickly if they become soiled. Old newspapers are not enough!
- Many cats like to hide when hospitalized. Providing materials to enable them to feel secure and partially hidden without the need to hide under bedding is helpful. For smaller cages, providing a partial cover of the cage door, such as a towel or curtain, may be more appropriate to prevent crowding within the cage.
- If a towel is used for restraining the patient, it is useful for this to be kept within the cage so that it picks up the cat’s own scent.
- Remember that using some bedding or clothing from the owner may help to reassure the cat with a familiar smell.
Furnishing the Cage continued

- The cage should be able to accommodate a reasonable sized litter box so the cat can easily access it. The practice should have a range of cat litters available for individual cat preferences. Some cats prefer privacy and may prefer a covered box or a box inside a cardboard box turned on its side.
- Non-absorbent urine collecting medium should be available to facilitate ‘free catch’ urine sample collection when needed (e.g., interstitial cystitis); however, these samples can still be contaminated from the box, fur from the urethra, and should not be considered sterile (it is not abnormal to have bacteria in these samples).
- Maintaining body temperature may be crucial for some patients, and facilities should be available to do this. Caged cats often experience thermal discomfort, as their thermoneutral zone is a much higher temperature (30-38 degrees C) than most hospital environments (Stella JL, Croney CC, 2016). Adjust the microclimate of each cage based on individual needs; sick, geriatric, sedated, and pediatric patients require a warmer ambient temperature.
- To maintain a cat’s body heat, provide comfortable bedding such as thick towels or fleece, orthopedic bedding, or yoga mats. Items such as hot water bottles, microwave heat pads/bags, heat lamps, electric heat pads, underfloor heating in cages, and electric hot air blankets (‘Bair huggers’) are potentially dangerous and must not be used unless under constant supervision by a veterinarian or qualified team member.
- Food, water bowls, and litter boxes should be placed as far apart as possible in the cage. Placing the litter box in one corner, and the food/water bowls in diagonally opposite corners will help. If food and water can also be separated this is ideal. Food and water bowls should be placed in the back of the enclosure or in a hiding area as the cat will feel safer away from the commotion of the room and may be more inclined to eat.
- Disposable or readily cleaned/disinfected toys should be made available in the cage for cats that are hospitalized for more than 24 hours and which enjoy playing, especially young cats and kittens.
- Food and water bowls should be shallow (to avoid the cat’s whiskers brushing against the sides when eating/drinking), and should not be made of plastic (as this may become tainted with odors). Shallow stainless steel or bamboo dishes are ideal.
- In some situations, where a cat is becoming stressed in the practice, partially covering the front of the cage with a towel or blanket may help reduce stress. If this is done, it is important that additional measures are taken to ensure the cat is checked appropriately, and this is rarely (if ever) suitable for patients that require intensive monitoring.
Additional Considerations for the Cat Ward

- Facilities for hand washing and disinfection must be available for the cat ward.
- Washing and disinfection facilities for bowls and trays must be available in the in-patient area (but not necessarily in the ward itself). However, there should be separate washing/disinfection facilities for litter boxes or there must be a policy in place to prevent cross contamination if not available.
- Consistent caregivers schedules and human attention, if desired by the cat, should be provided for all cats housed at the veterinary practice for more than 24 hours. Clients should be invited to visit as appropriate.
- The food storage and preparation area must be separate from the washing and disinfection facilities used for food bowls, water bowls, litter boxes, etc. This is important to prevent cross-contamination with infectious agents.
- A variety of foods appropriate for cats should be available and the practice must have suitable refrigerated storage, as well as the ability to heat foods. Where possible, clients should be encouraged to provide the cat’s normal food, both to avoid GI upset and to provide another form of familiarity in the enclosure.
- For transport within the practice, cats should have an individually-assigned carrier. This may be the cat’s own carrier or a practice carrier, but it is not used for another cat without being thoroughly cleaned and disinfected.

Identification and Monitoring of In-patient Cats

- All cats must be positively identified while hospitalized in the practice (e.g., using disposable collars and clearly identified cages and carriers).
- All hospitalized cats must have detailed hospital day sheets/charts filled in with timed initialed recorded entries. These should include recording of emotional assessment, as well as:
  - Vital signs (including weight)
  - Treatment(s)
  - Food and water (when offered, how much consumed)
  - Defecation (time, amount, quality character)
  - Urination
  - Clinical signs (examination and reassessment of the patient’s condition)
  - Behavior and demeanor
  - Pain assessment
  - Stress assessment
  - IV fluid therapy where appropriate, etc.
- Clear instructions from the veterinarian on how often various parameters need to be monitored and when treatments should be given (along with dose and route) are provided.
- A separate treatment chart may be needed, especially for cats requiring multiple therapies.
- Hospitalized cats are checked frequently and owners must be informed (preferably in writing) of the level of overnight (and out of hours) care provided for hospitalized cats.
- There is a minimum of one daily examinations recorded for every in-patient by a qualified veterinarian throughout their hospitalization period.
Additional Equipment for Hospitalized Cats
- Facilities must be available for provision of supplemental oxygen for hospitalized cats.
- If required for medical reasons, the practice must be equipped to bathe and groom cats.
- A range of intravenous fluids (including colloids and crystalloids) are available together with suitable cat-sized catheters and administrations sets. There must be the ability to control the volume of fluid administered, ideally through the use of infusion pumps or potentially through volume-limiters such as burettes. Fluid pumps can also be used for constant rate infusion of medications.
- Cats generally become dehydrated easily, and intravenous fluids should never be withheld if needed. However, care is needed to avoid fluid overload, especially in cats with compromised cardiac function or acute renal disease.
- Long intravenous catheters placed in the saphenous or jugular veins can be useful for maintaining an intravenous line when required for more than a few days.

Disinfectants should be chosen that are appropriate for use around cats (e.g., not phenolics).
- There must be a separate isolation ward for isolation of infectious cats or cats with zoonotic diseases. This should be self-contained to avoid cross-contamination to the rest of the practice, preferably with a separate entrance. The facility will require intensive nursing, yet be near enough to other facilities to be able to monitor cats closely. Even one or two cages in a small room with a glass door to allow good visibility may suffice.
- The practice must have a policy on how to manage isolation cases with details of waste disposal, protective clothing, disinfection, etc.
- The isolation room should ideally have facilities for washing and disinfection within the room, and equipment and cleaning utensils should remain in the isolation room.
- A footbath containing suitable disinfectant should be placed outside the isolation room and appropriate protective clothing should be used, such as disposable aprons or suits, gloves, face-masks, and shoe covers.
- Ideally an active (negative pressure) ventilation system should be used for the isolation room.
- Strict hygiene protocols are in place and adhered to by everyone. The number of staff entering the isolation area is limited and ideally one person should be designated to nursing isolation patients to ensure that they receive enough care.
- Reduce environmental stressors (e.g., dogs, noise, odors).
- Nutritional management of the patient in isolation will be consistent with the level of management of any hospitalized patient.
- If a dedicated isolation facility is not available, a portable cage can be set up in a separate area when required.

Control of Infectious Disease and Isolation Facilities
Infectious and contagious diseases are common among cats, and when stressed they may be more likely to shed infectious agents:
- Adequate cleaning and disinfection protocols for rooms, cages, bedding, and equipment that ensures the risk of cross-contamination is minimized is required.
- The cat ward is cleaned and disinfected daily. For cats staying for a longer period of time, it is useful for them to have familiar scents around them (i.e., clothing from a familiar person or bedding from home).
- Cat cages are thoroughly cleaned and disinfected between patients, not forgetting the bars on stainless steel doors.
- Food and water bowls must be cleaned and disinfected between use.
- Equipment (scales, thermometers, otoscope cones, etc.) as well as tabletops are thoroughly cleaned and disinfected between patients.
- Carriers and bedding are thoroughly cleaned, disinfected, or disposed of between patients.

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Boarding Considerations
Cats that are housed for boarding for more than 24 hours should have an environment that allows them to perform all normal behaviors.
- All resources are needed in addition to the option to hide.
- Perches provide the ability to monitor the environment from above.
- Cat condominiums and double compartment cages with an added perch provide additional space to exercise.
- Letting a boarding cat spend time in an exam room or other such room when not in use, is also a good option.
- As with hospitalized cats, food, water, litter, and resting areas should be separated.
- Toys should be brought from home or provided.
- A consistent caretaker and schedule reduces distress.
Hospitalized and sick cats are likely to be anorexic because of pain, stress, nausea, or dehydration and malnutrition can be a significant contributor to morbidity and mortality. Cats should be weighed daily and have their body and muscle condition scores evaluated at least two to three times weekly. Feeding recommendations are:

- Where possible use what the cat normally eats at home as the first choice(s).
- Ensure that the cat is not nauseous or vomiting before starting to feed. Common signs of nausea are drooling, swallowing hard, or appearing disgusted when food is offered. Anti-nausea medication (e.g., maropitant) should be given if nausea is suspected. Other treatments may be needed depending on diagnosis.
- Ensure food is placed away from the litter box and if possible away from water too.
- If the cat is social with a staff member, the cat can be tempted to start eating by hand feeding small amounts of highly palatable foods. Spend time with the cat encouraging it to eat.
- Offer small frequent meals, removing the food bowl in-between (e.g., after an hour).
- Cats may develop food aversion if forced to smell or eat when feeling ill. Monitor the cat closely for signs of nausea or discomfort when offering food. If signs of distress are detected, remove the food immediately.
- If the cat does not display and signs of nausea, and has not eaten within an hour, remove the food and provide a second choice later. Be mindful that some cats won’t eat until after hours when the practice is quiet. Do not give multiple foods at one time since this may hasten food aversion.
- Offer some dry food too as some cats have a preference for it.
- Since cats may associate a new food with sickness or the stress of hospitalization, the diet that will be prescribed should not be given to tempt the cat. This may result in the cat not eating this food at home.
- If dietary manipulation fails, appetite stimulants may be attempted (e.g., mirtazapine) where appropriate.
- Avoid syringe-feeding as this is likely to induce or exacerbate food aversion and may cause inhalation pneumonia.
- For hospitalized cats, food needs to be nutritious and tempting. High protein and high fat diets tend to be more palatable, as are wet (canned) foods warmed to body temperature.
- Evaluate all cats without appetite for systemic disease, for pain, dehydration, and nausea and treat these adequately before introducing food to avoid development of food aversion.
- Enteral assisted feeding (tube feeding) should be considered in any patient that has not eaten or has persistent low calorie intake for more than 3 to 5 days.
- Naso-esophageal tube feeding may be useful for short-term nutritional support if they are tolerated by the patient. Esophagostomy or gastrostomy tubes are valuable for longer-term support and allow a better choice of diets to be used. Care should be taken to provide calculated calories to provide the energy necessary for the individual patient.
There must be a dedicated operating room set aside for sterile surgical procedures. Cats should ideally be anesthetized and clipped for surgery in a separate room. The operating room should ideally:

- Have easily cleaned and disinfected surfaces and an operating table.
- Only have equipment in it for surgical procedures (+-radiography) – i.e., it should not be used to store other equipment/materials.
- Be well lit with light(s) to illuminate the surgical site.
- Have ‘scrub’ facilities that are separate from any ward hand washing facilities, and ideally outside the operating room.
- Have a means of displaying radiographs.
- Not be used for purposes other than sterile surgical procedures.

There must be appropriate equipment available to induce and maintain anesthesia safely in a range of feline patients (including kittens and cats with various diseases), and it is the veterinarians responsibility to ensure that the risks of anesthesia are kept to a minimum by using appropriate anesthetic and analgesic agents. Suitable equipment should include:

- Equipment to administer oxygen.
- Equipment to provide resuscitation.
- A range of cuffed as well as uncuffed endotracheal tubes. Silicone tubes are preferred to ‘red rubber’ tubes as they are less irritating to the larynx. Endotracheal tube choice is dictated by the procedure and patient size. Care is taken not to over inflate or use and inappropriate sized that could damage or rupture the trachea. Cat sized laryngoscope and local anesthetic suitable to anesthetize the larynx prior to intubation.
- A temperature-compensated vaporizer if volatile anesthetics are used.
- Anesthesia circuits appropriate for cats are required if inhaled anesthetics are used (example e.g. a T-piece circuit and a range of cat-sized face masks).
- The ability to warm patients to maintain body temperature with warm air blankets are excellent for this. Also ensure IV fluids are being appropriately warmed where needed.
Close monitoring of vital parameters by a trained member of staff is essential when cats are anaesthetized. Anesthetic charts should be routinely used and filled out. Details should include:

- Date, personnel involved, procedure, and duration.
- Patient details (ID, weight, etc.).
- Induction and maintenance drugs and doses.

Regular recording of vital signs including:

- Respiratory rate.
- Heart rate — measured with stethoscope, esophageal stethoscope, or ECG.
- Peripheral pulse quality and rate.

- Temperature
- Blood pressure (using suitable equipment and feline-sized cuffs). While oscillometric machines are suitable for anesthetized cats, they are inaccurate for conscious cats. Doppler machines are accurate and suitable for either conscious or anaesthetized cats. The cuff width should be approximately 30% of the limb circumference.
- Ideally capnography.
- Any complications.

There should be adequate monitoring of the cat in the post-anesthetic recovery phase by a suitably trained staff member.
Surgical equipment and instruments appropriate to the cat are available for the range of procedures undertaken at the practice, and includes equipment needed for emergency procedures.

Adequate sterilization facilities must be available to ensure surgical equipment is properly sterilized prior to each use. Cold sterilization is not sufficient. In addition, sterile gloves and gowns should be available and used appropriately.

Many cats suffer with dental disease and it is essential that suitable dental equipment is available and maintained so these procedures can be carried out to a high standard. Good dental care involves:

- Good client education so that the importance of dental and oral care is recognized.
- A thorough oral examination as a part of every physical examination.
- Full dental examination under anesthesia when indicated (e.g., when abnormalities are identified on routine conscious evaluation).
- Facilities for dental radiographs to be taken (ideally this should include intra-oral non-screen radiographs).
- Proper dental records and charts are maintained for cats.

Equipment should always be well maintained, and quality controls should be run from time-to-time to check accuracy.

**Dental Tools Available Should Include:**

- A selection of feline-appropriate dental equipment, such as scalers, curettes, periodontal probes, elevators, and/or luxators.
- Instruments are sharp and properly maintained.
- Protective equipment for dentals should include gowns or scrubs, masks, goggles, and disposable gloves.
- Facilities are available to mechanically scale and polish teeth, to section teeth and to perform extractions, and cooling water must be available at the operative site. High-speed air driven dental units are recommended. Small round friction grip burs, #1 or 2 are recommended.
- All dental equipment is properly cleaned and disinfected/sterilized between use on different patients to avoid transmission of infectious diseases.
Diagnostic imaging must be available at the practice. To avoid unnecessary exposure of humans to radiation, a range of supports and restraints to facilitate positioning of sedated or anaesthetized cats are available. Radiation badges should be used and analyzed according to state laws.

Careful records of all radiographs should be kept, and the radiographs themselves should be labeled in a tamper-proof way.

Ideally, ultrasound equipment will either be available at the practice, or arrangements will be made to enable ultrasound to be performed readily for the cases in need. In addition, information for referral centers for other imaging modalities should be available (e.g. CT scans, MRI, scintigraphy, and fluoroscopy).
For adequate monitoring of cats, certain basic laboratory equipment is available in the practice, this includes:

- A clinical microscope.
- The ability to prepare blood smears and smears of fluids/tissue impressions.
- A centrifuge to assess PCV, to collect serum/plasma, and to perform urine sediment analysis.
- Equipment to measure blood glucose concentration.
- Equipment to measure blood urea concentration.
- Equipment to measure urine and serum/plasma specific gravity (i.e. suitable refractometer).
- Equipment to perform basic urine chemistry analysis (e.g. urine strips).

Equipment should always be well maintained, and quality controls should be run from time-to-time to check accuracy.

Ideally, a broader range of in-house tests may be available, but arrangements will need to be made with external laboratories for at least some tests to be conducted. Where ‘in house’ laboratory testing is done, it is important to:

- Understand the limitations of any equipment used.
- Ensure the equipment is properly maintained and calibrated.
- Undertake quality control checks.
- Have staff that are adequately trained to ensure accuracy of result.

**Pharmaceutical Considerations**

It is important that each practice stores a range of suitable products according to the manufacturer’s instructions and that medicine is adequately labeled. Relevant statutory regulations need to be adhered to, but some drugs may need to be used that are not specifically licensed for use in cats. Where such drugs are used, it is prudent to always first obtain informed consent from clients.

It is recommended that practices have access to a good quality veterinary-specific information service on the management of poisoning in cats so that emergency cases can be dealt with effectively. A good example is the ASPCA Poison Control (http://www.aspca.org/pet-care/poison-control/), your local Poison Control 800 number, VIN (www.vin.com) or Veterinary Poisons Information Service (www.vpisuk.co.uk), which offers its service internationally.
Medication Aid

The balance of appropriate medical care and preservation of the relationship between the cat and owner requires understanding the cat’s behavior and preferences, the owner’s abilities or limitations, and the options available to veterinarians.

As mentioned, it is important to consider the owner and their ability to provide medical care at home. A treatment plan may fail simply because the cat owner is unable to administer medication to their cat. The AAFP encourages practitioners to explore different administration options with clients to improve compliance and outcome. Any treatment plan which includes medication for a feline patient at home must include a conversation about the best route of medication administration, prioritization of medications if multiple medications are needed, and whether medicating is even possible. In-home care should be as minimally stressful to both cat and owner.

- Encourage owners to train their cats to accept soft, pliable treats. This type of treat may be used to hide unpleasant or previously rejected medication. Owners will be more successful when cats have been trained to accept a non-medicated treat as part of their normal routine. It is especially helpful to introduce these treats during kitten visits before the need arises to administer oral medication. While not every cat may accept medication this way, the method’s value makes it worth attempting.

- Empty gelatin caps may be useful when administering pill fragments as part of a mediation dose. These can make administration easier, allow for giving multiple medications in a single oral dose, and avoid any bitter taste from the cut surface of a pill. Demonstrate to owners how to open, place the medication, and reclose the capsule. Investigate any medications to be administered in this way to prevent potential drug interaction. Caregivers should be instructed on which size capsule to acquire, as some readily available capsules are larger than necessary. Capsule sizes #2-#4 are the best sizes to employ for common dosages.

- For certain patients and indications, compounding pharmacies can be helpful in providing an appropriate and accurate dose of medication. When necessary, compounding pharmacies can also help with providing novel forms or flavors of medications to enhance compliance. Where documented as effective, oral suspensions, tiny tablets, and transdermal treatment options have been helpful to many owners. A designated Cat Friendly Practice® utilizes the option of compounding when medically appropriate and in the best interest of the patient from both a compliance and a compassionate point of view.

- Many owners can be taught to give medications via subcutaneous injection and are more comfortable with this method over oral administration. Consider this option if it is available, appropriate, and medically sound.

- Video resources to show how to medicate cats by mouth:
  - https://partnersah.vet.cornell.edu/pet-owners/pill
  - https://www.vetmed.wsu.edu/outreach/Pet-Health-Topics/categories/procedures/cats/giving-oral-medications-to-your-cat
  - ISFM giving cat meds video - https://www.youtube.com/watch?v=JxRY59U6Lt0
  - ISFM using a soft treat video - https://www.youtube.com/watch?v=7Pqdcx0fQQU

Compounding Medications

Most veterinarians who treat cats are very familiar with the use of compounded medications for their feline patients. It is important to understand what is involved in the compounding of medications and things to consider when selecting a compounding pharmacy.

The AAFP recommends feline practitioners use a drug that is FDA-approved for use in cats when possible (e.g., Mirataz, Felimazole, Semintra, etc.), or when an FDA product approved in a non-feline species (dogs, humans) can be used off label in cats, as the preferred option when appropriate for our feline patients. When FDA-approved medications are not able to be administered easily in an individual patient, a licensed compounding pharmacy experienced in creating formulations for feline patients may be helpful.
Compounding, consistent with the U.S. Food and Drug Administration’s Extra-Label Drug Use regulations, is the customized manipulation of an FDA-approved drug(s) by a veterinarian or by a pharmacist upon the prescription of a veterinarian, to meet the needs of a particular patient. Examples include preparing an oral paste, suspension, semi-moist treat from crushed tablets, or adding flavoring to a drug.

On the other hand, compounding from a bulk drug substance (the active pharmaceutical ingredient) for animals, rather than from an FDA-approved drug product, is illegal per the FDA and is not consistent with the FDA’s Extra-Label Drug Use regulations. Nonetheless, there are some medications commonly needed for feline patients that cannot be compounded from an FDA-approved drug product, due to a lack of an FDA-approved drug product (e.g., cisapride); the FDA-approved drug product is on temporary backorder; or there are excipients or fillers in the FDA-approved drug product that prevent compounding from that product (example of an excipient issue: transdermal methimazole gel if an owner is unable to give oral Felimazole). The FDA recognizes there is an unmet need in some situations and can exercise ‘enforcement discretion’ regarding the use of medications compounded from bulk drug substances rather than from FDA-approved products.

The AAFP encourages feline practitioners to remain informed regarding compounding rules and regulations and to develop a trusted relationship with a veterinary compounding pharmacist who is ethical, trained in veterinary compounding, and knowledgeable about appropriate compounding of feline medications. A reputable compounding pharmacist will know when excipients or fillers may prevent a compounded preparation from being produced effectively from an FDA-approved drug product, whether a medication is not stable in a certain formulation, and will follow applicable USP standards. Feline practitioners should also be familiar with research on the medication(s) they are requesting to be compounded. For example, if there is not an alternative FDA-approved drug product that can be used to treat the condition, can the medication be compounded from an FDA-approved drug product? If a bulk drug substance must be used to compound the medication, is it likely to be bioavailable and effective in the formulation desired?

To learn more about veterinary compounding from the AVMA go to https://www.avma.org/compounding-faq-veterinarians.

Tips for training a cat to accept medication in food and treats

Almost every cat is going to need an oral medication from time to time. Preparing a comprehensive plan for clients will help them to understand:

• Their cat’s medical condition.
• The importance of the medication, interval, and duration.
• The options available to them for successful home care.
• The resources available to them for addressing problems that arise.

Hiding a pill or mixing a liquid dose of medication in a way that obscures its taste, texture, or smell may be helpful. Encourage clients to offer non-medicated treats to their cat when they are healthy, and explain that their cat may be more willing to accept a food item that is needed to deliver a medication when they are sick. While it is ideal to explore a cat’s food treat preference when they are young and healthy, cats that have not been offered this method will sometimes successfully take a treat.

Teach owners to make treats an enjoyable part of their cat’s daily routine and to be as consistent as possible. Later these treats may be useful for hiding medications or providing positive reinforcement when medication is accepted.
When considering treats, please remind owners to avoid feeding their cat foods that are considered toxic. These foods include:

- Grapes
- Raisins
- Onion
- Garlic
- Chocolate
- Foods with artificial sweeteners (e.g., xylitol).

Ask caregivers if they already have highly desirable cat treats at home to assess safety and suitability of these treats. The following items have been used successfully by some cat owners:

- A variety of soft moist treats are commercially available in a variety of flavors. Some may have a pre-formed cavity where a pill can be placed and pinched closed, while others are designed to simply be wrapped around a pill. A good tip is to avoid manipulating the soft treat with fingers that handled the pill. Cats may smell the residue on the outside and avoid it. Drop a pill into the cavity with one hand and pinch closed with the hand holding it. The prepared treat can also be rolled in a small amount of a favored food to increase acceptance.

- Canned cat food can be formed into balls and a pill hidden within it. A canned food with a strong odor can mask a liquid mixed in.

- Soft cheese or canned spray cheese can be used to wrap around a medicine.

- Bonito flakes can be mixed into canned food to help mask a liquid.

- Canned shrimp or other meat product that has been mashed into a paste can be wrapped around the pill.

Familiarity with a food treat may increase the chance it will be accepted when a medication is hidden in it. If a cat will readily accept the empty treat, hide a small piece of a preferred dry kibble in it to mimic a pill. This may help a cat accept a difference in texture when it is needed for medication. Use this trick with any food treat that will be used to deliver a pill.

If a cat is not interested in taking medication in a food treat, counsel the client about other strategies that could work better for them and their cat. You can help teach a more direct way of medicating or help determine if other forms of medication that can be more useful for their situation.
Many of the techniques contained in the checklist are readily achievable and focus on approach, organization, and attitude. The techniques and strategies are easy to implement. The most important step is to recognize that there is a need to make the adaptations in the first place. By incorporating these recommendations into your practice, you will provide better care for cats and develop more lasting and productive bonds with your clients.

You can now proceed to the Cat Friendly Practice® Standards Checklist. You will need to review the checklist and incorporate any changes to your practice as necessary. It is important to note there are two standards – Gold and Silver. The Silver Standard is for practices that meet all of the essential standard criteria for a CFP. The Gold Standard is for practices that have incorporated the optimum level of Cat Friendly Practice® criteria. Some examples of the additional criteria for the Gold Standard include attending additional feline-focus high-level CE every three years, having raised surfaces available in the waiting area, a dedicated feline examination room, a cat-only hospitalization ward, a dental suite separate from the surgery suite, and having dental radiographs to assess teeth.

Once you have gone through the checklist by assessing that your practice incorporates all of the standards, it can be submitted for approval. After approval you will become an AAFP Cat Friendly Practice®!

To become a Cat Friendly Practice®, visit www.catvets.com and log in to the Member Center.