

# The Cat-Friendly Practice

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The need for attention to cats' medical needs was first acknowledged by the American Association of Feline Practitioners (AAFP) in the early 1970s.<sup>1</sup> Since that time, increasing membership and programming in AAFP and other feline-oriented veterinary organizations, coupled with growth in the cat population, has allowed the areas of feline medicine and surgery to become increasingly mainstream and available through traditional companion animal veterinary hospitals and clinics, as well as feline-exclusive veterinary facilities. The addition of board certification for feline medicine specialists through the American Board of Veterinary Practitioners (ABVP) ([http://www.abvp.com/categories\\_feline.htm](http://www.abvp.com/categories_feline.htm). Accessed February 7, 2010) has further elevated the field of feline veterinary medicine. An increasing number of feline-specific scientific journals and consumer publications in print and online have provided more information to diverse audiences. Efforts to increase feline scientific and market research have been undertaken by foundations such as Winn Feline Foundation,<sup>15</sup> Morris Animal Foundation,<sup>9</sup> and the Cornell Feline Health Center.<sup>4</sup>

Despite the increased popularity of and knowledge about cats, recent statistics have shown that veterinary expenditures are declining even while the cat population continues to grow.<sup>5</sup> According to the American Veterinary Medical Association, the number of owned cats in the United States went from an estimated 59.1 million in 1996 to 81.7 million in 2006. Relative to veterinary care and services for dogs, cats receive far less medical care compared with dogs, and there was an 11% decline in feline veterinary visits between 2001 and 2006. In 2006 only 64% of owned cats visited the veterinarian, compared with 83% of dogs.<sup>5</sup> Reasons for this disparity

range from the difficulty of transporting cats (e.g., putting them in a carrier) to a lack of awareness regarding cats' basic medical needs, a failure to recognize signs of illness, and the misperception that cats are able to take care of themselves.<sup>8</sup>

In response to the decline in veterinary care for cats, in February 2008 the AAFP hosted the CATalyst Summit, which featured representatives from more than 30 independent organizations across North America, including veterinary associations, shelter and welfare groups, foundations and cat fanciers, the media, and commercial industries. At this event more than 50 people united in their concern for the health and well-being of cats vowed to change the negative ways in which cats are often perceived and portrayed (<http://catalystcouncil.org/newsroom/index.aspx?Id=9>; accessed February 3, 2010).<sup>3</sup>

After the summit, leaders formed the CATalyst Council and set forth a vision of a future in which "all cats are valued and well cared for as pets."<sup>3</sup> Several collaborative and strategic initiatives were identified and implemented, including the development and publication of *Feline Life Stage Guidelines* by the AAFP and American Animal Hospital Association (AAHA) for veterinary health care teams.<sup>14</sup> These guidelines have also been made available online (<http://www.catvets.com/uploads/PDF/Feline%20Life%20Stage%20Guidelines%20Final.pdf>; accessed January 25, 2010) and are referenced in other areas of this textbook. A version of these guidelines for cat owners called *CATegorical Care: An Owner's Guide to America's #1 Companion* is also available ([http://www.winnfelinehealth.org/Pages/CATegorical\\_Care.pdf](http://www.winnfelinehealth.org/Pages/CATegorical_Care.pdf)).

## FELINE VETERINARIANS

Any veterinarian who treats a single cat is a feline veterinarian and as such will benefit from a greater understanding of normal feline physiology and behavior, the ways in which cats respond to external stimuli, and the idiosyncrasies of domestic cats. Recent investigations regarding stimulation of the hypothalamic–pituitary–adrenal axis show that stressors placed on any individual cat can have negative consequences and play a role in development of disease.<sup>2</sup> This knowledge will help all veterinary health care team members to construct or modify physical and administrative features of their veterinary practices to enhance the comfort, care, and safety of cats, clients, and coworkers. By making the necessary modifications, incorporating proper handling techniques,<sup>13</sup> and implementing ongoing feline health education, virtually every veterinary facility can become a cat-friendly practice.

## FOUNDATIONS OF A CAT-FRIENDLY PRACTICE

It is important to begin by engaging the entire health care team in the development of a cat-friendly practice. The framework for any new team and client communications, techniques, and physical or administrative changes can be provided in the following sequence:

- Education and commitment of staff; enlistment of a point person or team
- Adoption of AAFP–AAHA Feline Life Stage Guidelines<sup>14</sup> and development of practice protocols
- Scripting and role playing to communicate cats' needs to coworkers and clients
- Adherence to respectful feline handling techniques<sup>13</sup>

## PHYSICAL FEATURES OF A CAT-FRIENDLY PRACTICE

Cats are more sensitive to sights, smells, and sounds, as well as touch, and arousal occurs through these senses, particularly in an unfamiliar setting. Heightened arousal subsequent to a change in routine and then travel frequently results in fear, and the *normal physiologic mechanisms* of fear can lead to aggression if the cat is unable to escape to a perceived safe area.<sup>13</sup> For example, if a cat is forced into an unfamiliar carrier and transported to the veterinary hospital, the stress generated by these activities has already initiated changes in heart rate, respiration, and other effects of epinephrine release by the

time the cat arrives. In other words, the cat may be experiencing stress before it is even presented to the practice. With this understanding, the veterinary team can take the appropriate measures to mitigate this arousal or at least respond appropriately.<sup>10</sup>

## Public Areas

Cat owners notice certain signs that cats are welcome at veterinary hospitals. Exterior features such as signage and cat statuary create an inviting appearance. Some facilities offer a separate entrance for cats. The reception area is usually the first place at which an owner interacts with a veterinary clinic or hospital, and a warm and calming environment contributes to a comfortable atmosphere for the client and cat (Figure 2-1). Cat-specific décor portraying cats in a positive manner is far more likely to encourage the cat owner to think, “This place likes and respects cats” than a design that focuses on dogs at the expense of cats. Posters or illustrations of staring cats are not recommended insofar as cats perceive this behavior as confrontational (Figure 2-2). Elevated counters or platforms near the reception desk allow space for cat carriers to be kept away from dogs. Segregated seating, which is less likely to result in visual and auditory arousal of the feline patient by dogs, other cats, or unfamiliar clients, is preferred (Figure 2-3)<sup>12</sup>; escorting the owner and cat into an examination room as soon as possible may help prevent further arousal. Some veterinary practices have adopted “cat-only” office hours to decrease the likelihood of interaction with canine patients. Providing cat-specific educational material in the reception area will also benefit both clients and cats.

## Examination Rooms

Once the cat is inside the examination room, it should be allowed to come out of the carrier on its own and



**FIGURE 2-1** Calming environment of reception area. Cat Care Clinic, Madison, Wis. (Image courtesy Dr. Ilona Rodan.)



**FIGURE 2-2** Reception area with cat décor. Nine Lives Cat Hospital, Sunrise, Fla. (Image courtesy Dr. Samuel Frank.)



**FIGURE 2-4** Performing examination on scale. Cat Hospital of Metairie, Metairie, La. (Image courtesy Dr. Karen Miller-Bechnel.)



**FIGURE 2-3** Segregated seating to minimize visual arousal.

explore its unfamiliar surroundings; this may help dispel the cat's anxiety. Controlling sounds, which includes voices in and around the examination room, often helps improve patient compliance. Examination tables covered with soft mats or towels increase the comfort of the patient on the table; bedding the cat has traveled with has its own scent and will help the environment seem more familiar. Many cats enjoy sitting on a tray-style pad or scale if available, and some veterinarians use these to perform the examination (Figure 2-4). Other cats prefer to sit on their owner's lap or stay on the floor while the veterinarian comes to their perceived safe area (see Figure 1-11). Being flexible and adjusting the examination to the individual cat's needs is critical and is addressed in Chapter 3.

The beneficial effects of synthetic facial pheromone have been documented, and this product should be considered for all areas of the hospital where cats will be present.<sup>6,10</sup>



**FIGURE 2-5** Treatment area adapted to cats' smaller size. Cat Hospital of Portland, Ore. (Image courtesy Dr. Elizabeth Colleran.)

## Treatment Areas

Because cats are smaller than most dogs, the use of smaller tables and work areas may increase the ease of access to and handling of the feline patient. Treatment islands and peninsulas are preferred insofar as they provide space for the veterinarian, technician, and assistants to work comfortably with the patient on adjacent or opposite sides (Figure 2-5). As in the examination room, providing nonskid padding underneath the patient will help provide comfort and stability. Care should be taken not to overstimulate patients' senses.





**FIGURE 2-6** Feline patient with intravenous pump and comfortable bedding.

Calm and deliberate movement and treatment of unpleasant odors will minimize arousal; keeping the treatment area free of equipment that may make loud noises, such as dental tools, centrifuges, washers, and dryers, may help prevent fear caused by loud and unfamiliar sounds.

### Equipment

The small size of feline patients is an important consideration when selecting supplies and equipment. Insulin syringes of various U-100 sizes (e.g.,  $\frac{1}{2}$  and  $\frac{1}{3}$  mL) are helpful in administering accurate doses of injectable medications, and the small needle size decreases pain. Alternatively, 1-mL tuberculin syringes with a 23- to 25-gauge needle may be used. The use of small-volume blood collection supplies (e.g., microtubes) facilitates collection of the minimum sample size needed. Other supplies, such as endotracheal tubes in various sizes from 3.5 to 5 Fr, nasoesophageal feeding tubes (human infant feeding tubes), and esophageal feeding tubes, permit nutritional support of the ill or injured feline patient. Essential equipment includes safe warming blankets or other devices; intravenous and syringe pumps (Figure 2-6); blood pressure monitoring equipment; pulse oximetry and other anesthesia-monitoring devices; non-rebreathing anesthesia circuits; 0.5-L and 1-L rebreathing bags and resuscitation devices; general and dental radiography (digital equipment decreases the time the patient is under anesthesia and eliminates processing time and errors); refractometer and glucometer; human pediatric stethoscopes; and oxygen masks or cones, cage, or other means in which to deliver oxygen in a nonfrightening manner.<sup>7</sup> Soft muzzles to minimize visual stimulation and protect the safety of patient and



**FIGURE 2-7** Many cats prefer access to a vertical space.

handler may be used if appropriate training has been provided and the patient permits placement.

### Housing

The housing of cats in veterinary hospitals follows the same principles of minimizing arousal of the senses. Having separate wards for cats and dogs is advised, and cages should be situated so that cats do not have visual contact with other patients (Figure 2-7). Areas such as an isolation room are important to separate cats suspected of having contagious diseases. Viral upper respiratory infections are most commonly disseminated by fomite transmission, and strict hygiene procedures associated with an isolation area should be implemented throughout the facility. Cats infected with feline leukemia virus and feline immunodeficiency virus that are otherwise healthy should be housed in regular cat wards, not in an isolation ward with other cats with contagious diseases.

Use of nonmetal cages decreases both sound and conduction of heat away from the body. Cats seek out vertical space and benefit from being able to move to other locations. Therefore condo-style cages can minimize stress by allowing the cat to hide or “escape” (Figure 2-8). Similarly, provision of hiding areas such as boxes, covered bedding, or the cat’s own carrier with the door removed afford cats a sense of refuge while inside the cage (Figures 2-9 and 2-10).<sup>7,12</sup>

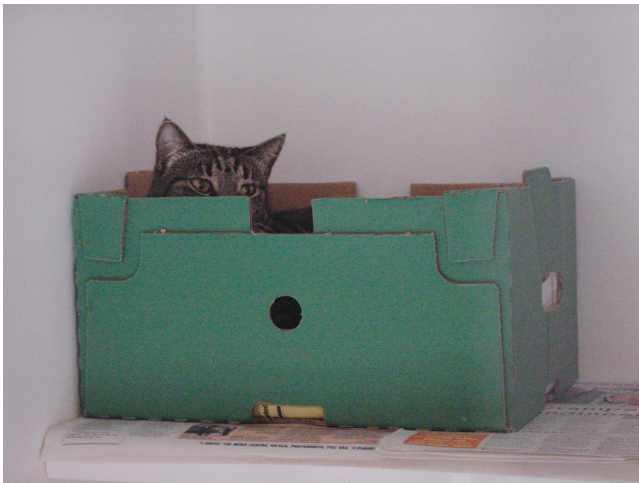
Because cats evolved as desert animals, providing an ambient temperature that is somewhat higher than the human comfort zone of approximately 21° C (70° F) and more in the range of 26° C (80° F) may be beneficial.<sup>2a</sup> At a minimum, bedding to provide insulation and allow burrowing will permit the cat to use its own body heat



**FIGURE 2-8** Cat condos allow for retreat. Cat Hospital of Portland, Ore. (Image courtesy Dr. Elizabeth Collieran.)



**FIGURE 2-10** Patient housed with familiar carrier and bedding.



**FIGURE 2-9** A cardboard box provides hiding space.



**FIGURE 2-11** Tent-style plush bedding helps keep patients warm.

for increased warmth as well as serving as a hiding area (Figure 2-11).

## CONCLUSION

By understanding and following the words of legendary feline veterinarian Dr. Barbara Stein (“Cats are not small dogs”), the veterinarian can ensure a cat-friendly veterinary practice regardless of the species being treated. The key to providing cat-friendly care lies in recognizing the unique nature of cats, educating team members and clients about cats’ needs, and handling and treating feline patients according to those needs. When these fundamental points are observed, the development and implementation of procedures and adaptation of a facility become instinctive, like cats themselves.

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