

American Association of Feline Practitioners recommends testing all pet cats for FeLV and FIV and confirming positive test results, it is difficult, if not impossible, to apply these guidelines intended for pet cats to feral cats. Due to the expense of testing all cats in a colony and because neutering greatly reduces transmission of these viruses by decreasing fighting and preventing kitten births, testing of feral cats is not recommended unless financial resources allow for this.

**Q: Besides neutering and ear-tipping, what other medical care is recommended?**

A: All cats should receive the following:

**Rabies vaccination** (3 year)

FVRCP vaccination

Ivermectin 1% solution (0.1 ml/cat SQ treats ear mites, round and hook worms)

Procaine Penicillin G (single injection SQ or IM)

Cats that are pregnant or dehydrated should receive 150 ml SQ fluids.

**Q: What about small kittens?**

A: Because the mortality rate of feral kittens is 50% on average, kittens should be tamed and kept as pets or humanely euthanized. Kittens older than 3 months of age are difficult to tame. Information on taming feral kittens is available at [www.feralcat.com](http://www.feralcat.com) or by ordering a video tape entitled *Socializing Feral Cats* (9-Lives video series) from the San Francisco SPCA by calling 1-800-211-SPCA.

**Q: What about sick or injured cats?**

A: Unless treatment can be entirely performed at the time of neutering (ex: cleaning a wound), humane euthanasia should be performed. Ongoing treatment cannot usually be safely, reliably, and humanely administered to a feral cat.

**Q: How do you recommend euthanizing a feral cat?**

A: Place the trap on an exam table in a quiet room. The cat will crouch in the bottom. Gently slide the trap off one side of the table, taking care to keep it level and steady. Slide the trap far enough off so that the floor of the trap supporting the cat's ventral abdomen is no longer on the table. Using a 20 or 21 gauge, 1 1/2 inch needle, inject 5 ml of euthanasia solution intraperitoneally in the mid-abdomen. Avoid injecting into the most cranial aspect of the ventral abdomen since injection into the liver is painful. Replace the trap gently on the table. Death is peaceful and rapid. (Note: 5 X the intravenous dose of euthanasia solution is used for intraperitoneal

injection.) If the cat does not crouch quietly, sedation may be required prior to euthanasia and may be accomplished using the method of injection described previously in this brochure.

**Q: What about pregnant queens?**

A: There will be a lot of these, especially from February - July. Spay them and administer 150 ml SQ fluids before returning them to their traps. Be sure to keep them warm while they are recovering. If the kittens are near term, euthanasia solution should be injected into the uterus after it has been removed.

**Q: What about lactating queens?**

A: If a lactating female is trapped, the caretaker should check the area for kittens. If kittens are located, their capture may be facilitated by placing the trapped mother cat next to a baited trap. Some very young kittens can be caught without a trap, but are still too wild to be easily handled. It may be possible to capture them using a thick towel to pick them up, protecting the handler from scratching and biting. Similarly, if small kittens are captured in an area, their mother will be attracted by their sound if they are placed in a carrier near the trap. If lactating queens are captured and kittens can not be located, every effort should be made to release the mother cat within 24 hours so she can care for and nurse her kittens.

**Q: What about relocating feral cats to a new site?**

A: Relocation of feral cat colonies is frequently unsuccessful and is not advised since cats possess strong homing instincts and will try to return to their original home base or colony site. If relocation is necessary, cats must be confined for several weeks at their new "home" location prior to release. Additional information is available by ordering a video tape entitled *Relocating Feral Cats* (9-Lives video series) from the San Francisco SPCA by calling 1-800-211-SPCA.

**Q: Should I be concerned about liability?**

A: You should always be concerned about liability! Caretakers should sign release forms prior to initiating a TNR program for their colony. For a sample release form, visit [www.vetmed.auburn/srrc](http://www.vetmed.auburn/srrc).

For the AVMA position statement on feral cats, see the AVMA directory or visit [www.avma.org](http://www.avma.org).



**Brenda Griffin, DVM, MS**  
Diplomate ACVIM (Internal Medicine)  
Scott-Ritchey Research Center  
College of Veterinary Medicine  
Auburn University

**Whitney Lemarr**





## Feral Cat Q&A for Veterinarians

### Q: What exactly is a Feral Cat?

A: Feral cats are 'wild' offspring of domestic cats and result from pet owners abandoning and/or failing to sterilize their pets, allowing them to breed uncontrollably. Feral cats are unsocialized, unowned free-roaming cats. They generally do not allow handling by humans and must be trapped in order to be presented for veterinary care. They, however, are NOT a wildlife species and can not fully fend for themselves. Unattended, they survive, but do not thrive, breed prolifically, and lead meager lives shortened by malnutrition, disease, trauma, and high kitten mortality. They can become public nuisances and make up a large portion of the cats euthanized at animal shelters.

### Q: What can be done to prevent more feral cats?

A: First and foremost, responsible cat ownership must be promoted, focusing on sterilization, the wearing of identification, preventative health care and keeping cats safe at home.

### Q: Is there a safe, humane and effective method of controlling existing populations of feral cats?

A: Yes, it is called Trap-Neuter-Return (TNR). Cats are trapped by caretakers, neutered and then returned to their "home" for release. Caretakers feed and monitor the health and reproductive status of the colony. Millions of cat-lovers in the United States feed and care for feral cats. The American Veterinary Medical Association supports the use of Trap-Neuter-Return to control existing colonies of carefully supervised feral cats, provided they are located in safe areas away from wildlife refuges and bird sanctuaries.

### Q: How does TNR compare to other methods of controlling feral cats?

A: Substantial debate surrounds the appropriate response to the presence of feral and free-roaming cats. The traditional approach to controlling them has been extermination by trapping and euthanasia. However, large scale trap and kill programs have not been widely implemented or successful and frequently result in public outcry. TNR has become an increasingly popular method of managing existing colonies of feral cats. Neutered cats display fewer "nuisance" behaviors such as spraying and fighting and can not reproduce. Over time, colony size should decrease due to attrition. In addition,

TNR has been shown to be more cost effective than trapping and euthanizing feral cats since most states require impoundment and holding prior to euthanasia and since private volunteers are more likely to trap cats for surgery than for euthanasia.

### Q: Is there a national resource for information concerning feral cats and TNR?

A: Yes, Alley Cat Allies is a national nonprofit organization that actively promotes TNR as the accepted method of feral cat population control throughout North America. They serve as a national resource and authority on all aspects of feral cat management using TNR. To learn more, visit their website at [www.alleycat.org](http://www.alleycat.org).

### Q: What type of traps do you recommend?

A: Tomahawk traps (model #606). To order, call 1-800-272-8727 or order online at [www.livetrap.com](http://www.livetrap.com). The cost is approximately \$40/trap. Bulk/charity discounts may be available. For recommendations on safe, successful trapping, visit [www.vetmed.auburn/srrc](http://www.vetmed.auburn/srrc).

### Q: Once the cat is trapped, then what?

A: No cat is ever handled or removed from a trap until he/she is under a surgical plane of general anesthesia. All veterinary personnel handling cats should wear gloves and have protective titers against rabies virus. Similar precautions should be recommended for caretakers.

### Q: What anesthetic protocol do you recommend?

A: An anesthetic cocktail known as "TKX". To prepare TKX, reconstitute 1 vial of Telazol (500 mg) with 4 ml ketamine (100 mg/ml) and 1 ml xylazine (100 mg/ml). Note: this is the concentration of xylazine marketed for use in large animals, not the 20 mg/ml small animal product. The dosage of TKX is 0.25 ml per cat IM. Do not exceed 0.3 ml per cat. For very small kittens, use 0.15-0.2 ml. This provides approximately 30 minutes of anesthetic time. If additional time is required, isoflurane should be used. Reversal (if needed) is achieved with yohimbine (2 mg/ml; 0.5 ml/cat IM or IV). An additional dose of yohimbine may be given after 30 minutes if results are inadequate. The cat should be returned to the trap immediately after reversal. A safe heat source (such as warm air or a carefully monitored heat lamp) should be used to ensure adequate body warming during recovery. Alternatively, a cocktail known as KDT may be used. This is prepared by adding 10 ml vial of Ketamine (100 mg/ml), 1.0 ml medetomidine (Domitor; 1 mg/ml), and 3 ml butorphanol (Torbugesic, 10 mg/ml) to an empty 15 ml vial. If an empty vial is not available, the cocktail could be mixed in a 10 ml vial of

Ketamine by first removing and discarding 1 ml of Ketamine to allow adequate space in the vial to add 0.9 ml medetomidine and 2.7 ml butorphanol. Dosage is 0.6 ml per average cat (slightly more for large cats and slightly less for small cats). Reversal is accomplished with antipamadol (Antisedan 5 mg/ml) at a dosage of 0.2 ml IM per cat.

### Q: How do I inject the cat while he/she is in the trap?

A: Use a slender wooden dowel to point at the cat through the trap. The cat will usually back away from the dowel, pressing his/her rear against the side of the cage, allowing an IM injection to be administered in the thigh muscle. Alternatively, use a trap divider to confine the cat to one end of the trap. Trap dividers can be purchased for approximately \$12 from ACES (Animal Care and Equipment Services, Inc.) by calling 1-800-338-ACES or order online at [www.animal-care.com](http://www.animal-care.com). Model TD-2 small trap divider, part # 0510 fits Tomahawk trap model #606.

### Q: Are there any special considerations regarding surgery?

A: Spays should be performed by experienced veterinarians since these are wild cats and will be released the next day. Incisions should be small and securely closed. Skin sutures should not be used. Some surgeons prefer a flank approach rather than the traditional ventral midline incision. The flank approach allows caretakers to monitor a cat's incision from a distance and prevents evisceration should dehiscence of the surgical wound occur. The flank approach is not recommended for pregnant queens, but is desirable for lactating queens. A video entitled "Left Lateral Flank Spay" is available from the National Humane Education Society (304) 724-6558.

### Q: How can I be sure not to perform surgery on the same cat if he/she is trapped twice? In other words, how can graduates of a TNR program be identified?

A: The distal tip of the left ear is removed. Prior to surgery, a straight hemostat is placed across the left pinna exposing 1/2 inch of the ear tip. The tip is removed using sharp, sharp scissors and the hemostat is left in place during spay/neuter surgery. It is removed just prior to returning the cat to the trap. Some oozing of blood can be expected after removal of the hemostat, but should not be problematic. Ears are tipped, rather than notched since notching may occur as the result of fighting, especially in tom cats and may be mistaken as a sign of previous TNR.

### Q: Should all feral cats be tested for FeLV and FIV?

A: The incidence of FeLV and FIV in feral cats is <3-6%. Although the