



Feral Cat Sterilization Guidelines

The American Society for the Prevention of Cruelty to Animals (ASPCA) recognizes that Trap-Neuter-Return (TNR) is the most humane and effective approach to managing the feral cat overpopulation problem in the United States. With TNR, all the cats in a colony are trapped, sterilized, vaccinated for rabies, eartipped for identification and returned to their colony. A caretaker provides food on a regular basis and adequate shelter, monitors the animals' health, and remains vigilant that any newcomers are immediately sterilized. Socialized cats and kittens can be removed from the colony and placed for adoption into a home. This stabilizes the population of the colony and, over time, reduces it. At the same time, nuisance behavior such as spraying, loud noise, and fighting are largely eliminated, no more kittens are born, and the benefit of natural rodent control is continued.

These guidelines are based on the work of the ASPCA, which has sterilized thousands of feral cats via the ASPCA Mobile Spay/Neuter Clinics and the Sunday Bergh Memorial Animal Hospital Spay Days and includes recommendations from the community-based groups Neighborhood Cats (www.neighborhoodcats.org) and the NYC Feral Cat Initiative (www.NYCFeralCat.org).

Whether you are a rescuer, colony caretaker, veterinary technician, veterinarian, or any other friend of feral cats, this guide can aid you in helping spay and neuter the many feral cats in New York City's five boroughs.

Getting Started as a "TNRer"

If you are interested in trapping ferals for spay/neuter or if you are not a veterinary expert (DVM or LVT) but will be working with trapped cats at any stage of TNR, please sign up for the workshop called *Trap-Neuter-Return: How to Manage a Feral Cat Colony* held several times a month in various locations around the city. You can find out exact dates and information on how to register by going to: www.neighborhoodcats.org/events, or you can call (212) 662-5761 to let them know you're interested in signing up.



Once you have completed the workshop on TNR, you will be able to borrow traps from the ASPCA Trap Bank or from Neighborhood Cats (see recommended equipment list at www.NYCFeralCat.org/services-equipment.php) or you can purchase your own. One of the traps we recommend is the 36" Safeguard Large Raccoon with Rear Door trap (Model SG-36D) pictured here.

They are available from ACES at www.animal-care.com.

The other is the new Neighborhood Cats/Tomahawk traps, featuring a wider trip plate (so no cardboard extenders are needed!) and several other improvements.

To order, please call Tomahawk at 800-272-8727, e-mail trapem@livetrap.com, or visit www.neighborhoodcats.org/article/HOME/20 for more details. 36" is model 608NC; 30" is model 606NC.



We also recommend having two trap isolators. We use ones made by Tru-Catch (Model TD-2), pictured here, with the Safeguard trap above. This isolator is available at www.animal-care.com.

The Neighborhood Cats/Tomahawk trap has a matching divider, model TD12NC, available at Tomahawk at the information above.

All TNRers are **required** to take the workshop offered by Neighborhood Cats before using the ASPCA Mobile Spay/Neuter Clinics for spay/neuter services. The workshop is a great idea for *any* person interested in helping feral cats.

Preparing the Trapped Cat for Spay/Neuter Surgery

Once the cat is trapped, the trap should be covered with a sheet to help calm the cat down. For feral cats, it is very important to use proper humane box traps, not carriers.

Following instructions provided in the TNR workshop, trap dividers should be used to ensure that the traps are cleaned out — no food, no cans, and no dirty newspapers left in the trap — prior to surgery. A thin, clean layer of newspaper is fine. Please do not attempt to do this if you have not been trained. Without proper training, it can be risky for caregivers or even veterinary staff to open a trap (even with the use of a trap divider) while the cat contained within is still fully awake.

All food should be removed from the trap by midnight on the night prior to the scheduled surgery. Kittens four months and younger should receive a small meal (about half a meal's worth of food) in the morning and then anything not eaten should be removed from the trap before leaving for the clinic. All cats should have access to water, if possible, until they leave for the clinic.

For veterinary professionals: If you will be placing the trap inside a clinic cage, remove the cage's door to fit the whole trap inside **with the rear door facing out**. The trap should be uncovered and the cover stored in a location away from the trap.

Premedication, anesthetic induction agents, and analgesic medications are generally given through an intramuscular injection while the cat remains in the trap. An isolator can be utilized to confine the cat to one section of the trap while the injection is administered. A luer-lock needle/syringe system is ideal.

It is generally thought that cats can bite through thick gloves, so if for some reason a cat escapes a trap in the clinic area, a netted bag on a pole (pictured here; several types are available at www.animal-care.com) can be helpful to have on hand. The ASPCA strongly recommends the human rabies vaccine for all feral cat caretakers and trappers. It is available from your doctor.

If the netted bag is not helpful in capturing the cat, do not risk injury. The best thing to do is to be patient and re-trap. To ensure that cats are returned to the correct traps, especially if multiple colonies are being treated at the same time, traps should be numbered and the cats logged by trap number and description. ID tags or paper tab-bands should be attached once the cats are sedated, then later removed when the cats are returned post-surgery to their traps. **Important:** No two similar-looking cats should be out at the same time!

Pre-surgical bloodwork cannot be done on the mobile spay/neuter clinics for any animal. If any medical problems should be found upon examination of the feral cat, it is recommended to contact the caretaker to determine their needs and resources. A set-up that includes a large dog crate with a feral cat den (hiding box) can be utilized for cats that absolutely require a few extra days of medication or monitoring after surgery, but only trained volunteers should be allowed to care for such cats. The long-term setup of the carrier within the crate is illustrated and how to safely care for the cat is described in detail in the *TNR Handbook* that you receive when you take the workshop, or see this link: www.neighborhoodcats.org/HOW_TO_FOSTERING_A_FERAL_CAT_SAFELY.

However, some cases may require euthanasia. It is ideal if consent to euthanize due to medical/humane reasons can be obtained from the caretaker upon admission of cat to the clinic just in case contact with the caretaker cannot be made when the cat is anesthetized and a decision regarding euthanasia needs to be made in a timely manner.

The anesthetic protocol utilized will provide pain control, stress reduction, muscle relaxation, as well as safe, controlled depression of the central nervous system resulting in unconsciousness. The ASPCA's protocol can be obtained upon request. If you are a veterinarian or technician and would like a copy, please e-mail mobileclinic@aspca.org.

When the cat is fully anesthetized, surgical preparation and surgery proceed as normal. There is limited medical care that can be provided for feral cats once they have been returned to their colonies. While they are in the clinic, the services provided include:

- **Spay or Neuter** (*Mandatory*)
- **Rabies Vaccination** (*Mandatory*)
- **FVRCP Vaccination** (*Recommended*)
- **Eartip** (*Mandatory for all cats returning to outdoors*). It is a national symbol that indicates the cat has been spayed or neutered and is part of a managed colony. Additionally, in New York City it will protect a feral cat brought into Animal Care & Control from immediate euthanasia. While the cat is anesthetized, about 1/4 inch from the tip of the left ear is cut off in a straight line using a hemostat, styptic powder, and a sterile blade. For more information on eartipping, see www.neighborhoodcats.org/HOW_TO_EARTIPPING
- **Revolution** (*Optional*). Rescuers may wish to use Revolution on all cats who have fleas and are presumed to have ear mites. The dose lasts one month.



- **FeLV/FIV Combo Tests** (*Optional*). Sterilizing a greater number of cats, as opposed to spending limited resources on testing all cats for feline leukemia and feline immunodeficiency virus, may result in fewer cats to spread such infectious diseases. Friendly cats who are being placed for adoption and all cats that appear symptomatic for these diseases should be tested, but for healthy ferals returning to the outdoors it is not recommended. Please see this link for more information:
www.neighborhoodcats.org/HOW_TO_RELEASING_FIV_FELV_POSITIVE_CATS
- In addition, while a feral cat is anesthetized, it can sometimes be treated for **other small ailments** or illnesses (i.e., pulling loose teeth, treating infected wounds, repairing hernias, etc.). This depends on the clinic, the team, the supplies on board, the severity of the issue, etc. We do not trim nails on feral cats — they need their claws sharp! We also do not provide bandages or splints. And finally, only cats who are being spayed or neutered that day are entitled to receive any treatment on the MSNC. Cats who are not being spayed or neutered on the clinic may not be seen for vaccines or any other wellness care at that time or any other.

After Spay/Neuter Surgery **(for veterinary practitioners)**

Intravenous or subcutaneous fluids should be administered at the surgeon's request. Cats that are pregnant or lactating generally receive LRS administered subcutaneously. Fluids should be warmed appropriately prior to administration.

The cat is returned to its trap while it is still under anesthesia. Any ID tag is removed. The rear door is securely fastened (please do not forget to double check this, as it is very easy to close the rear door improperly!) and the cover remains off for the duration of the cat's stay in the hospital so they are visible through the traps as they recover. It may be of benefit to secure doors of traps with zip ties.

Trapped cats must not get e-collars.

Ferals are entitled to the same level of post-operative care that any pet cat would receive, for the length of time before their caretakers return them to outside. Caretakers are told what to look for in the event of a post-operative complication (see below) and are advised to contact their veterinary practitioner if necessary.

Caring for the Feral Post-Surgery **(for TNRers and colony caretakers)**

Caretakers should check each cat as they are delivered back to them by the clinic and ask any questions they may have if they are unsure of the cats' post-surgery demeanor.

Following the instructions provided in the TNR workshop, the trap is cleaned and the cat is fed twice daily, always using two dividers/isolators. Please see the *TNR Handbook* for more information about this.

The New York City Feral Cat Initiative (NYCFCI), a program of the Mayor's Alliance for NYC's Animals and Neighborhood Cats, recommends the following guidelines for recovering feral cats post spay/neuter surgery. Healthy cats: 48 hours for males, 72 hours for females. A lactating cat may be returned after 24 hours, assuming there is no sign of infection at her suture site and her recovery is progressing normally. For cats who underwent a late-term spay/abort, NYCFCI recommends that the cat be held for 4–5 days, with monitoring for signs of complications. It is best if such cats are transferred to a wire crate, as shown and described at www.neighborhoodcats.org/HOW_TO_FOSTERING_A_FERAL_CAT_SAFELY.

Recognizing that confinement is often stressful for feral cats and that the length of the recommended recovery period can vary from organization to organization, we offer the above time-periods as guidelines. The 48–72-hour holding time presumes the following: cats are kept in 36" traps with removable rear doors in a temperate, quiet, secure location, are kept covered, and are fed and cleaned twice a day. An extended recovery period may be required in some circumstances, such as when treating a cat for a URI, deep wound, or laceration, or, if weather conditions at the release date are severe (hurricane, blizzard). A good option in these situations is to carefully

transfer the cat to a wire crate, as described in the link shown above. For most feral cats, the 2–3-day holding period is manageable and affords the cats time to begin to heal from their surgery and the caretakers time to assess the cats' condition before releasing. Occasionally, a cat will exhibit behavior that indicates a high stress level (e.g., repeated attempts to escape the trap such that the cat causes skin abrasions). In such cases, cats should be released when recovered from anesthesia and it is determined that the cat does not have any medical problems directly related to surgery. In these instances, releasing the cat sooner may be more beneficial than continued confinement.

Post-Operative Recovery **(for vets, vet techs, and feral cat caretakers)**

- **1st Stage: Unconsciousness.** Cats should *never* be returned to caretakers while unconscious. Unconsciousness more than two hours after surgery may be indicative of a negative reaction to anesthesia or a surgical complication and immediate treatment should be sought.
- **2nd Stage: Shaking or shivering.** Shaking or shivering can be seen in the post-operative period and may be due to *hypothermia* (too cold). Warming the cat via use of *safe* heating devices may help the cat increase its body temperature. The animal's temperature drops when it recovers, and it may shake uncontrollably. Note: Feral cats can also become *hyperthermic* in the post-operative recovery period (too hot). Signs of hyperthermia are usually panting, thrashing, and sometimes drooling. Attempts to cool and calm the cat should be made.
- **3rd Stage: Drunken State.** The cat has regained consciousness but not full control over bodily movements. They may thrash or bang up against the trap. The cat may injure himself in doing this, so it is usually recommended that an injectable agent be administered to help the cat become calm. The trap should be partially covered at this stage to provide a sense of security.
- **4th Stage.** The cat will lie or sit quietly, appearing a little tired but fully alert.

Post-Operative Complications to Look Out For **(for TNRers and rescuers)**

- **Appetite.** This can vary, but after a full day has passed since the surgery, the cat should be eating and drinking normally. By the second day, if a feral is not eating after offering him a variety of enticing foods — such as canned Fancy Feast, boiled chicken cut into small pieces, or chicken/turkey baby food without onions or garlic — it may be stress-related. But if you see it in conjunction with lethargy or other symptoms listed below, contact the veterinary office or clinic where the procedure was performed.
- **Lethargy.** Every cat reacts to surgery and anesthesia differently. For females, the spay is an invasive procedure and they may take their time coming around. If a cat is significantly lethargic at any time following release from the animal hospital, this is of concern. Examples of lethargy in a feral cat include listlessness, droopy head, drowsiness, not “acting feral,” etc. Please contact the animal hospital where the procedure was performed.
- **Diarrhea.** Severe or bloody diarrhea also warrants immediate attention.
- **Bleeding.** A few drops of blood or urine tinged with blood (in females) are both within normal limits. Anything more than very small blood stains on the cat's bedding warrants a call to the veterinary hospital. Bleeding may indicate a complication with sutures or the site of the incision.
- **Other Issues.** Other issues are probably not related to the surgery. It is imperative that the surgeon and assisting technicians explain to the client that because the medical history of feral cats is largely unknown, any surgery is risky because there may be an underlying condition that shows itself only after an operation is performed. And again, there is limited aftercare available for ferals who have illnesses or chronic medical conditions.