



**Shelter Crowd Control:  
Keeping Community Cats Out of Shelters  
Live Webcast Audience Questions and Answers  
By Julie Levy, DVM, PhD, DACVIM  
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**General Questions**

- 1) **Q: Does your website have wording for ordinances? Where can I get information about First Coast No More Homeless Pets, Feral Freedom, and the door hanger brochures?**

**A:** All of this can be found in the resources on Maddie's Institute<sup>SM</sup> website. [Click here for a copy of the resource document.](#)

- 2) **Q: How can we counter community rhetoric and misinformation about alleged “disease and zoonosis carried by cats?” Are there any good resources of scientific data to refute this misinformation?**

**A:** It's always important to understand where the concerns arise from. I ask to see the data that implicate cats as a risk to public health or other animals and whether there is any evidence that community cats pose a higher risk than pet cats. Are the risks exaggerated based on individual circumstances? Is the risk of being struck by lightning higher than the spread of disease? More details about infectious diseases in community cats can be found in chapters in the textbooks *Infectious Disease Management in Animal Shelters* by Drs. Lila Miller and Kate Hurley, and *Infectious Diseases of the Dog and Cat* by Dr. Craig E. Greene.

- 3) **Q: When feral cats come into animal control and we have the resources to spay/neuter them, should they be re-released back to exactly where they were brought in from, or relocated to managed colonies? How do you successfully relocate?**

**A:** I believe that most cats are best off when returned to their “home” where they were trapped. In the rare circumstances in which cats truly cannot be returned, they must be acclimated to their new home by confining them for several weeks. There are good resources for relocation available at [www.alleycat.org](http://www.alleycat.org). Even if acclimation is attempted, some cats disappear after relocation, presumably because of their intense homing instinct.

- 4) **Q: What do you do when cats are brought in to the clinics in something other than a trap?**

**A:** Our clinic turns them away because we rely on the use of traps for safety and efficiency in the clinic. Once we laid down the law with our caregivers and made it easy for them to borrow traps from us, we had excellent compliance.

- 5) **Q: Do you use a deposit system for loaning out traps? If so, how much?**

**A:** Each trap requires a \$50 refundable deposit. We don't deposit the checks unless the traps are not returned. Caregivers return the traps in exchange for their checks within the week after the clinic. We should probably increase the deposit amount since it costs more than that to replace our traps.

- 6) **Q: In cold weather such as in Cleveland, OH, is it safe to return a shaved female cat within 24 hours?**

**A:** My experience is in warm weather regions and I've wondered about this too. I think there theoretically could be some undetected residual anesthesia effects that put cats at risk for hypothermia in severe weather. I would keep the clipping to a minimum, keep the cats warm, and perhaps add another day to the recovery period if there is any doubt.

- 7) **Q: A JVM article stated that 94% of the cats would need to be neutered in Alachua County for the at-large population to decline. Is that accurate?**

**A:** The mathematical models are just that: educated guesses based on estimates of vital rates and other factors. We know that we can induce negative population growth on a smaller scale, such as a neighborhood, trailer park, or institutional grounds. Scaling up to a county level is a much bigger challenge. Until someone develops a method to count cats in the community before and after a neutering campaign the models will remain untested by the realities in the field.

- 8) **Q: Can you provide specific data on the infection rates in feral/community cats compared to pet cats?**

**A:** A detailed analysis on FeLV and FIV infection rates in more than 18,000 cats around the country can be found in our *JAVMA* paper at [www.ncbi.nlm.nih.gov/pubmed/18455463](http://www.ncbi.nlm.nih.gov/pubmed/18455463). For healthy cats, the infection rates are less than 5%. The book chapter *Infectious Diseases of the Dog and Cat* by Craig E. Greene, DVM, has an extensive table of other disease infection rates in pet and feral cats.

- 9) **Q: Did your program make your "wooden combs" for anesthetizing cats in traps? If not, where did you order them from?**

**A:** We did make the wooden ones years ago. I'd recommend the commercially available metal trap divider forks from Tomahawk, ACES, or other vendors though because they are more easily sanitized.

- 10) **Q: I want to put together a map and database of feral cat colonies and contact info for the colony's caretakers for this area...have you had any experience with anyone doing that, and do you think it would help or hurt our efforts?**

**A:** Dr. Emily Weiss at the ASPCA is doing ground-breaking work with GIS mapping of shelter cat intake and nuisance reports. This data can be used to plan targeted cat management interventions that have the biggest impact. Information about this project is available at [www.aspcapro.org/aspcapro-research-gis-mapping-targets-risk](http://www.aspcapro.org/aspcapro-research-gis-mapping-targets-risk).

**11) Q: Okaloosa County, FL question: is there funding for TNR in Florida?**

**A:** The Florida Animal Friend license plate grant program offers some funding for local TNR surgery, although there is never enough funding for all of the communities that need help. In general, the best resources are built locally so that each community can develop its own sustainable program.

**12) Q: In your experience does successful change in attitudes and therefore implementation of effective TNR programs come from shelters or from the public?**

**A:** Leadership for humane cat management varies among communities. In some cases it is animal shelters that develop progressive alternatives to save cats and in other cases it is residents who lead the way and demand change. Ultimately, strong community coalitions involving all of the stakeholders in the community are the most effective.

**13) Q: I am interested in the progress of a contraceptive for ferals. Where can I find current info? Thank you!**

**A:** Cutting edge information about progress in developing contraceptives in cats can be found at [www.acc-d.org](http://www.acc-d.org)

**14) Q: Does your TNR program support only community cats that are “supported” by caretakers?**

**A:** Our Operation Catnip program offers free TNR and vaccination to all community cats, regardless of their socialization status or whether they have a caregiver identified. Our feeling is that if they are thriving they deserve to keep their “homes,” but we can improve the situation by halting the cycle of reproduction.

**15) Q: What is the best way to try to get a TNR program in our community?**

**A:** Like all great ideas, the transition from concept to implementation requires a leader who is good at pulling people together to focus on a common goal. Effective TNR programs thrive best with the cooperation and commitment of a variety of stakeholders (vets, cat caregivers, public officials, etc). Not everyone will come to the table, but it is smoother sailing with more team players.

**16) Q: Does your program offer veterinary care for feral cats (i.e. URI, injuries, etc.). We find that a challenge as to where you draw the line on straight TNR and other vet needs for feral cats.**

**A:** This is such a challenging issue. Mission creep is a threat to spay/neuter productivity, but cats often have health conditions that vary from the easily remedied (lancing of an abscess) to the more complicated (limb amputation). During our large-scale monthly clinics we have the capacity for one-time wound management, pyometra, enucleation, etc. without impacting our

spay/neuter flow too much so we'll routinely perform these treatments. We also sponsor cats to be sterilized at the local spay/neuter clinic, which is not able to evaluate or treat concurrent conditions. This creates a dilemma since once we learn about the medical needs we don't feel like we can ignore them. Without access to our own clinic space on a daily basis, we are often left scrambling to make responsible choices for the cats. Aside from the logistics of providing the needed care our approach is that if we can correct a problem with a single treatment or a short course of care in confinement we'll try to do the treatment. The long-acting antibiotic Convenia has been a great development for feral cat treatment. If it is not possible to correct a painful or debilitating condition we will euthanize the cat.

**17) Q: Should feral cats be adopted?**

**A:** Most feral cats do not enjoy the company of people and would prefer to keep their "homes" in their colonies with their feline families. Confining feral cats often creates a climate of stress and fear that has a very negative impact on their quality of life. Socialized cats can be adopted, but feral cats are usually better served by the "R" in TNR.

**18) Q: How was a targeted program launched? What were the steps?**

**A:** There are many ways to target, but one common approach is to identify the cats that are at highest risk for impoundment, death, or suffering and to start with those. Shelter intake data can be keyed to GIS mapping of individual cats to see what neighborhoods are the highest risk. Other metrics might be nuisance complaints and road kill reports.

**19) Q: How soon do you know if a cat is feral or just stressed?**

**A:** This is a very difficult issue since many socialized cats are terrified by the shelter experience and cannot be distinguished from feral cats. The ASPCA is doing some excellent work on identifying clues to tell the difference. In the meantime many groups perform serial observations over 3 or so days to observe for signs of relaxation and acclimation. Of course this is only likely to be successful when shelter cat housing is designed to reduce stress by providing adequate space (let's ban those 2x2 metal boxes so commonly used for cats), a hiding space, peace and quiet, comfy bedding, friendly staff, and a predictable routine.

**20) Q: Do the cats in the Feral Freedom Program have assigned caregivers or are they just released to rely on the resources in their territory?**

**A:** The Feral Freedom program does not require identified caregivers. The feeling is that the cats are out there, they are thriving, and they are reproducing. FF programs can make the situation for cats better by interrupting the cycle of reproduction.

**21) Q: Would you agree that a TNR program should focus on fixing colonies, not cats? Isn't this the most effective way to stabilize free-roaming cat populations?**

**A:** In general, yes, long-term cat population control is likely to be more successful if entire colonies are sterilized at a time. However, there are other issues and approaches such as targeting the cats that are impounded in shelters because they are considered a nuisance. If those cats are neutered and returned to the field, those are real lives saved. Also, it's usually pretty easy to trap the first two-thirds or so of a colony and then each additional cat becomes progressively more difficult. Focusing on getting every last cat in a colony can impede a program's overall life-saving capacity if it gets bogged down chasing the most elusive cats.

**22) Q: Do the cats that get re-trapped by complainants who do not want them back get euthanized or do they get released a second time?**

**A:** In Jacksonville there is a 3-strike rule. The third time a cat is trapped it cannot be returned to the same site. Those cats are relocated.

**23) Q: In more severe climates than Florida can TNR (homeless) cats live good quality lives?**

**A:** Cats have been shown to flourish in every climate. That's why shelters are full of cats even in regions with extreme weather and why uninhabited sub Antarctic islands can be overrun with cats. Kittens are the most likely to be impacted by harsh climates, and TNR addresses that by preventing more births among the cats that already inhabit these regions.

**24) Q: What happens when you trap a cat and fix it, then find out you have fixed an owned cat and the owner is irate?**

**A:** Out of 35,000 cats neutered by Operation Catnip, we have had only a handful of angry pet owners call to complain that we neutered or ear tipped their cats. Our local code requires that all pets wear a collar with a license. Since virtually no one complies with that code, the responsibility for the error lies primarily with them. If we do hear from an owner, we try to have a sympathetic conversation and then send them the medical and vaccination records for the cat. It is rare for an unneutered cat to be claimed. About 2% of the cats that come to our program are already neutered and we may end up exploring a spayed female if there is no tattoo indicating she's already been spayed. Those are the ones we are more likely to hear about later.

**25) Q: How do the transfer programs know where to return the TNR cats in the community?**

**A:** The cat finder or animal control officer records the trapping location.

**26) Q: What do you tell individuals/groups who are against spaying pregnant females?**

**A:** At this point in time our community euthanizes a great number of kittens that are already born. Until we equalize the number of kittens born with the number of homes waiting for them, we'll spay the pregnant cats. Our volunteers seem to get it, or maybe the ones that disagreed have left and joined foster groups that keep the moms until their kittens are weaned and adopted.

**27) Q: I've heard that releasing cats without a known caregiver may be considered abandonment and veterinarians can be held responsible legally. Have you ever heard of this being an issue?**

**A:** I am not aware of any case in which this threat has been carried out. There are a few issues involved in this scenario. One is that it presumes that veterinarians are responsible for the actions of their clients, which is not the case. Another is that picking up a cat, neutering it, and returning it to the same location would constitute abandonment under the intent of animal cruelty laws written to prevent abandonment of owned animals. It seems incongruous that doing nothing is legally safe, but providing a positive intervention would be considered criminal.

**28) Q: Do the TNR groups always release to the spot they are trapped? What about relocating cats removed from nuisance complaints?**

**A:** See #3. Often, the actual nuisance behavior is eliminated by neutering. We always attempt to have a conversation with the complainants and ask them to give TNR a try before relocation is required. We tell them we'll work with them and be there for them if it does not work out. Most of the time we can negotiate a truce.

**29) Q: I'm interested in the complaint mediation, where can I get more information on the types of techniques they use?**

**A:** [www.alleycat.org](http://www.alleycat.org) has some great tips and handouts on this topic.

**30) Q: Funding for TNR groups is limited. Where are resources for grants that will assist TNR programs?**

**A:** In addition to developing local support for sustainable animal welfare communities, there are a few statewide (often driven by vanity license plate fees) and national grants for nonprofit agencies, such as PetSmart Charities. The available funding is far less than the current need, so programs need to be extremely cost-effective and to develop a loyal support base of donors and volunteers to meet the ongoing needs of their communities. Both government revenues and charitable giving are way down due to the economy, so TNR programs have to be more nimble than ever.

**31) Q: Have any communities voiced concerns on the effect feral cats have on bird populations as an argument against TNR programs?**

**A:** Almost always!! Our response is that at least we are doing something to control the cat population. We all want to reduce the number of free-roaming homeless cats in the long run, even if we have different motivations.

**32) Q: Do you allow volunteers from other organizations to come to Operation Catnip to observe and learn?**

**A:** Yes! We welcome visitors and think that visiting other programs is a great investment for programs to make when they are starting up or retooling.

**33) Q: You say that feral cats are sent back to where they are found. What do you do with stray cats that are comfortable with people? Do you send them back or do you keep them in the shelter?**

**A:** Sadly, our local shelter euthanizes hundreds of friendly adoptable adult cats and kittens, either due to space or because of shelter-acquired diseases. With only a 50% live-release rate for cats, even the friendly ones have a better chance of being returned to their colonies. We do have several rescue groups in town and can divert the smaller kittens and occasional special-case adults to them. Most of the time they are already full to overflowing with cats, so the rescue groups are not a large-scale answer either.

**34) Q: How does one measure whether TNR is working to stabilize free-roaming cat populations in a community?**

**A:** Sometimes it's easy, especially if the target area is well-defined and can be directly observed, like a park, apartment complex, or trailer park. At a larger community cat level it can be more difficult, because it's uncommon for communities to conduct population counts of cats in the field.

**35) Q: Will you have your Alachua study available soon? We are currently proposing a TNR project for PetSmart Charities and I'm interested in your metrics and data collecting.**

**A:** We are still working on the analysis for our targeted zip code study. Some things to consider: 1) it's important to compare the stats for the target area with the other areas that are not part of the project; 2) it's not really possible to understand trends without a few years of "pre" data, so I would collect that as well; 3) shelter data can include cat intake per month, broken down by age, neuter status, GIS location, stray vs. owner surrender, etc., 4) nuisance complaints and outcome of complaint mitigation can be tracked. Most of these focus only on the impact at the shelter, and not on the majority of cats that reside in the community without ever impacting the shelter. Ideally, partnerships with experts in field animal counting (the wildlife experts) would be included to help see the impact in the community. However a 1 or 2 year study is probably too short to see a significant decrease in the overall population because the cats survive too long after TNR. The ASPCA has some helpful information and monitoring impact of spay/neuter programs at [www.aspcapro.org](http://www.aspcapro.org)

**36) Q: Any studies or data on impact of global warming on seasonal breeding in affected states?**

**A:** None that I am aware of. Cat cycling is controlled by daylight length, not temperature. Global warming might increase the survival of kittens or affect food supplies and have a more indirect impact on cat populations.

**37) Q: How are you coming up with the calculation for the community cats and how are you calculating the kitten survival rates?**

**A:** The community cat population estimates are based on several regional surveys of unowned cat feeding. Kitten survival is based on just 2 small studies that monitored cat colonies over time.

**38) Q: Where can I get the estimated tax dollars spent on euthanasia per feline?**

**A:** Your local animal control agency may be able to give you an estimate. It's a harder number to estimate than you might imagine, since animal control costs include all of the departmental costs including enforcement, licensing, adoptions, etc. I can euthanize a cat cheaper than I can spay it, so an absolute cost saving with TNR can be hard to prove. Keeping community cats out of shelters helps decrease crowding, improves cat welfare, reduces understaffing, and leaves more resources available for proactive life-saving such as better adoption programs. In some cases, some costs of cat management are shifted from the taxpayers to the nonprofit sector, which can be an advantage or a disadvantage, depending on which role you occupy.

### **Working with Animal Control and Local Governments**

**39) Q: How do you recommend building a relationship with Animal Control Facilities that are not rescue friendly and seem to fight against a partnership?**

**A:** Positive relationships are built on trust, respect, transparency, and mutual communication. The first step is to identify the person(s) in both groups that are good at this. Frustrated reactive people generally don't build coalitions. NMHP Utah produced an excellent list of commandments for effective coalition building; it is available at [www.maddiesfund.org/Resource\\_Library/Building\\_a\\_Successful\\_Coalition](http://www.maddiesfund.org/Resource_Library/Building_a_Successful_Coalition). Once the shared goals are established it's all heavy lifting to keep everyone on task and working toward defined objectives. There is no magic – it just requires the right people doing the hard work. Sometimes those people are just not available and positive relationships cannot be built until the right people become available.

**40) Q: Is there a stray holding period in Florida? If so, how do they get around that?**

**A:** Stray hold periods are defined by local jurisdictions in Florida. Even where there are stray hold periods, it is uncommon for animal shelters to be statutorily required to impound cats. When you look at the actual codes, they are usually focused on public safety. A lot of animal shelter policies are just that: optional policies that have been added to the actual legal requirements. In general, I think communities can be more nimble and creative when hold periods are minimized. That lets communities embrace TNR programs like Feral Freedom and immediate adoption or transfer of puppies and kittens that are at high risk for disease in shelters. This can be especially important for cats, which are rarely reclaimed by their owners during stray hold periods.

**41) Q: One thing I constantly have to deal with is that the cats are held for a week before I can rescue them. During that week they are moved between cages daily with the same net which spreads everything. How can I get them to change?**

**A:** This is a great follow-up question to the one above. In general, cats are never served well by waiting in the shelter before going to TNR or rescue groups. It just adds stress, terror, suffering, and disease rates that can approach 100%. I don't think any feral cat would vote to be incarcerated in a shelter and handled with a net every day. Better feral cat housing (compartmentalized housing, feral cat dens, hiding boxes, etc.) is a good start to avoid the highly inappropriate cat handling that you describe, but keeping them out of the shelter in the first place is the real solution.

**42) Q: How do you convince an ACO that managed colonies will be re-trapped and rabies vaccinated after 3 years even though we know rabies vaccinations are very viable for years?**

**A:** Realistically, I don't think that most feral cats get the boosters that they theoretically require. We do know that the first vaccine will protect against rabies for at least 3 years (if a 3-year vaccine is used), and this may be the lifespan for many community cats. It's important to keep it all in perspective however. At least in the South, a majority of pet dogs and cats are not licensed or "current" on their rabies vaccine. Our TNR program gives more rabies vaccine than any other agency in the county. Rabies control is about increasing the proportion of immunized animals in a population more than it is about repeated vaccines for individual animals. Almost all rabies cases in dogs and cats occur in animals that have never had a single vaccine, not in those that are tardy on boosters. Many low-cost spay/neuter programs report that a majority of the pets they see have never been to a vet or been vaccinated against rabies. Why is there more concern about community cats than all the other animals in communities that need better rabies vaccination coverage?

**43) Q: My city councilman doesn't even want to listen to any statistics about TNR. Any suggestions?**

**A:** These days policy makers listen to influential citizens (business owners, civic leaders, etc.) and think about taxes all of the time. I think recruiting someone of local influence to carry your message and hitting on the need to shift the burden of community cat management off the taxpayers and key messages.

**44) Q: Our city has plans to hire an animal control officer who will trap and kill feral cats. How might we stop this from happening? Unfortunately our local humane society does not support TNR.**

**A:** Ouch!! This is such an outdated approach and it's sad that those dedicated to protecting animal welfare are turning a blind eye. It's hard to know where to start when all anyone can think of is killing the cats. What kind of example do humane agencies set for society when they practice "convenience euthanasia" for vast populations of healthy cats? The good news is that public opinion is usually in favor of solutions that don't involve killing and many regular citizens

feed free-roaming cats. I think tapping into this sentiment, especially if the cat lovers are locally influential, is the place to start.

**45) Q: What are your suggestions for convincing municipalities NOT to accept feral cats at the shelter?**

**A:** Peer to peer communication can be very effective. While policy makers may not necessarily have confidence in the messages delivered by advocates, they are often very interested in what their peers in other municipalities think. The shelter director and policy makers in Jacksonville, Florida are very supportive of their Feral Freedom program and are happy to discuss it with other municipalities.

**46) Q: The newly amended Animal Rescue Act in Florida if passed would require all cats in shelters to be held for 3 days - how do you think this could affect any TNR programs in Florida?**

**A:** If adhered to, mandatory hold periods prevent the full implementation of Feral Freedom type programs in which cats are immediately placed into TNR programs. Forcing feral cats to stay in shelters terrifies the cats, crowds the shelters, and consumes resources that would be better spent on neutering more cats.

**47) Q: We have started a group to get ordinances changed in our community - where can I get information on ways to approach our city council?**

**A:** I would start with an example progressive municipal code like Jacksonville's and show how successful it has been. Beware though – sometimes the process for code revisions can attract anti-TNR advocates that win provisions that are even more restrictive.

### **Medical Questions**

**48) Q: How can we give longer term pain meds post-op to ferals in addition to post-op or peri-op buprenex?**

**A:** This is a tough one. NSAIDS are very effective but somewhat risky in the presence of dehydration. It is likely that a substantial portion of trapped cats may have subclinical dehydration due to the stress of trapping and lack of access to water during the process. Narcotics are safer, but we don't want any drugs with sedative properties on board while the cats are free-roaming.

**49) Q: With FIP, most cats from multi-cat environments test positive for exposure but the test doesn't differentiate between those who will develop the disease, who is an asymptomatic carrier, and who simply has been exposed. Is there ANY progress in a better test?**

**A:** Sadly, no, there is still no test that can identify cats at risk for developing FIP.

**50) Q: Are veterinary students allowed to perform spays during Operation Catnip clinics? Is there increased mortality associated with that?**

**A:** Our mortality rate during the clinic is about 2 cats/1000 (0.2%). There is no difference between the students and the veterinarians. Only advanced students with extensive experience are recruited to spay the cats. The students actually use their own funds to hire a veterinarian to supervise them during the clinic. Our students are mission-minded and determined to make a difference for animals . . . and they can spay like the wind.

**51) Q: Do you use a topical flea treatment or topical treatment for intestinal parasites?**

**A:** We are currently using Advantage Multi. In the past we used Revolution. Our selections are based on the best spectrum and pricing.

**52) Q: Have you tried the FeralStat oral birth control? I have heard great things about it.**

**A:** I don't have any experience with it. It requires weekly oral treatment of every female cat for life and our programs are too big to provide this level of attention to each cat. Some caregivers use it while they work on getting the surgery done on cats one by one.

**53) Q: We give FVRCP vaccinations to every TNR cat. Is that recommended?**

**A:** Yes – I highly recommend FVRCP vaccines in TNR programs. We've done research to show that cats in TNR programs are exposed to infectious diseases, are susceptible to those infections, and respond well to vaccination at the time of surgery. We are especially concerned about protecting cats against deadly panleukopenia virus. Recently, a deadly outbreak of panleukopenia was actually spread via a TNR clinic. If the cats had been vaccinated at the time of surgery a good proportion of them would have been protected against the simultaneous exposure to the virus and would not have died (the vaccine can start working very quickly in adult cats).

**54) Q: Is it prudent to give FeLV vaccines (3 vaccs) together on the same day? Is FeLV not 100% transmissible in small community colonies?**

**A:** We've found that, just like in pet households, FeLV is poorly transmissible among adult cats. So even if FeLV is present in some cats, most of the cats will remain uninfected. An exception occurs if the cats were infected as kittens from their FeLV+ mother. If most or all of the colony cats are offspring of infected cats then the proportion of infected cats will be much higher. Unfortunately, a single FeLV vaccine is probably not very effective. This is in contrast to the excellent response to a single rabies or FVRCP vaccine.

**55) Q: Catnip includes FVRCP and FeLV vaccines - do you consider that a reasonable use of funds and what is your opinion on overloading feral cats with vaccines at time of surgery, especially FVRCP where no booster will be given?**

**A:** We have done research that shows feral cats develop excellent antibody titers following the single FVRCP vaccine that we give. We use a combination FVRCP/FeLV vaccine in the hope (mostly unfounded) that a single dose will boost FeLV immunity as well. We don't pay for the vaccines, so cost is not an issue for us. If we had to purchase the vaccines, we would not buy FeLV.

**56) Q: Do you find the price of vaccinating against FeLV (with or without prior testing) to be worth the cost/effort? Or is this vaccine donated?**

**A:** We are fortunate that our vaccines are donated. Otherwise it would be too expensive for us to use.

**57) Q: Do you recommend FELV/FIV testing for feral cats at high volume TNR clinics? Or only for cats symptomatic for illness?**

**A:** We do not routinely test cats for FeLV/FIV since we focus primarily on being as efficient as we can in delivering spay/neuter. I might occasionally test a cat in poor condition to help make a decision about its outcome, but we don't do this very often.

**58) Q: What are your thoughts on FeLV and FIV positive cats? Currently we euthanize the FeLV positive feral cats, and clinical FIV positive cats.**

**A:** We euthanize clinically ill cats, regardless of their FeLV/FIV status. Our program does not euthanize clinically healthy cats.

**59) Q: How do you deal with the human rabies vaccination requirement since health insurance typically does not cover the cost?**

**A:** A lot of our volunteers are vets and vet students so they are already vaccinated. The other volunteers who have cat contact have to pay for their own vaccines, which costs about \$600. Our volunteers are very devoted!

**60) Q: I love the Pfizer "kitty magic" protocol for TNR. Have you tried this?**

**A:** We have used it and several other cocktails. I find that I can get by on several different cocktails if I am doing small clinics by myself with a small quiet staff. These cocktails have not panned out when we've scaled up to 200+ cats though. I think it's a combination of stimulation from the noise and handling, longer anesthesia times, and the rare hyperexcited hyperthermic cats that make it a bigger challenge in the big clinics.

**61) Q: I'm in Canada, and we don't have access to Telazol, I currently use Medetomidine-Ketamine-Butorphanol, would this be an appropriate cocktail for a spay/neuter clinic? Do you have any other suggestions?**

**A:** That's a good cocktail. Really it's all about what works best in the hands of your team. It's very individual. It's nice and reversible too.

**62) Q: Our spay/neuter clinic neuters a lot of ferals using DKT (dexdomitor, Ketamine, and Torbugesic). What do you think of that mix?**

**A:** See above.

**63) Q: What purpose does only one penicillin injection serve?**

**A:** We use a long-acting formulation that provides perioperative antibiotics. Although you could argue that the spectrum of penicillin is not the best, there is strong evidence in human surgery that perioperative antibiotics reduce infection rates, even in clean surgeries. Since our cats are going to be released and not available for treatment of post-operative incisional infections, we believe that it is a wise use.

**64) Q: Do you intubate females? Do you do any blood work prior to s/n? Are your surgeons doing OE's or OHE's? What is your complication rate?**

**A:** We do not examine, do blood work, or intubate cats. A typical day includes 250 community cats admitted in the morning, sterilized and vaccinated, then released in the afternoon. Most of our surgeons do OHE, but OE is acceptable in our program. Personally, OE does not save time for me in cats so I usually do an OHE. The only complication rate we track is in-clinic mortality, which is 0.2%. We do see cats back for rechecks if a caregiver is concerned, but most cats are released without follow-up. That makes it difficult to know what our true complication rate is.

**65) Q: How do you manage hypothermia? Any common issues with hypoglycemia or anemia?**

**A:** Hypothermia is a major challenge in our clinic. The injectable anesthesia sets them up for hypothermia and the fairly long recovery time for TKX exacerbated it. We try to work quickly, put bubble wrap under the cats, use heat lamps, etc. I think we have more room for improvement in this important area. If anemia is a problem we don't recognize it.

**66) Q: What are your thoughts on giving ivermectin SQ to every cat to address probable parasite issues?**

**A:** Ivermectin is effective against some important intestinal pathogens and is inexpensive so it's a good choice. We are currently using topical products that treat fleas and ear mites as well, but they are donated.

**67) Q: Where do you get instruments for \$30 / pack, and what goes into them?**

**A:** Our spay packs: 1 needle holder, 1 S/S operating scissors, 1 spay hook, 1 Brown-Adson forceps, 2 curved mosquito forceps, 2 curved 5.5" hemostats. We also add 2 pieces of gauze and a drape. We get cheap Pakistani instruments from Universal Surgical [www.universalsurgical.com](http://www.universalsurgical.com). They are okay for monthly use, but if you are using them regularly you would want to invest in some high quality instrumentation.

**68) Q: Do you have a training program for out of state licensed vets?**

**A:** We welcome visitors to our program, but only FL-licensed vets can do surgery at our clinic. We do offer an annual week-long community-cat management CE course in Gainesville that is open to out of state vets, although basic surgical skill is required for this advanced course.

**69) Q: You had mentioned earlier that all cats are neutered that come into CatNip. How does that work for pregnant cats that are days away from giving birth? Are the kittens terminated or is a foster home found for them until the kittens are old enough to be fixed?**

**A:** We spay every cat that comes into our clinic. As long as hundreds of kittens are being euthanized for space in our community, we cannot see adding any more. Our students and volunteers do lot of fostering, but it's usually for moms with unweaned kittens rather than pregnant queens.