

Understanding the Cat and Feline-Friendly Handling

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The cat has become the most popular pet in the United States, Canada, and Northern Europe, and its popularity continues to grow. Cats are fun, affectionate, beautiful, unique, and fascinating. Many people love their cats; 78% of us consider them family members.³⁸ As much as we help cats, they help us: by protecting human health, such as by decreasing their owners' blood pressure, reducing the probability of a second heart attack, and lessening the risk of depression or loneliness.

Nevertheless, and despite the great advances in feline medicine and surgery, many of us—veterinarians, veterinary teams, and cat owners—do not understand the nature of the cat and normal feline behavior. Among other issues, a lack of understanding of how cats react to fear and pain leads to difficulty during veterinary visits and a subsequent lack of routine veterinary care.¹⁸ Compared with cat owners, dog owners take their pets to the veterinarian more often and are more likely to follow recommendations. In fact, in 2006 in the United States dog owners took their dogs to the veterinarian more than twice as often as cat owners brought their cats.¹⁸ In addition, 72% of cats were seen by a veterinarian less often than once a year, compared with 42% of dogs.¹⁸ Dog owners were also more likely than cat owners to procure vaccinations, physical examinations, and preventive dental care for their pets. In multipet households 33% of cats did not visit a veterinarian annually, compared with only 13% of dogs.¹⁸ Feline diseases

and pain thus go undetected, client relationships are not developed, and cats may suffer a reduced quality of life and decreased longevity. *This is an important issue involving feline welfare.*

We are all affected—our clients, the veterinary team, and the cats—by the challenges associated with feline veterinary visits. To understand the gravity of the problem and to find a solution, we must first understand several perspectives: that of the client, the veterinary team, and the cat.

THE CLIENT'S PERSPECTIVE

Many cat owners encounter practical difficulties in simply getting the cat to the veterinarian, such as putting the cat into a carrier.⁴⁰ Cat owners also worry that taking their cat to the veterinarian may damage the bond they have with their beloved feline. Some cat owners are embarrassed about their cat's behavior at the veterinary hospital, and others are upset about the way the veterinarian or veterinary team handles and interacts with their cat. They have often had a negative experience with their cat at a veterinary hospital, or when their cat returns home and is treated differently by the other cat (or cats). Some clients believe that the traumatic experience is more detrimental to the cat's health than a lack of veterinary care.

THE VETERINARY TEAM'S PERSPECTIVE

The challenges that the veterinary team faces with difficult feline patients include potential injury, zoonotic diseases (e.g., cat-scratch disease), decreased efficiency, increased use of resources (e.g., time and staff needed to handle a single cat), and an inability to properly educate clients because of their preoccupation with their cat's behavior or on how the clinicians handle their cat. Liability issues related to injury, zoonoses, and handling techniques are also cause for concern.³⁰

In addition, performing a thorough physical examination or collecting laboratory samples from the cat may be difficult or impossible. Even when possible, feline stress associated with the veterinary visit may affect the results. Stress can result in the following examination abnormalities: tachycardia, bradycardia (if stress is prolonged), increased respiratory rate, dilated pupils, and hyperthermia. Some cats may evacuate anal sacs or bladder and bowel contents. The stool may be soft, blood tinged, and covered with mucus on account of colitis associated with the stressful experience.

Further, diagnostic test results can be markedly abnormal in a healthy but fearful patient. *Stress hyperglycemia is associated with patient struggling and can occur rapidly.*³² Blood glucose levels can increase quickly and be as high as 613 mg/dL with or without glucosuria; this hyperglycemia can last for 90 to 120 minutes. Another blood chemistry abnormality is hypokalemia caused by epinephrine release.^{6,10} Complete blood count (CBC) changes associated with epinephrine release include platelet hypersensitivity, lymphocytosis, and neutrophilia.¹⁰ The author has seen lymphocytosis values of 8000 to 11,000 in fearful cats that have no underlying medical problems. In addition, "white-coat hypertension" can elevate the blood pressure well above 200 mm Hg (normal levels range from 104.5 to 159.3 mm Hg).¹⁶

THE CAT'S PERSPECTIVE

Imagine for a moment what a cat likely thinks and feels during the clinic visit and when traveling to and from the facility. The cat's perception differs significantly from that of the owner or the veterinarian. It is napping in a pool of sunlight when it sees its favorite person pulling out the cage that appears *only* when a veterinarian visit is imminent. The cat runs to hide, only to be pursued, then snatched from the safety of its hiding place. No matter how much the cat protests, it is shoved into the hated cage. The owner might be stressed, too, and might

shout and grumble. Then comes the jostling, bumpy trip in the car, which might make the cat feel nauseated. If the cat urinates, defecates, or vomits, it must sit in the results, surrounded by the horrible stench. Even if the cat does not become sick, it may become so terrified in the car or at the clinic that it experiences increased gastrointestinal motility, leading to possible nausea, vomiting, or diarrhea. The cat might also salivate profusely because it is so nervous and uncomfortable.²² Once the cat arrives at the clinic, strangers touch it and do things that make the cat feel uncomfortable. The cat is afraid and might scratch or bite in an attempt to protect itself. Worse yet, when the cat returns home, the other cats will probably give it a hard time because it smells different. Fortunately, the veterinarian can make the experience less stressful for the cat, the owner, and the veterinary team.

A BETTER WAY

Most clients cannot judge the veterinarian's knowledge of feline medicine, but they can judge the veterinarian's ability to work confidently, respectfully, and effectively with their cat. Having excellent surgical skills and medical knowledge is necessary but not sufficient; clients have higher needs and expectations. *Clients do not care how much the veterinarian knows until they know how much the veterinarian cares—for the client as well as the cat.*

By respecting and understanding the cat, veterinarians can build trusting relationships among cat owners, veterinary teams, and feline patients that will result in improved feline health and well-being through regular veterinary visits. Veterinary visits will be safer—and more relaxing—for all concerned. Examinations and diagnostic testing will yield more accurate results, and the veterinary team's job satisfaction will be enhanced while working with feline patients. Equally important, effective client education and communication can readily occur in this improved atmosphere. Finally, better practices attract new clients and feline patients, leading to more frequent veterinary visits—and the resultant better care—for cats.

Fortunately, veterinary visits can be made more pleasant for all involved. This chapter describes methods to better understand cats and how they perceive the world and react as they do. Further, this chapter addresses ways in which cat communication and learning can be used to help prevent aggression and fear. In addition, this chapter provides practical information regarding techniques to get the cat to the veterinary hospital, client education, and respectful handling of all feline patients during examinations and sample collections to prevent pain and distress.

UNDERSTANDING THE CAT

The History of the Cat

The earliest known ancestors of the Felidae family existed 45 million years ago. The modern cat, *Felis catus*, is descended from *Felis libyca*, also known as the *African wildcat* or *small African bush cat*. Recent discoveries indicate that cats began to live among humans when agriculture began in the Fertile Crescent (modern-day Western Asia and the Middle East) approximately 10,000 years ago.⁸ The relationship between cats and humans likely began because it was mutually beneficial, with cats killing rodents attracted to stored grain. The earliest direct evidence of cat domestication occurred 9500 years ago, when a kitten was buried with its owner in Cyprus.³⁹ Archaeologists found a feline molar at a site in Israel dating to roughly 9000 years ago (7000 BCE) and also discovered an ivory cat statuette estimated to be 3700 years old (1700 BCE), also in Israel. Some 3600 years ago (1,600 BCE) in Egypt, cats were worshiped and mourned at their death. Mourners shaved off their eyebrows, and cats were mummified for burial in sanctified plots, often with mummified mice added for use in the afterlife. Egyptian paintings from that time depict cats poised under chairs, sometimes collared or tethered and often eating from bowls.⁷ The cat population increased and spread to other countries, likely by people who prized cats' ability to control rodent populations.

The cat's good reputation in Europe began to plummet in the late Middle Ages, when Catholic leaders declared cats to be agents of the devil and associated them with witchcraft. From approximately 1400 to 1800, vast numbers of cats were exterminated, and individuals who kept them were accused of being witches and also killed. Louis Pasteur's discovery of microbes in the nineteenth century helped to reinstate cats to their former high regard; they were considered the cleanest of animals. By the late 1800s, the growing middle class became interested in cat shows and developing and establishing distinctive breeds, especially long-haired breeds. During the twentieth century, cats became even more cherished, often living long and comfortable lives.

Other domesticated species have undergone genetic selection. For example, there are specialized breeds of dogs for hunting, herding, and guarding. However, the mutually beneficial relationship between humans and cats made such genetic selection unnecessary. As a result, domestic cats have retained many aspects of their wild predecessors. Cats are true carnivores and have amazing athletic abilities and keen senses to allow them to hunt successfully. They can sense and avoid danger, and they possess a heightened fight-or-flight response.¹¹ Like their wild ancestors, they hide illness and pain as a protective mechanism, which adds to the mistaken impression that cats are independent and require little or no care.

Indeed, cats are social animals, but their social structure differs from that of humans and dogs. Given sufficient food resources, free-living cats will choose to live in social groups, called *colonies*.^{20,27} The social organization of the colony is based on females cooperatively nursing and raising their young.²⁰ Within a colony, cats will choose preferred associates, or affiliates. These cats show affection toward one another by allogrooming: grooming one another, generally on the head and neck.^{4,5} Because the head and neck are preferred areas for physical touch, cats may become upset and even aggressive when people try to pet them in other areas. Therefore, unless a person knows an individual cat's preferences, stroking or petting in other areas should be avoided in favor of rubbing or stroking the cat around the neck and head (e.g., under the chin).

Feral cat colonies are quite insular, and strangers are generally driven away. If a new cat continues to visit the colony, it may eventually be integrated into the group, but the process requires several weeks.¹⁹ This is why gradually introducing a cat into a household with resident cats is so important.

Although social, cats are solitary hunters. They catch small prey and may need to hunt as often as 20 times a day. Because cats are solitary hunters, they must maintain their physical health and avoid fights with other cats whenever possible. Much of feline communication serves to prevent altercations over food and territory, and most cats try to avoid the risks associated with active fighting.

The Cat's Senses: How Cats Perceive the World

Because perception is everything, humans can better understand and interact with the cat by understanding how it perceives the world. Cats' perception is based on their senses, most of which are highly sensitive compared with ours.

The cat's sense of hearing is approximately four times more acute than a human's. Cats can hear a broad range of frequencies, including ultrasound, allowing them to perceive the ultrasonic calls or chattering of rodents.¹¹ Their movable pinnae help localize sounds. Because of their sensitive hearing, sources of stress at the clinic include ringing telephones, paging systems, and human voices, which sound uncomfortably loud even when we think we are talking in a normal tone.²⁹ The noise from centrifuges, x-ray machines, blood pressure monitors, and other medical equipment can startle feline patients. The sounds of other cats and other animals, such as barking, whining, growling, and yowling, can also generate stress.²⁹

Cats can see well in dim light and are very sensitive to movement, abilities that help them hunt for prey. Consequently, rapid movements, especially if unanticipated,

will likely heighten a cat's responses and can lead to a more reactive patient. In other words, veterinary staff members working with cats should remember that "slow is fast, and fast is slow."

Cats have an excellent sense of smell and have 5 to 10 times more olfactory epithelium than humans.¹ They also have vomeronasal organs (Jacobson's organ) located in the roof of the mouth behind the upper incisors. The flehmen response, wherein the cat grimaces and partially opens the mouth, occurs when the vomeronasal organs detect the odors of other cats.³⁶ Cats are also very sensitive to touch and use their whiskers to examine their environment. When aroused, they can be very sensitized and may respond aggressively even to gentle petting or stroking.

In summary, multiple stressors that come from auditory, visual, olfactory, and tactile stimuli typically occur at the veterinary hospital. The accumulated stress arising from these stimuli can be greater than the sum of the stress from the individual components.²⁹

CAT COMMUNICATION

Cats communicate with us all the time, but are we listening? Before stressors at the clinic and home can be identified, it is necessary to understand that cats perceive the world through their senses and use vocal, visual, olfactory, and tactile means to communicate. Understanding this communication system is critical in preventing altercations with other felines. As solitary hunters, cats need to maintain their physical health and fitness. Clear communication helps them avoid injury and possible threats to their survival.^{2,13} As a result, cats turn to fighting only as a last resort, after other attempts to communicate have failed. Being able to perceive and understand the cat's communication signals can prevent many aggressive acts at the veterinary hospital.

Visual Communication

Cats use a range of subtle body postures, facial expressions, and tail positions to communicate with other cats to defuse tension and avoid physical contact (**Figures 1-1 and 1-2**). Understanding body postures allows humans to recognize—and reward—calm behavior; if postures associated with fear are recognized in time, it is possible to keep that fear from escalating to a point at which injuries are likely (see **Figures 1-1 and 1-2**). Knowing how to recognize offensive and defensive behavior in cats is important because the purpose of most signaling and posturing is to avoid battle.

Familiarity with feline body postures helps humans identify whether the cat intends to flee, freeze, or fight. Although most cats do not want to fight, they may bluff, making themselves look much larger in an attempt to

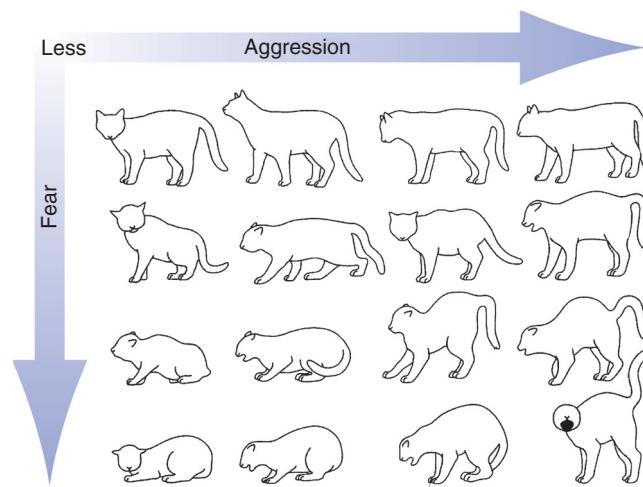


FIGURE 1-1 Recognizing body postures that communicate fear or aggression keeps fear from escalating to a situation that can lead to injuries to all involved. (Adapted from Bowen J, Heath S: *An overview of feline social behaviour and communication: Behaviour problems in small animals: practical advice for the veterinary team*, ed 1, Philadelphia, 2005, Saunders. The original figure was adapted from Leyhausen P: *Cat behaviour*, New York, 1979, Garland STMP Press.)

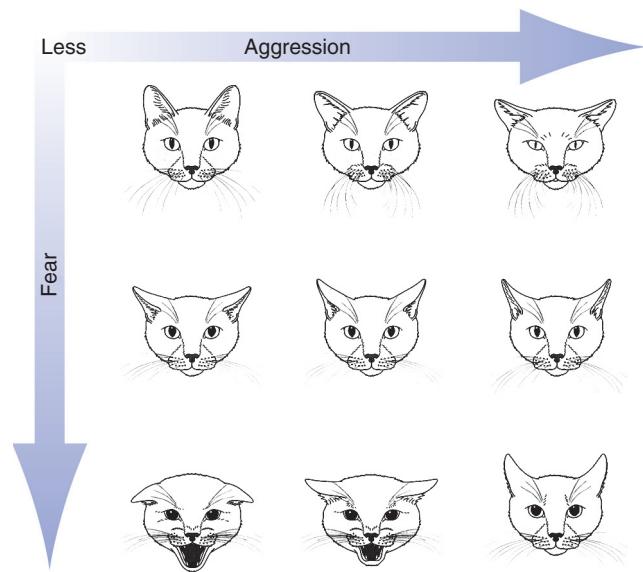


FIGURE 1-2 Facial signals change more quickly than body postures and provide more immediate indications of a cat's level of fear and aggression. (Adapted from Bowen J, Heath S: *An overview of feline social behaviour and communication: Behaviour problems in small animals: practical advice for the veterinary team*, ed 1, 2005, Saunders Ltd. The original figure was adapted from P Leyhausen: *Cat behaviour*, 1979, Garland STMP Press, New York.)

scare away others.² **Figure 1-1** shows various body postures that cats use to communicate. The normal cat is in the top left corner. The cat becomes increasingly fearful in the subsequent illustrations (moving from top to bottom). The cat in the lower left-hand corner is extremely fearful but will become aggressive if no escape route is

available.²⁶ In the clinic a common example is a terrified cat that feels cornered and huddles in the back of a cage. As we move from left to right in the figure, the cat becomes increasingly aggressive. At first, the cat might be bluffing, but it may become aggressive if it cannot flee and continues to feel threatened. The cat in the lower right-hand corner is the most fearful and aggressive.

Whereas body postures effectively signal a cat's level of fear and aggression, even from a distance, facial signals (see [Figure 1-2](#)) change much more quickly and provide more immediate indications of a cat's level of fear and aggression. As with [Figure 1-1](#), as we move from top to bottom in the figure, the cat becomes increasingly fearful, and as we move from left to right, the cat becomes increasingly aggressive.²⁶

Ears are erect when the cat is alert and focusing on a stimulus (*top left corner*). Ears are swiveled downward and sideways in a defensive cat (*bottom left*); in the aggressive cat, the ears are swiveled, displaying the inner pinnae sideways (*bottom right*).²⁶

The pupils specifically are the most instructive feline signal. Slit pupils indicate the normal state (*top left corner*), widely dilated pupils are associated with fear and the fight-or-flight response (*lower left corner*), and oblong pupils signal aggression (*lower right*).²⁶ Pupil size generally correlates to the intensity of the situation, as moving from top to bottom in [Figure 1-2](#) illustrates. Cats understand these subtle differences and use them to help prevent fights. (It is important to recognize that ambient light can also affect pupil size.)

Two other eye communications are very important; knowing these can help to reduce the cat's stress levels. First, blinking is believed to signal that the cat is seeking reassurance in a tense environment. Fortunately, this behavior works for both intercat and human-cat communication.² Blinking slowly or making "winky-eyes" in the direction of the cat can help comfort the cat. Second, because prolonged eye contact, especially from an unknown cat or human, constitutes a threat to cats, people who are not well known to the cat should not stare. Veterinary team members should be taught to blink slowly in the cat's direction and refrain from staring to make the veterinary visit less stressful for the cat.

The cat's tail is remarkably expressive. When the tail is held up vertically or wrapped, it signals relaxed, friendly intentions. A tail held straight down or perpendicular to the ground indicates an offensive posture.²⁶ The cat lashes the tail vigorously from side to side when very agitated, annoyed, or aroused or during conflict. If this signal is unheeded, the cat's behavior can escalate to aggression.²

Olfactory Communication

Sebaceous glands that deposit the cat's scent are located around the lips and chin, interdigitally, and in the

perianal area. Cats leave olfactory signals by rubbing the sebaceous glands of the face on objects, other cats, and humans; scratching (to deposit scent from the interdigital glands); and spraying. Spraying is usually a *normal* olfactory communication among cats (although intercat conflict in a household can induce spraying). Additionally, some cats communicate through urination and mid-denning (fecal marking).

Olfactory signals play an important role in communication and social behavior. They enable hunting cats to communicate remotely, for example, by marking a territory as their own with a durable signal that lasts over a period of time.² Strategic use of olfactory signals means that hunting cats can protect their space without needing to meet or interact physically with other cats.

In veterinary hospitals the scent of unfamiliar cats, dogs, and humans can frighten and arouse feline patients. Because the cat's sense of smell is more acute than a human's, veterinarian staff members usually do not notice the olfactory signals left by another cat or even the scent of a cleaning solution that may be offensive to a cat. Often in an examination room that seems to be thoroughly cleaned, cats go directly to a specific area, sniff at that area, and then exhibit the flehmen response. When one cat is stressed, the feeling almost seems contagious, spreading quickly to other cats. This happens because distressed cats leave the scent of their distress, which affects the other cats.

Knowing the importance of olfactory communication among cats helps the staff in the veterinary hospital. Clients can be educated to put something that smells like home—the cat's basket, blanket, or a favorite person's clothing (that is not freshly laundered)—in the carrier when bringing the cat to the veterinary hospital. If the cat needs to stay at the hospital for any reason, the familiar item should also stay with the cat. In addition, when reintroducing cats after a veterinary visit or introducing new cats, the client can be taught to take simple precautions such as exchanging the bedding, or wiping the "at-home" cat with a towel and then wiping the returning cat with the same towel, to help reduce stress and conflict.

Vocal and Tactile Communication

Most feline vocalizations bring cats together. Cats also vocalize when communicating with humans, and they learn quickly how to make humans respond to their vocalizations for food and attention. Although cats purr when they are content, they may also purr when sick or fearful. The purr solicits contact and care. The trill and miaow are friendly greeting calls. Affiliate cats engage in allorubbing (rubbing against one another) and allogrooming, and they often lie close together.⁴

CAUSES OF MISBEHAVIOR AND AGGRESSION AT VETERINARY VISITS

Fear is the number-one cause of misbehavior and aggression in cats at the veterinary hospital. Punishment and poor socialization often lead to fear aggression.¹⁵ Anxiety can also lead to misbehavior and aggression. It is crucial that all staff members understand the important role that fear plays in feline misbehavior and aggression. Further, giving negative labels to difficult patients (e.g., “evil” or “naughty”) can subtly influence the staff’s behavior and attitude and further harm interactions with fearful patients.

Fear, defined as an emotional response that enables an animal to avoid situations and activities that could be potentially dangerous,² commonly occurs in cats in unfamiliar environments.¹¹ A common saying, “Cats don’t like change without their consent,” is only too apt. Having a sense of control, even if it is not exerted, makes the cat more comfortable and reduces stress.²¹ Giving the cat some control during the veterinary visit by letting it choose a comfortable position and place to be examined will significantly reduce stress associated with veterinary visits.

Box 1-1 provides a list of common causes of aggression at the veterinary hospital. The belief that dominance causes feline aggression at the veterinary hospital is a common misconception.²⁴

Cats may experience anxiety, as well as fear, at the veterinary hospital. Anxiety is the emotional anticipation of an adverse event—which may or may not be

BOX 1-1

Common Causes of Feline Aggression in the Veterinary Hospital

- Fear aggression: fear of unfamiliar places or people
- Pain-associated aggression
- Anxiety or memory of a previous negative (fearful or painful) experience at the veterinary hospital
- Getting attention for the behavior (e.g., “poor kitty”)
- Play aggression
- Lack of socialization
- Forceful restraint
- Loud noises
- Unpleasant smells
- Fast or rushed movements toward cat
- Underlying medical problem (e.g., meningioma or other central nervous system problem)
- Petting intolerance or aggression
- Owner anxiety
- Physical punishment
- Redirected aggression

real.²⁵ A cat that has had a previous painful experience at a veterinary hospital will likely be anxious during the next visit, anticipating pain. Using analgesia to prevent or treat pain and also prevent anxiety at future veterinary visits is critical.

Indeed, pain is the second most common reason for aggression in cats. **Boxes 1-2 and 1-3** present some frequently underrecognized painful conditions and procedures. Cats tend to hide expressions of pain as a protective mechanism. *If there is any question regarding the presence of pain, administer an analgesic and then reassess the patient’s response. Response to therapy is an appropriate and important tool in pain assessment.*¹⁴ For a more detailed list and additional information about analgesia, see Chapter

BOX 1-2

Frequently Overlooked Conditions that Cause Pain

- Anal sac impaction and evacuation
- Arthritis
- Cancer
- Chin acne, severe
- Chronic wounds
- Clipper burns
- Congestive heart failure
- Constipation
- Corneal ulcers and other corneal diseases
- Dental disease
- Otitis (from ear mites, yeast, and bacterial infections)
- Pleural effusion
- Pruritis
- Pulmonary edema
- Spondylosis
- Urine scalding
- Vomiting

BOX 1-3

Frequently Overlooked Procedures that Cause Pain

- Abdominocentesis
- Anal sac expression
- Bandaging
- Ear cleaning
- Handling—even gentle handling and hard surfaces can increase pain in animals with arthritis or other conditions that are painful
- Intravenous catheterization
- Manual extraction of stool
- Restraint and forceful handling procedures
- Thoracocentesis

6, as well as the Pain Management Guidelines developed by the American Animal Hospital Association and the American Association of Feline Practitioners.¹⁴ Prompt provision of effective analgesia will both address the pain and eliminate or reduce pain-associated aggression. Buprenorphine is an excellent analgesic and is well absorbed when given transmucosally (0.02 mg/kg).³⁴ A prophylactic dose provides full effect within 30 minutes (although analgesia has been noted earlier), the same as that conferred by intravenous administration.³³ When buprenorphine is given before painful procedures and examinations, a prolonged, stressful, terrifying session can be transformed into a relatively quick, well-tolerated experience. Buprenorphine can also be administered subcutaneously, with full effect occurring at 60 minutes. Injectable delivery is preferred for cats that do not like to have their mouths handled.

Fear Responses

Because fear responses are among the more common causes of aggression, we will address them here. Any cat will try to defend itself if it feels threatened. Fearful animals engage in the fight-or-flight response. If cornered, most cats choose escape, or “flight,” over “fight.” However, if not allowed to leave, the cat will fight, which may involve biting and scratching. These are *normal* feline behaviors derived from predator-avoidance behaviors.

The fight or flight response includes the Four Fs:

- *Freeze*—the cat “freezes,” crouching and becoming immobile. This immobility usually occurs at the beginning of the trigger stimulus or when the trigger stimulus is relatively low. This behavior is common in cats at the veterinary hospital, and it frequently expedites the examination.
- *Flight*—the cat actively avoids the trigger stimulus. For example, the cat may dart into a corner or under a chair to keep from being picked up.
- *Fight*—the cat exhibits defensive aggression to avoid or back away from a frightening stimulus. For example, when the veterinarian reaches for a cat that is cowering at the back of a cage, the cat may become aggressive to protect itself.
- *Fiddle or fidget*—the cat engages in a displacement activity, such as grooming, when faced with a fear-eliciting stimulus. Although the cat wishes to avoid the stimulus, it cannot do so.

LEARNING IN CATS

Kittens are excellent observational learners. This characteristic likely developed as an evolutionary adaptation, because kittens learn from the queen how to kill their

prey.⁴ Kittens learn quickly by observing an adult cat, generally the queen, performing a task before they attempt it. Thus, if an adult cat in the household is especially fearful at the veterinary clinic, scheduling separate appointments for the kitten is ideal.

A common misconception is that cats cannot learn tricks; in fact, they enjoy the interactions of training and can learn to “sit,” “come,” and follow other commands as long as they receive positive reinforcement ([Figure 1-3](#)). In fact, employing some useful and familiar commands or tricks in the veterinary hospital, along with treats, can help cats feel more comfortable and prevent reactivity.

Humans can influence what cats learn by affecting their experiences. For example, if a cat has a painful experience during its first visit to the veterinarian, it will almost certainly be fearful during subsequent visits. In contrast, if the cat learns to associate the carrier, car trip, and veterinary visit with treats and other positive experiences, it learns to enjoy everything associated with a trip to the vet.

People generally focus on preventing undesired behavior rather than rewarding desired behavior. Punishment inhibits learning and increases anxiety. If the cat does not understand what is wanted or why it is being punished, it may learn to associate pain or fear with the situation; eventually, this association can lead to overt aggression.⁴² Verbal or physical punishment should *never* be used with cats.



FIGURE 1-3 Teaching a kitten to sit during kitten class. Sit is easy: Slowly raise a treat from close to the nose slightly over the kitten’s head. As the head goes up, the tail goes down. Softly say, “Sit” as the cat sits.

Consequently, it is important to teach team members and clients that positive reinforcement of desired behavior is the most effective way to teach a cat and unwanted behavior should be ignored or redirected to a desirable behavior. Desirable behavior is being calm, playing, purring, and accepting gentle handling. Positive reinforcement must be given within 3 seconds of the desired behavior so that the cat has no opportunity to engage in another, less desirable activity that might be inadvertently rewarded instead. At the veterinary hospital, the cat should always be rewarded with delicious treats and praise for calm behavior.

Because anxiety can inhibit learning, cats with a history of anxiety at the veterinary hospital may require anxiolytic medication. Alprazolam is a short-acting benzodiazepine that takes effect rapidly. This drug can both abort and prevent anxiety or distress associated with veterinary visits. Recommended doses for alprazolam are 0.125 to 0.25 mg/kg, PO, every 12 hours. It should be given 60 minutes before the scheduled appointment. Alprazolam works well in conjunction with food treats and other rewards. Further, alprazolam can be used concurrently with tricyclic antidepressants or selective serotonin reuptake inhibitors.

Although tranquilizers, such as acepromazine, have been used to prevent fear and aggression at the veterinary hospital, they do not relieve anxiety and can disinhibit aggression, resulting in a more aggressive cat.

Sensitive Period of Socialization

The socialization period is the age range during which particular events are especially likely to have long-term effects on the individual's development. In kittens the sensitive period is from 2 to 9 weeks (as a point of comparison, the sensitive period in dogs lasts until 16 weeks). Kittens that have positive handling experiences during this period are more resistant to stress, display less fear, and can learn some tasks faster than cats that are not handled.²⁶ Early enrichment and positive exposure to a wide variety of stimuli, especially the stimuli that the cat will commonly encounter during its lifetime (e.g., car travel, veterinary visits, children, dogs, vacuum cleaners), mean the kitten (and later the cat) will perceive these experiences as comfortable, even pleasant. The veterinary team should encourage clients to expose the kitten to people of different ages and gender, under calm conditions, and reinforce the pleasant experience appropriately (e.g., using treats, toys, massage, and praise).

Fortunately, the older cat can still learn, acclimate, and adapt to new experiences, although it is far easier to teach kittens during their sensitive period of socialization.

FELINE-FRIENDLY VETERINARY VISITS

The Situation Today

Historically, the education of veterinarians and technicians has focused on caring for sick, poisoned, and injured cats. Over the past several decades, the importance of preventive care has been recognized. More recently, education has emphasized communication and the business of veterinary medicine. Good business decisions include good communication with team members, clients, and patients. Unfortunately, listening to, understanding, and respecting the cat often receive little consideration. The current reality is that college instructional programs for veterinary students and technician trainees focus on the dog as the primary small animal companion, both in medical care (as the lecture ends, the professor might add, "...and yes, cats get arthritis, too") and patient handling and training. Because the primary patients that students encounter are dogs, they have little (or no) opportunity to learn appropriate handling techniques for feline patients or consider problems associated with excessive restraint. Schools typically teach technicians to overhandle cats, thus making visits unduly stressful for both feline patients and their owners.

Client Education

Client education starts with the phone call, before the client (whether a repeat or first-time client) even comes to the clinic. The veterinary staff member who answers the phone should ask all clients whether they expect difficulty in transporting the cat to the veterinary hospital. The staff member should provide information as needed regarding ways that the client can help make the visit as pleasant as possible. Because most people are visual learners and the busy clinic phone line precludes spending sufficient time to educate them effectively, it is a good idea to mail or e-mail handouts or videos explaining techniques to get the cat into the carrier and accustom the cat to car rides, as well as suggesting items that should accompany the cat to the veterinary hospital. Educational resources are listed in [Box 1-4](#).

Getting the Cat to the Veterinary Hospital

The veterinary team can teach clients a simple way to make the carrier a feline haven: simply by keeping the carrier in a location that is easily accessible to the cat ([Figure 1-4](#)).²² Placing familiar clothing from a favorite person in the carrier, along with treats or toys, will entice the cat to enter on its own. Rewarding the cat for entering the carrier with treats, food, and calm praise will positively reinforce the cat's favorable associations with

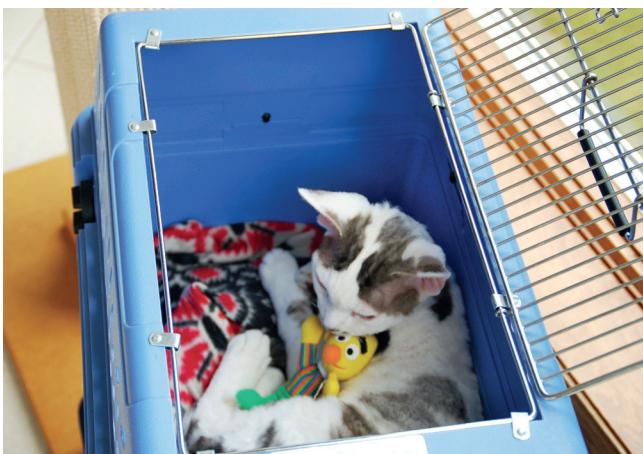


FIGURE 1-4 This kitten's carrier is always left out next to the cat tree. The kitten has learned to use the carrier as a safe haven, which greatly reduces or eliminates fear associated with travel and veterinary visits.

BOX 1-4

Educational Resources

For Veterinarians

1. American Association of Feline Practitioners Feline Behavior Guidelines: <http://www.catvets.com>
2. Feline Advisory Bureau: Creating a Cat Friendly Practice and Cat Friendly Practice 2, www.fabcats.org/catfriendlypractice/guides.html
3. Video: For veterinary professionals: Encourage cat visits, Ilona Rodan, <http://www.catalystcouncil.org/enewsletter/february10/index.html>
4. Healthy Cats for Life: <http://www.healthycatsforlife.com/clinic.html>

For Clients

1. Video: Tips for taking your cat to the veterinarian, Ilona Rodan, www.catalystcouncil.org/resources/video/?Id=89

the carrier. Once the cat regularly enters the carrier at home and uses it for resting, the owner can take the cat on car rides periodically, pairing the ride with positive experiences. Edible treats, favorite toys, and a comb or brush (if the cat enjoys being groomed) can be brought along to make the trip more pleasant and less strange. Fasting the cat for at least a few hours before car travel prevents motion sickness. The fasting also increases the cat's interest in treats both during the car ride and at the veterinary hospital, which creates a more positive experience. Spraying Feliway (Ceva Animal Health, St. Louis, Mo.), a synthetic feline pheromone that calms the cat, in the carrier 30 minutes before travel is very helpful.²⁸

Finally, draping a blanket or towel over the carrier helps prevent motion sickness.

Carriers designed to open from the top as well as from the front make it easier to move the cat into and out of the carrier in a nonstressful manner. The ideal carrier also allows for removal of the top half, so that an especially timid cat can remain in the bottom half of the carrier during as much of the veterinary examination as possible. Hard-sided carriers can be secured by the car's seatbelt to increase the cat's safety and prevent jostling during the car ride.

Receiving the Cat and Client

No matter how calm the reception area is, taking the cat directly to an examination room as soon as it arrives will reduce fear and anxiety caused by seeing, hearing, and smelling unfamiliar people and animals. Minimizing the waiting time is also important because most cats do not calm down as quickly as a dog might in the same circumstances.

First Veterinary Visits and Kitten Classes

First veterinary visits allow the veterinary team to set up the kitten or cat for success. If first veterinary visits are pleasant, future veterinary experiences are also likely to be positive.²³ Clients are more willing to bring back their cats for routine health care visits if they are not fraught with tension. Cat owners should be taught early about giving their cat positive exposure to normal feline maintenance procedures—such as claw trimming, combing, ear inspections and cleaning, and teeth brushing—so that these stimuli have little or no adverse impact during veterinary visits and home care. Clients should be encouraged to bring their kittens to the clinic between appointments for weight checks, increased socialization, and fun visits, especially during the first year of life.

Kitten classes are an excellent way to teach owners how to understand cats and their needs, to provide opportunities for family members to learn how to handle kittens for home maintenance procedures (e.g., claw trimming), and to allow kittens to socialize with other kittens.³⁷ See Chapter 11 for more information on kitten classes.

Getting the Cat Out of the Carrier

Once in the examination room, the cat should be allowed to initiate contact; cats are less apprehensive if they can control their environment. While greeting the client and reviewing the cat's history, the veterinarian should open the carrier door and allow the cat to sniff or explore the room. Tossing or quietly placing catnip or treats near the carrier can entice the cat to venture out on its own. While obtaining the history, the

veterinarian can also assess the patient from a distance without making direct eye contact—which, as previously discussed, the cat may perceive as a threat—to evaluate respiratory pattern, gait, and overall behavior. Monitoring the patient's posturing and facial expressions and response to treats can reveal the cat's fear level. If the cat remains wary, the veterinarian may extend an index finger toward the cat that it may smell (and ideally rub against); most cats enjoy rubbing against protruding objects. The veterinarian should not touch the cat on its head or neck as it is exiting the carrier because this often causes the cat to retreat instinctively rather than move forward.

If the cat will not leave the carrier voluntarily, the top half of the carrier should be carefully removed, if possible, so that the cat can remain in the bottom half for as much of the examination as possible (Figures 1-5 and 1-6). If the cat is still fearful, the veterinarian may slowly slide a towel between the top and bottom of the carrier while the top is removed. The towel provides a safe hiding place for the cat and is in place for wrapping the towel around the cat (a feline "burrito wrap") if needed; the towel wrap helps calm and reassure the cat (Figure 1-7). When the cat must be removed from the bottom half of the carrier, lift the cat from underneath, supporting the caudal abdomen near the hind legs. *It is extremely important never to dump the cat out of the carrier.* Once the cat is out of the carrier, the carrier should be placed out of sight so that the cat will not attempt to return to it.

Finally, once the examination is finished, the cat should be returned to its carrier as soon as possible.

Handling During Examination

1. The best place to examine the cat is wherever the cat wants to be; as previously explained, this gives the cat some control over its environment. Many cats do not like examination tables because they have been punished for climbing on tables at home. An examination room with perches or shelves, benches, and a small pet scale provides a



FIGURE 1-6 Examining the cat in the bottom half of the carrier often makes it feel more secure and is easier on everyone involved.



FIGURE 1-5 If the cat doesn't voluntarily leave the carrier, remove the top half. Ideally, have the front of the carrier facing the wall to prevent escape. (Image courtesy Yin S: Low stress handling, restraint and behavior modification of dogs & cats: techniques for developing patients who love their visits, Davis, Calif, 2009, CattleDog.)



FIGURE 1-7 The "burrito" towel wrap often makes cats feel more secure and prevents scratching of those working with the patient. The best handler should educate other staff during staff meetings and assist with new employee training.



FIGURE 1-8 Cats often prefer to be with their people, either in their laps or sitting next to them. This cat is receiving positive reinforcement, the reward of attention, for good behavior at the veterinary hospital.



FIGURE 1-9 Many cats like to stay in a small pet scale after being weighed. The raised sides make them feel more secure.

good selection of options ([Figures 1-8 through 1-10](#)). Many cats prefer being examined when they are on a familiar blanket or item of clothing from the carrier, which already has the cat's scent. Often, it is easiest to have the cat stay next to the client or on the floor or a lap during the examination ([Figure 1-11](#)). Cats that like sitting on laps are often comfortable in the clinician's lap, but it should be in a position where it is facing away from the clinician and can see the family member. Further, it may help the cat feel more secure if it can lean against the clinician's body; otherwise, it might fear falling from the table. The following suggestions will make the examination far less stressful.

- If the table must be used for the examination and collection of laboratory samples, the cat should be placed on a fleece, towel, or other soft



FIGURE 1-10 Some confident cats prefer to be higher up and enjoy the cat perches in this examination room.



FIGURE 1-11 Some cats prefer to be examined on the floor. Just as children get stickers or treats when they go to the doctor, cats can receive treats or catnip.

material that already has the scent of the cat, such as the padding or favorite person's clothing from the interior of the carrier.

- Slow motions should be used instead of fast ones.
- If possible, the cat should be allowed time to relax before the next part of the examination is performed.
- The cat should not be stretched out; it should be held in a relaxed manner, without pulling its feet ([Figure 1-12](#)).



FIGURE 1-12 The cat should not be stretched out when being held on its side. See how the legs are held in a comfortable position, with the handler's fingers supporting the feet gently.

2. The least restraint is always the best restraint. If the cat is positioned comfortably and handled minimally, it will be less likely to fight to get away or protect itself. Contrary to common belief, holding a cat by its scruff often makes it more aroused and fearful because it does not provide the cat with a sense of control.³⁹ In the author's opinion, scruffing should be reserved for queens with their young kittens; the mother cat can sense how much to scruff. The following points describe improved handling techniques.
 - Rather than scruffing, many cats like to be massaged on their head, behind the ears, or under the chin. Such massage can both distract and calm the cat. Acupressure is another calming technique. The three middle fingers are used to slowly massage or stroke the top of the head, and the first and fifth digits (i.e., thumb and pinkie) are used to control the cat's head and thereby protect both examiner and cat ([Figures 1-13 and 1-14](#)).
 - The cat should not be stretched or extended; instead, it should be held in a relaxed manner, without pulling the feet.
 - The order of the examination should be modified to make it easier on the patient; it is not necessary to examine every cat starting at the head and working to the tail. In fact, performing the least stressful parts of the examination first and reserving areas that the cat does not like touched (for some, the teeth and mouth; for many arthritic cats, the feet; for cats with urinary tract problems, the abdomen) until the end of the examination will help the cat stay more relaxed.
3. Remember: "Slow is fast, and fast is slow." Fast or abrupt movements may alarm the cat and cause it



FIGURE 1-13 Slowly massaging the top of the head helps comfort the cat.



FIGURE 1-14 Notice how the thumb and fifth digit hold the cat's head in place while acupressure is used to calm the cat.

to struggle, which may necessitate several holders. It is important to work slowly and confidently to make the cat comfortable.

4. Desired behavior should be rewarded with treats, catnip toys, and soft praise. Rewards help reinforce desired behavior. Unwanted behavior should be ignored or redirected.
5. The clinician should try not to loom over the cat or grab for it; these actions can increase fear in the patient.
6. Anxious cats should be distracted by engaging them in alternative behaviors that are incompatible with fearful or anxious behavior, such as playing with an interactive toy, following a laser pointer, eating treats, or rubbing on catnip. Gently petting the cat behind the ears or rubbing it under the chin can also divert its attention from the procedures being performed.

7. Many towel-handling techniques can be used to successfully examine both fearful and fearfully aggressive cats and to collect laboratory samples.⁴³ In addition to the previously mentioned burrito-wrap method (see Figure 1-7), other common towel techniques include the following:
 - Covering the head with a towel to eliminate visual cues that might induce stress or anxiety
 - Moving a towel from one side of the cat to another to examine different parts of the cat (Figure 1-15)
 - Gently placing a towel around the ventral neck and one front leg to keep the cat snugly wrapped, with only one front leg exposed for placing an intravenous catheter or collecting blood from the cephalic vein (Figure 1-16)
8. Prolonged (more than 2 seconds) or repeated struggling is not advised.⁴³ If the cat struggles, the position should be changed, or toweling, sedation, or anesthesia can be used as needed. Analgesia is always recommended if the cat is in pain or might be in pain and if painful procedures are to be performed. Senior patients commonly have arthritis and may experience pain with physical manipulation, positioning for radiographs, or placement on hard surfaces. For a list of painful conditions and procedures, see the AAHA/AAFP Pain Management Guidelines¹⁴ and Boxes 1-2 and 1-3.
9. Some cats behave more calmly when visual cues are eliminated. Most cats do not need a muzzle or similar device, but for those that do, several relatively gentle options are available, such as a soft cloth or plastic muzzle that both prevents biting and greatly reduces visual cues. When the veterinarian is working away from the head, an Elizabethan collar (E-collar) or air muzzle can also protect against biting. Some veterinarians, especially in Europe, find “clipnosis,” or pinch-induced behavioral inhibition (e.g., placement of binder clips along the dorsum of the neck), helpful for restraint.³¹
10. Preparing all necessary equipment in advance helps reduce handling time and keeps the cat from being startled by people going in and out of the examination room.
11. Documenting in the medical record which handling methods work best for the individual patient (and those to avoid because they frighten the cat) improves future veterinary visits and decreases stress for all. When attempting to quiet or calm the cat, the clinician should refrain from making shushing sounds, which sound like hissing to the cat and may exacerbate the aroused state.
12. Clients and veterinary team members empathize with cats that are distressed. However, saying,



FIGURE 1-15 This cat is fearful and is much more comfortable with its head covered. Notice how the technician places her left hand to hold the head in place without scruffing or tight restraint.



FIGURE 1-16 This towel technique provides comfort for the cat and a safe method of handling for venipuncture or catheter placement. (Image courtesy Yin S: Low stress handling, restraint and behavior modification of dogs & cats: techniques for developing patients who love their visits, Davis, Calif, 2009, CattleDog.)

“Poor kitty” or “It’s OK” in a soothing voice may serve as an inadvertent reward for their fearfulness. The best way to help the cat be calm and less fearful is for the veterinary staff and client to remain calm.

Handling for Laboratory Sample Collection

Collecting laboratory samples from cats usually requires only minimal handling. The clinician should ensure that the patient is comfortable during sample collection by allowing the cat to remain in the most natural position possible, without stretching or holding legs tightly. A blanket or something soft for the cat to lie on, preferably an item that smells like home, should be provided. Older, arthritic, and underweight cats are especially uncomfortable on cold, hard surfaces and benefit from having soft padding underneath them. As previously discussed, cats can also be gently wrapped in a towel to help them feel more secure.

Many clients prefer to watch while laboratory samples are collected. Having owners present keeps them from worrying about what is happening to their cat, often calms the cat, and furthers client education and respect for the veterinary team.

Measuring Blood Pressure

Blood pressure measurements, when indicated, should be taken before other diagnostic tests, while the patient is kept as relaxed and calm as possible to minimize “white coat” hypertension. The environment should be quiet, away from other animals, and the owner should be present if possible.³ Measuring blood pressure is usually best performed in the examination room rather than in the treatment area. The cat needs approximately 5 to 10 minutes to acclimate to a room; by the time the history is obtained and the physical examination is performed, the cat will have become accustomed to the examination room, reducing the likelihood of white-coat hypertension if blood pressure measurement is done there.^{3,17}

The blood pressure readings can be taken from either front (antebrachium) or back (hock) legs or 1 inch from the base of the tail. The latter option is an excellent approach for arthritic cats and those cats that are more fearful when they see what is happening (Figure 1-17). If either the front or the back leg is used, the leg should not be extended excessively; instead, placing a hand gently behind the leg prevents the cat from withdrawing the leg during the procedure and keeps the cat comfortable. Blood pressure measurements should be taken wherever the cat is most comfortable, whether on a lap, in a carrier, or in some other comfortable place. The clinician should use headphones to prevent fear associated with monitor noise. In addition, using warmed gel precludes the startle response often seen with the application of cold gel. A free downloadable article, “Doppler Blood Pressure Measurement in Conscious Cats,” (http://www.catprofessional.com/free_downloads.html) is an excellent educational resource for those new to taking blood pressure measurements.

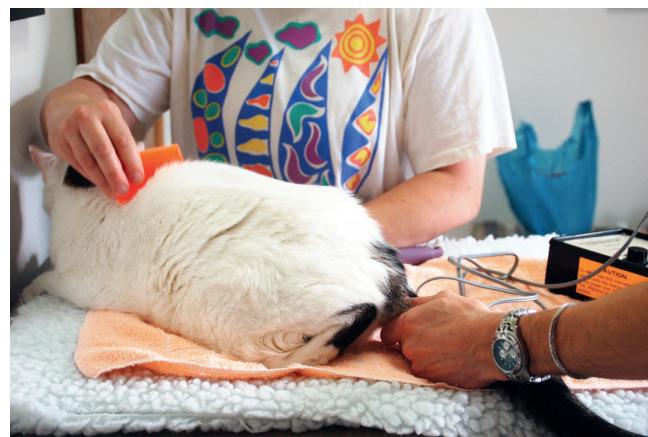


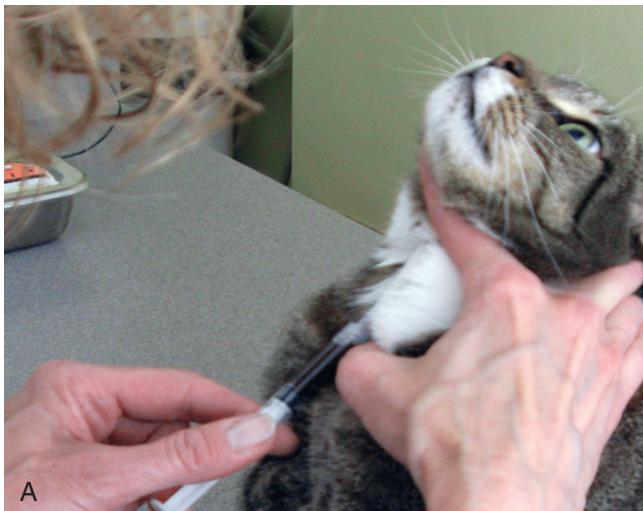
FIGURE 1-17 Blood pressure measurements from the tail work well with cats that do not like to have their feet handled. Notice that the client is distracting the cat with grooming, which is one of its favorite rewards.

Collecting Blood Samples

Most laboratories request a larger blood or serum sample than they actually need; it is helpful to contact the laboratory to find out how much blood is actually needed for the samples. If the laboratory will accept smaller samples, request microtainer or avian EDTA tubes so that a small blood volume is not overly diluted. Regardless of which vein is used to collect the blood sample, most patients require no more than one person to hold them during the collection; in fact, some veterinarians can collect samples from the jugular vein with no additional assistance (Figure 1-18). Many cats tolerate jugular collection very well; this collection site enables speedy collection of a large sample. Other cats prefer not seeing the sample collection and better tolerate collection from the medial saphenous or the cephalic veins; using a butterfly catheter will prevent collapse of these veins if a large blood sample is needed. For patients highly sensitive to needle pricks, lidocaine/prilocaine anesthetic cream (EMLA, AstraZeneca Pharmaceuticals) should be applied over the site at least 30 minutes before blood collection or intravenous catheterization. The site should then be covered with a bandage to prevent the cat from licking the cream. Minimal systemic absorption of lidocaine may occur in some cats, but it is substantially below toxic concentrations.⁹ No other adverse effects have been reported, although struggling during catheter placement was not significantly reduced with use of EMLA cream in one study compared with placebo.⁴¹

Collecting Urine Samples

Urine should be collected by cystocentesis (except in rare cases). The cat should be held in as comfortable a position as possible, without extending the legs. Although most veterinarians and technicians prefer placing the cat



A



B

FIGURE 1-18 A, Blood sample being collected from the jugular vein single-handedly. B, Single-handed jugular collection (other view). (Images courtesy Dr. Jane Brunt.)

on an examination or treatment table to perform cystocentesis, the procedure can also be performed with one person holding the cat in the lap (Figure 1-19). The free downloadable article “Cystocentesis in Cats” (http://www.catprofessional.com/free_downloads.html) is an excellent educational resource and illustrates how to perform cystocentesis with the cat in various positions.

Hospitalization

Whenever possible, it is best not to hospitalize cats; being away from home leads to disruption of the social network and lack of a sense of control, both of which can create fear and stress.²⁹ Hospitalized cats often withdraw and are inactive, leading to the misconception that the cat is not stressed. The high stress of the hospital inhibits normal behaviors such as eating, grooming, sleeping, and elimination.¹¹ This novel environment can be espe-



FIGURE 1-19 Cats often are more comfortable being held on someone's lap for cystocentesis.

cially stressful for senior and geriatric cats and for cats that have not been well socialized.¹¹

If hospitalization is essential, cats should be kept in a quiet area where they do not see other cats or dogs. Protecting the hospitalized cat from the sight and noise of barking dogs and hissing or screaming cats will greatly reduce stress. This goal can be achieved by providing both a separate hospitalized cat ward (see Chapter 2) and isolation areas for cats that hiss or scream and by covering the cat's cage with a towel or blanket to decrease the sight of hospital activities that may increase anxiety. Obviously, removing all scents of other animals or people is nearly impossible in a hospital or clinic environment. However, spraying Feliway in the cage at least 30 minutes before the patient is moved there will help calm the cat and increase food intake and grooming.¹²

Most veterinary clinic caging is too small for cats. Cages should be large enough so that the cat can stretch, groom, exercise, and have separate spaces for eating, sleeping, and eliminating (Figure 1-20).¹¹ Shelves and climbing opportunities can extend the available cage space (Figure 1-21). Indeed, by providing vantage points from which the cat can monitor its surroundings and detect the approach of people and other animals, such vertical space can make the patient feel more in control of its environment.²⁹

In addition, providing materials the cat can use to make a hiding place can greatly reduce stress. Cats will hide when they are anxious or feel threatened³⁵; hiding is an important coping strategy in response to change in environment.¹³ Hiding places can be as simple as a paper bag, a cardboard box, or even a blanket or towel. Placing a blanket or padding on top of a sturdy cardboard box creates both a hiding place and perch.

Comfortable bedding should be provided in both the sleeping and hiding area. Cats prefer to rest on soft surfaces and experience longer periods of normal sleep



FIGURE 1-20 Cat condominiums with multiple shelves allow cats to choose where they wish to be.



FIGURE 1-22 A towel twisted into a circle provides a convenient and comfortable bed that readily allows monitoring of intravenous catheters.



FIGURE 1-21 Cages that lack perches and hiding places can be modified by the addition of a sturdy box with space for hiding and being up high or a commercially made addition that allows hiding and perching. (Image courtesy Drs. Peter and Kari Mundschenk.)

when they lie on soft bedding.¹¹ A towel twisted into a circle (Figure 1-22) makes a good pet bed and allows visual monitoring of the status of intravenous catheters without disturbing the patient.⁴³

Caged cats show signs of stress when the caretaking routine is unpredictable and when they have few or no human social interactions.²⁷ Consistent feeding and cleaning times are less stressful for feline patients,²⁹ as are consistent times for attention, grooming, and weight checks.

Because cats prefer contact with familiar people, the same staff member should, whenever possible, care for a cat being hospitalized or boarded. Also, the cat owner should be encouraged to visit the cat during hospitalization.¹¹

Removing a fearful cat from a cage can be extremely challenging because the cat perceives that its opportunity to escape is restricted.¹³ To reduce the fear response, the veterinarian or technician should stand to the side of



FIGURE 1-23 Standing or squatting to the side of the cage and gradually letting the cat approach or removing the cat while it remains in its basket or box is an excellent way to remove a cat from a cage.

the cage, not directly in front. From that position, the cat should be gently encouraged to approach or enter the carrier on its own (Figure 1-23). Reaching into the cage and trying to grab the cat will be counterproductive and is likely to exacerbate any fear responses.

Returning Home

In most situations a cat experiences no difficulty returning home from the veterinary hospital. Two situations should be addressed with clients, however: the aroused cat and other cats in the household that may not accept the returning cat.

An aroused cat may remain reactive for several hours or even days before it calms down.¹³ If a cat is still aroused when sent home, it is important to explain the situation clearly to the client so that he or she knows what to expect. Until the cat becomes calm again at home, no one should handle the cat and—equally important—everyone should ignore the aroused behavior, so as not to reinforce or cause it to escalate.

Regardless of how long the cat has been at the veterinary hospital, other cats in the household might not readily accept the returning cat because its scent will be unfamiliar.³⁶ In most situations, keeping the returning cat in the carrier until all cats are calm, which usually takes place within a few hours, is sufficient. Clients should be reminded to ignore any hissing or screaming and reward any positive interactions. If the re-introduction still causes problems, the client should first wipe the cat (or cats) that remained in the household with a towel and then wipe the returning cat with the same towel to transfer the familiar scent to the “stranger.” In rare cases, cats will need to go through the same procedure used when introducing a new cat to a household.

One approach to prevent severe problems with the return home is taking both (or all) cats to the veterinarian at the same time, even when only one has a scheduled visit. As previously discussed, spraying Feliway in the carrier (or carriers) at least 30 minutes before travel to the veterinary hospital and including familiar clothing with your scent and the scent of the other cat (or cats) in the carrier (or carriers) will reduce stress and anxiety for the cats during the visit to the clinic.

CONCLUSION

Knowing how the cat perceives and communicates with its environment and other cats helps us to better comprehend the cat’s signals at the veterinary hospital. Further, recognizing that fear and pain are the most common reasons for aggression at the veterinary hospital enables us to respect and understand the cat and provide analgesia as needed. It is now widely accepted that hissing and screaming cats are fearful cats trying to communicate with us to prevent escalation to outright aggression. Understanding the cat and working calmly with the cat will improve veterinary visits and feline health care. Working confidently with this knowledge means that veterinary team members are more relaxed and better able to help clients and cats relax during veterinary visits. This knowledgeable approach will improve the cat’s (and the client’s) visit and interactions at the veterinary hospital.

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