

Why Did We Establish These Clinic Policies?



Why did we establish these clinic policies?

Our clinic policies evolved over ten years and are not set in stone. As our organization changes and as the awareness of the value of spay/neuter increases, we have adapted to new circumstances. The policies listed below are what are current as of January 2007, but we predict these may evolve, as well. We will update changes in policies as necessary.

Why don't we limit the number of cats per person?

We formerly limited reservations to 15 cats/person/month. Caretakers often secured their 15 slots and then traded them around with each other when someone needed reservations and did not have them. While this helped maximize the clinic load, it created loads of confusion at check in trying to track which person was using whose reservations. And the bottom line was that many people brought more than 15 cats per month. To avoid this confusion, in January of 2007 we began a different approach: no limit on reservations per person.

The reality is that in order to end feline homelessness thru spay/neuter, it makes no difference if we alter 50 cats from two people or 50 cats from 10 people. However, to retain public support and be fair to everyone, we must spread around access to our services. Many caretakers make reservations and then trade them around among themselves. Others group together and form a private clinic. Our hope is that by sequestering some of the high volume trappers into private clinics then our public slots become more accessible to the general public and the lower volume

trappers. In addition, having 15 Stand By slots at each public clinic provides room for cats trapped at the last minute that do not have reservations. We will assess this system in 2007 and see if it works well for us.

How do we prioritize cats with reservations and cats with Stand By slots on public clinic days?

Many cats that come to us fall under the Feral Cat Prevention Program; that is, they are tame cats. Spay/neuter of tame cats is vital to ending feline homelessness, so we encourage these surgeries at our clinic. However, feral-behaving cats have fewer options for surgery, because many veterinary hospitals are not trained or equipped to deal with feral-behaving cats. For this reason, feral-behaving cats receive priority. Our clinics have become so popular for rescuers with tame cats that we grew concerned that reservations were filled with tame cats while feral-behaving cats could not get in.

In order to keep surgery available to feral-behaving cats, we initiated Stand By slots for surgery at public clinics beginning January, 2007. Fifteen slots per public clinic are available for people to show up without reservations. We have intermittently had clinics where all cats could not be altered because of power outage, unpredictably high female count or surgeon fatigue. Thus, each clinic we prioritize cats for surgery that day. Once all cats have arrived, we prioritize based on the criteria that follow:

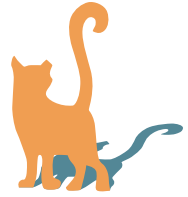
Ear tip priority

Cats being altered and ear tipped receive priority for surgery over cats that are not getting ear

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tipped. Ear tipped cats on Stand By receive priority over no ear tip cats with reservations.

In general, cats to be ear tipped are free-roaming and homeless. These cats are unwelcome at most veterinary practices, because many exhibit feral behavior. Thus, they have fewer opportunities for spay/neuter surgery. In some cases, our clinic is the cat's only chance of getting spayed or neutered.

Gender priority

Female cats receive surgical priority over male cats. Spay surgery is more involved than neuter surgery, and female cats require more time to recover. We prefer to have spays completed sooner in the day, so that we have more time to monitor their recoveries. If we can determine each cat's gender, then it is easier to do females first, to pace the surgeon with spays and to allow the female cats more time to recover before leaving the clinic. Male cats can be delayed until later in the day, because their surgery is simpler, faster and less likely to have complications.

Age priority

Kittens less than four pounds typically go into surgery earlier in the day, so that they recover earlier, and we can expedite feeding them soon after awakening. Unlike adult cats, kittens have very little fat and energy stores in their bodies. Because of anesthesia, all cats need to be held off food prior to surgery when possible. If kittens are without food for too long, then they can develop low blood sugar and have difficulty recovering from anesthesia. In severe cases, kittens can experience a hypoglycemic seizure, have prolonged anesthetic recovery or die. We reduce these risks by doing their surgeries first and returning them to

food as soon as it is safe.

Travel priority

Because high volume, high quality spay/neuter is not widely available in our state, some people transport cats to us from as far as 6-8 hours away. In consideration of the drive and fatigue, we try to get their cats done as early as possible and get the drivers back on the road home. If we cannot finish all cats, then local cats are easier to reschedule.

Health priority

We have similar concerns about thin cats as we have for kittens. We want to feed these cats as soon as it is safe, thus, we try to get surgery done on thin cats earlier in the day.

Pregnant priority

Pregnant cats and thin cats are operated earlier in the day than other cats. Spaying a pregnant cat is more involved, more time consuming and can be more risky. We prefer to have pregnant cats finished earlier in the day, so that we maximize our time to observe their recoveries. If there were any hint of a complication or slow recovery, we would rather deal with it earlier in the day and preserve more time for treatment, if needed.

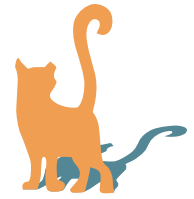
Ear tipping policy: Why?

The vast majority of cats presented for free surgery are free-roaming, homeless cats. Ear tipping protects the cats, because it visibly identifies a free-roaming cat as altered, which prevents the need for future transport, stress and anesthesia. The international standard for adult cats is to remove one centimeter from one ear tip. Kittens are ear tipped a proportional amount less than one

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cm. Besides protecting the cat, the ear tipping policy also discourages people from bringing pet cats for free spay/neuter. To maintain the strong support of our local veterinary community, they must remain confident that we are not trying to compete with them.

No Ear Tip Policy: Why?

We offer a “no ear tip” option for adoptable and owned cats for a suggested donation that covers surgical expenses. We realize that many people cannot afford the low cost clinics, do not qualify or do not see the value of paying. We recognize that cats do not have a choice who cares for them. The cat cannot choose whether it reproduces or not, nor can it choose the spending habits of its caretaker. We try to mitigate those constraints and increase access to surgery for all cats. We view income from the cat’s point of view: does the cat have access to its owner’s income? A cat that lives with a rich person who does not spend money on the cat is considered a low-income cat. A cat that lives with a person on a fixed income that spends anything needed on the cat is considered a higher income cat.

Tattoo policy: Why?

We require tattoos on female cats and kittens that are not ear tipped. A small tattoo is applied on the abdomen near the spay incision to permanently identify the cat as spayed. After the hair regrows, the tattoo is only visible when the belly is shaved. This protects the cat from unneeded surgery, if it gets separated from its human family in the future. Too many cats come to us already spayed without any positive indicator that they are spayed. A midline scar on the abdomen is NOT proof of being spayed. We have found pregnant and in heat cats that had obvious midline abdomi-

nal scars. Thus, we explore all cats to insure they are spayed. A tattoo prevents a needless exploratory. In our first year after beginning the tattoos, we saw seven tattooed cats come into our clinic. We are elated every time we do not have to explore a female cat because she is tattooed. Other spay/neuter clinics in our region have also reported seeing our tattooed cats come in to be spayed.

Clinic Limit

The clinic limit is 50 cats with the expectation of having approximately 25 spays. This is the physical limit for our full time surgeon. During pregnant season, we prefer fewer female cats and occasionally postpone some surgeries to the following day.

Carrier/Trap Policies: Why?

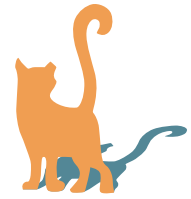
No cardboard: Cardboard carriers / boxes are not sturdy enough to be safe and are not accepted at the clinic. Cats can and have escaped from cardboard carriers in our parking lot while awaiting check in. Cardboard carriers also hinder anesthetic injection, plus the cats are not visible for monitoring after surgery. Traps and plastic carriers are safer for cats and humans.

Prefer small, plastic carriers: Large plastic carriers take up too much clinic space. Cats feel vulnerable and unable to hide in larger carriers; anything large enough to hold a litter box is too large. Large carriers hinder the anesthetic injection, because cats are more difficult to isolate and restrain. We ask for people to use the smaller and smallest plastic carriers. Caretakers can transfer their cats out of small carriers once they return home, if they need more space.

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Top-loading carriers: We discourage top-loading carriers, because it is more difficult to restrain the cat for anesthetic induction. Also, the cats are less visible during the recovery period, so our monitoring is hindered. We do not refuse these carriers, but request that caretakers bring a different carrier for future visits.

One cat/kitten per carrier

We do not accept more than one cat/kitten per carrier / trap. Makes it more difficult to secure one cat for sedation. Due to our anesthetic protocol, each cat must have its own trap or carrier prior to and

following surgery. We want cats to be safe when anesthesia is given and to be able to recover in comfort and safety. Recovery from anesthesia can be rocky. Some cats move around, thrash, and become aggressive. They may scratch/bite another cat in the carrier with it. Small kittens, less than 3 lbs, we place together once they are awake enough to be beyond the rough recovery stage. There are two exceptions to this policy. See below.

Kittens can arrive in one carrier

Young kittens (< approximately 4 lbs) are permitted to be more than one per carrier/trap prior to surgery. While we do not encourage it, we do not refuse them. Small kittens may have trouble maintaining their body heat, so huddling together helps them stay warmer. Kittens also seem to feel safer and less scared when kept with their littermates. We design ways to get them safely sedated, usually by transferring them all to a squeeze cage, if they are unsocialized. If they are tame, then there is no problem getting them separated for sedation. Although we allow them to be together before surgery, we require separate car-

riers for recovering after surgery. We keep extra carriers around for that purpose, because during recovery, cats/kittens can behave erratically and risk hurting each other. We know of one instance at a different clinic in which a conscious kitten lay on top of a sedated kitten and suffocated it. We do not want that to happen at our clinic. We require that kittens and adults remain separated until they have thoroughly regained their senses.

More than one adult can arrive in a trap

If they are in a trap, more than one adult per trap is easy to handle for anesthesia. We simply use a trap divider and sedate one cat at a time. As with the kittens, we separate adult cats for recovery.

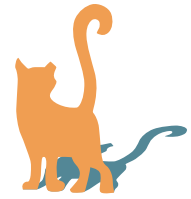
Traps not required for feral-behaving cats

We try to remove any barriers that make it difficult for people to bring in cats. Many other clinics require that all free-roaming cats be brought to the clinic in traps, primarily because it is easier and safer to sedate cats in traps. The drawback to requiring traps is that it limits how many cats a caretaker can bring, if they do not own or have access to a lot of traps. Because we accept carriers, the caretakers can trap a cat, transfer it to a carrier, and reuse the trap for more cats without having to invest in buying multiple traps. The limiting factor for the caretaker then becomes how many carriers a caretaker has and how many carriers can fit into their vehicle for transport. Incidentally, allowing carriers also benefits us. Carriers are easier to maneuver in the clinic and easier to clean. Requiring traps also limits how many cats can be transported in one vehicle, since they take up far more space than

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carriers. We believe that the importance of spay/neuter is paramount, and we must therefore remove any obstacles that might discourage people from bringing their cats for spay/neuter.

Two-pound minimum weight: Why?

While we have the skill and ability to alter small kittens, we do not see the necessity. If kittens exhibit feral behavior at this size, then they are fairly easily tamed and can return as a larger, tame kitten for altering. We have altered smaller kittens when they have had literally no place else to go and had to be returned to their home. Ideally we like them at least two pounds and healthy.

Microchip policy: Why?

If we identify a microchip, we stop everything from that point forward and make all focus our efforts in an attempt to locate the registrant of the microchip. A microchip is a strong indicator that the cat as an owner somewhere. The cat could be lost or could have been trapped by someone who did not know the cat was owned. Either way, we treat the cat as if the owner has not given us permission to perform any procedures on the cat. Unfortunately, some caretakers will not pursue reuniting the cat and owner. For this reason, we leave our phone number as contact when we call the registrant, assuming that there is current contact information registered with the microchip. We have reunited cats that have been missing for as long as two years. We had one owner tell us that they assumed the cat was dead for two years, and we could just keep her. Many chips do not have current contact information. If there is a rescue organization associated with the microchip registration, then we contact that organization to retrieve the cat. If there is no current contact information, then we treat the cat as if it has no

owner and proceed with the procedures as originally requested.

Our mission clearly states that our work is limited to spay/neuter, and our donors expect their dollars to pay for spay/neuter. Some organizations spend hundreds and even thousands of dollars to save a single cat. Our focus is high volume, high quality spay/neuter which means spending small amounts of money to spay/neuter many, many cats. If we were to also provide standard medical care to cats that are already altered, then less money would be available to spend on spay/neuter. Local veterinarians are notoriously worried that any non-profit spay/neuter programs will take away their clients, and thus, their revenue. We understand and respect their concerns. We have always maintained an excellent relationship and reputation with our local veterinary community, because we have kept our promise that we are only interested in spay/neuter. If we violate that promise, then we lose the support of the local veterinary community. Their support helps our organization in many ways and is worth protecting. Referring other procedures to local vets saves our money for spay/neuter and fosters the practices of local vets.

Euthanasia policy for ear tip cats

Our goal is to insure that the cats brought to us for free surgery are well suited for life as a free-roaming cat upon return and have the health and capacity to live life without suffering in their colonies. If the examining veterinarian believes a cat is suffering, determines that a cat is in very poor health, or believes that it is inhumane to return the cat to a free-roaming lifestyle, we may euthanize the cat. We believe this is most humane for the individual cat, because it can die peacefully

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under anesthesia rather than protractedly on its own.

The cat's welfare is our primary concern, however, we also consider the perception of people regarding free-roaming cats. Many opponents of TNR contend that all free-roaming cats are suffering in the "wild" and do not belong there. We actually agree with the concept that suffering cats should not be left to live on their own, however, we disagree over what constitutes suffering. We use only physical evidence of health as measures for suffering, including body condition/weight, evidence of serious disease, apparent permanency of the condition and available treatment options/outcomes. We do not include anthropomorphic evidence as factors for suffering, such as a cat never having a human home to enter, a human lap to sit upon, a human hand to pet it, or being taken to a veterinarian for euthanasia. Cats do not need a human relationship in order to have a good quality of life. We do not include the normal lifestyle of urban wildlife as proof of suffering, such as finding their own food, finding their own shelter, living through inclement seasons, dying from disease, trauma or predation. If these situations are natural and do not constitute suffering for urban wildlife, then we believe it is hypocritical to try to apply different standards to free-roaming cats.

We make exceptions to the euthanasia policy for cats that we believe may be treatable but only with responsible caretakers that we are certain will provide appropriate medical care under direction of a veterinarian or will euthanize when appropriate, if treatment fails. We do not release sick cats to people with whom we are unfamiliar. We cannot risk the cat being denied appropriate care.

We do not euthanize any no ear tip cats. We consider these cats the same as a client-owned cat in a private practice. If we believe a no ear tip cat has a serious medical problem, we contact the owner to discuss the cat's condition. Some people choose to euthanize their cat, if it has a serious condition that they cannot pursue.

FeLV testing policy

We offer an option of FeLV testing for a suggested donation to cover our costs. Some caretakers trap in colonies with a history of feline leukemia infection, so we like to give them the opportunity to test. Caretakers may collect kittens to raise for adoption, and need to know the FeLV status. A veterinarian should supervise FeLV test results, because reliability of results varies. We do not ever mix samples from more than one cat for testing. If a test is positive, then we run a second test. If the test is positive twice, then we typically euthanize the cat. Exceptions are only made when we know responsible caretakers will keep the cat, retest as indicated and provide appropriate care under direction of a veterinarian.

Right to refuse services

The animal rescue world is full of passionate individuals. Sometimes these passions spark conflict. We insist on the respectful treatment of all people, property and cats affiliated with our clinic and our organization. We will refuse future services for any person who engages in any inappropriate treatment of staff, volunteers, property or cats. We have experienced incidents where someone behaved inappropriately, and we felt justified to revoke clinic privileges.

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Surgical Release policy

The caretaker/owner and the contact person for the clinic day are required to sign a waiver confirming that authority to present the cat(s) for surgery accepting all risks of anesthesia/surgery. We try very hard to get caretakers to check out neighborhoods where they trap, to filter through the pet cats in the neighborhood so that they are not trapping/presenting owned/altered cats. Some caretakers try hard to comply while others do not try at all. It is not fair nor kind to bring in a pet cat that is already altered, especially considering that it might end up ear tipped and opened up for exploratory, if we cannot determine it is already spayed female.

Although many times the primary caretaker is not the same person bringing the cat to the clinic, we want their information. From a legal point of view, it makes sense to get a Surgical Release Form from the person most likely to be considered "owner". From a medical point of view, we want a Surgical Release Form from the person with the most knowledge of and interaction with the cats. Furthermore, their data is entered into our database, so that they will receive our mailings. Our newsletters often have useful information about cats. We want the caretakers to feel connected to us, in case they need help in the future.

Free rabies vaccine policy

Although Washington State is not considered endemic for rabies as in other regions of the US, the true incidence of rabies in our state is unknown. There is no formal surveillance of rabies in our state.

Because this disease is transmissible to people and is typically fatal, we strongly believe that free-

roaming cats should be rabies vaccinated.

At our clinic, ear tip cats over four pounds receive a free rabies vaccine. We do not provide free rabies for no ear tip cats. We encourage owners of pet cats to get this vaccine from their regular vet, but we will provide rabies vaccine for cats with no future veterinary relationship (low income, fixed income, trailer parks, etc).

Free euthanasia without spay/neuter

We will euthanize for free any sick or suffering homeless cat that needs to be euthanized for humane reasons. Under no circumstances will we euthanize a healthy cat. Euthanasia can be cost-prohibitive in private practices, so we provide it free for free-roaming cats. No special services, such as cremation, are offered. Caretakers cannot be present. We discourage owners of pet cats from taking advantage of this service to avoid competing with local veterinarians.

Why do we refuse cats without complete paperwork?

We require complete Medical Records and Surgical Releases, because those are our legal documents. No other clinic permits an animal to be dropped off without complete paperwork. Nor do we. Some caretakers get frustrated signing a Surgical Release at each clinic, but we believe that to continue to provide services to cats in the future, we must protect our organization every day.

Why do we allow pet cats and tame cats to have access to low cost surgery?

We know that if all free-roaming cats were magically altered today, there would be more tomorrow because they originate from tame cats. To effectively address the free-roaming cat issue, we cannot ignore tame cats. All are capable of breeding. Regardless of the source, each new kitten affects the issues of overpopulation, homelessness and needless euthanasia.

Our tame cat services are well received by local veterinarians. Veterinarians in our region are not in financial trouble, and in fact, many veterinarians refer people to us. Interestingly, many clients who know about our services still prefer paying higher prices at their own veterinarians rather than using a high volume clinic. People mistakenly assume that high volume is lower quality than private practice when often the case is opposite. Each clinic – private or high volume - must be assessed on its own performance.

The number of spay/neuter surgeries currently performed on tame cats by private practice veterinarians is insufficient to end feline homelessness. We are here to do more.

Why don't we require proof of low income?

We do not require proof of low income before providing services. This true story demonstrates why. In an upscale private practice, an elderly woman still works a part time job in order to earn money to pay for spay/neuter at the private practice for the colony of cats that she feeds. Her income is fixed, except for the money she earns

at this part time job. She knows about FCSNP but refuses to use our services, because she does not want “assembly line surgery” for the cats that she loves. Meanwhile, a multimillionaire client refuses to see the value of \$80 for a neuter. She will only alter the cat, if it is a good financial deal. FCSNP provides that deal. Many people are infuriated when rich people get low cost surgery while knowing they could afford to pay more. The way we see it is that no cat is ever allowed to choose neither his or her owner nor the income level of that owner. All cats deserve access to spay/neuter. It is clear that cats belonging to rich people may not have access to as much money as the cats belonging to middle income or low income people. Simply, the cats fed by the elderly lady have a higher income than the cat belonging to the rich woman. The income available to the cat is not necessarily the same as the income of the owner. Since cats do not choose their owners, we do not penalize cats and deny surgery simply, because they happen to live with a rich person. We will alter them all.