Working with Veterinarians and Veterinary Clinics

Introduction
Veterinary professionals obviously play a key role in the success of any community cat program (CCP). Developing a close working relationship from the very outset of a program’s implementation is therefore critical. Doing so requires considerable work while the CCP is still in the planning stages, but such investments tend to be rewarded once the program is underway. It’s far better to have processes and procedures agreed upon and in place ahead of time than to be sorting them out “on the fly” during the early days of a CCP.

As with so many aspects of a CCP, there are many successful models that might be adopted. In some cases, surgeries are performed in-house, through the shelter’s veterinary clinic, for example, whereas other programs rely on a network of partner clinics in the community. Still others — especially programs with very big goals to meet — use a combination of the in-house and partner-clinic models. Regardless, every CCP must take into consideration several key factors related to these partnerships. The following guidelines are intended to help CCP staff and volunteers better understand these factors, and, as a result, collaborate effectively with veterinary clinics and their staff.

Note: A significant portion of the information that follows was excerpted from the ASPCA’s Special Considerations for Community Cats at Spay/Neuter Clinics: Best Practices for Medical and Management Protocols, and used with permission.

Service agreement
The first step in establishing a healthy working relationship with veterinary clinics and their staff is to compile a list of veterinarians and/or clinics with whom CCP staff are interested in working. At this early stage, pay particular attention to the following:

• Credentials and licensure: If a veterinarian isn’t licensed to practice in the state, then there’s little point in considering him or her for a CCP partnership.

• Communication style and client rapport: There’s more to veterinary medicine than surgery; clear communication and a style that fits well with the rest of the CCP are also important. Veterinary staff need not be your best friends, but there will be frequent interactions with them, so the program will run more smoothly if the people involved get along well.

• Philosophical alignment with the CCP: In addition to the capacity required of a high-volume spay/neuter provider, it’s important that partner clinics share the CCP’s overall philosophy, policies and practices. A veterinarian uncomfortable with the idea of returning cats to their outdoor homes, for example, is a poor candidate for a CCP partner regardless of surgical skill, capacity, price or any other factor.

The next step is for all parties to agree upon the veterinary services that will be provided and the fees that will be charged to the program. Having this spelled out clearly, in writing and up front, will avoid numerous misunderstandings down the road. Ideally, this will take the form of a memo of understanding (MOU) between the clinic and the organization operating the CCP. Among the many factors to consider are the following.

Costs for standard CCP services. Best Friends’ CCPs generally budget a fixed per-cat cost for standard services, which typically include:

• Sterilization surgery (with dissolvable sutures)
• Ear-tipping
• FVRCP vaccination
• Rabies vaccination
• Pain medication
• General health check
• Late-term spays
• Pre- and post-surgery holding periods

Note: It’s important that ear-tipping be done consistently (see below), although we also recognize that some CCPs will choose not to ear-tip cats and kittens who are considered adoption candidates.
Costs for additional services. Pre-approved “extras” might include:

- Cryptorchid sterilization
- Flea treatment
- Deworming
- Abscess treatment

These costs (and needs) could be determined on a case-by-case basis:

- Enucleation (removal of an eye)
- Tail or leg amputation
- Dental work
- Microchip
- Overnight stays for special circumstances

Factors not associated with costs. The following are factors not associated with costs:

- Clinic capacity (daily, weekly, etc.)
- How clinic staff will work with CCP staff and volunteers and, when necessary, caregivers
- How invoicing will be handled
- How vouchers (if available) will be handled
- How cats found to be already sterilized, or unable to be sterilized, will be handled
- How postponements (e.g., when more cats than anticipated are brought to the clinic, staff absences) will be handled
- How medical emergencies (e.g., cat hit by a vehicle, cat has severe complications during surgery) will be handled
- How unexpected clinic closures (e.g., power outages, illness) will be handled
- How cats deemed too unhealthy to be returned to their trapping location will be handled

Note: It’s expected that veterinary staff will be familiar with, and proficient in, all necessary surgical procedures, vaccine and pain management protocols, and so forth. Veterinarians often have preferred procedures and protocols, and there is some disagreement regarding best practices. Rather than trying to impose consistency for the sake of consistency, it’s generally best to emphasize the need for a high quality of care, regardless of the particulars.

FIV and FeLV testing. The CCP’s goal is to spay or neuter as many cats as possible, so spending program funds on testing cats for feline immunodeficiency virus (FIV) and feline leukemia (FeLV) warrants serious consideration. While the tests for these two viruses are combined into one test, the viruses themselves are very different. You should learn and understand the symptoms, transmission routes and effects of each of these viruses. The test is costly and very few cats will test positive, making it difficult to justify for a CCP. Testing can be helpful, however, in the rare situations when you are trying to diagnose a medical condition or if you are transferring the cat to an adoption program.

Note: FIV and FeLV testing should never be used as standard practice to determine which cats are eligible for a CCP.

Appointments and scheduling

Although the procedure for scheduling surgery appointments varies somewhat by program and clinic, the following two scenarios are common:

- The CCP has a standing number of appointments scheduled each day with a particular clinic. (How to handle cats exceeding this number is something that must be agreed upon ahead of time.)
- The CCP calls the clinic in advance to make appointments based on the anticipated need (based on information from CCP staff and volunteers, trap loans, caregiver input, etc.).

There’s no correct way to set up scheduling. What’s important is that all arrangements are, to the extent possible, agreed upon by all parties ahead of time.

Integrating CCP and veterinary services

After cats enter a CCP by way of the intake process (see “Intake of Cats and Kittens”), the next step for cats deemed eligible by veterinary staff is transporting them to a clinic for sterilization, vaccination and ear-tipping. This typically involves one of the following scenarios:

- A short trip from the shelter’s intake area to the pre-surgery holding area and then to the shelter’s clinic
- Transport by CCP staff and volunteers to the shelter’s clinic or a partner clinic
• Transport by volunteer trappers and/or caregivers to a partner clinic

Some programs accommodate only one scenario, while others accommodate all three. Again, what's important is that arrangements are agreed upon ahead of time.

Once the people involved are familiar with the standard procedures and protocols, dropping off program cats at the clinic becomes a routine activity. However, this is also a critical step in the process because it's often the only opportunity to convey important information to veterinary staff from CCP staff and volunteers, shelter staff and volunteers, enforcement officers, residents turning in a stray or anybody else involved with the cat's intake. For example, a caregiver's note could indicate that the cat is limping or needs extra services (e.g., dental work, flea treatment). Surgery sheets (completed legibly) are used to document such information. (See the appendix for an example.)

One of the best things to help accommodate the high number of cats is consistency. We have established trust and good working relationships with Best Friends’ staff. We all do our best to accommodate one another, and we go out of our way to communicate clearly, concisely and in a timely manner. It all boils down to respect.

*Karter B. Neal, DVM, Santa Cruz Veterinary Clinic, Tucson, Arizona*

**Trap handling**

To ensure that cats are not mixed up, each trap or transfer cage should be labeled with an ID card that includes key information (e.g., identification number, description of the cat, individual or organization picking up the cat, intended outcome).

There are many manufacturers and models of humane traps and transfer cages. Veterinarians and the clinic staff who will spay or neuter cats arriving in traps should be familiar with the way most common types work and know how to most easily remove and replace cats. The doors of the traps should be secured at all times during transport to and from the clinic to ensure that the cats cannot escape.

**Physical exam**

When possible, each cat should receive a visual examination by a veterinarian or a veterinarian's staff before the administration of any medications or anesthetic induction. Such an assessment can yield significant information regarding the patient's physical status, such as:

• General body condition
• Hair coat and skin condition
• Mucous membrane color
• Presence or absence of ocular and nasal discharges
• Breathing rate and effort, or congestion
• Pregnancy
• Lactation status
• Presence of wounds or injuries

Note: Before any pre-surgery medication is administered, cats should be double-checked for an ear-tip (indicating that the cat has already been spayed or neutered). Although it's unlikely that this would have been overlooked by the trappers and/or CCP staff, it can happen — and it's best to avoid unnecessarily anesthetizing a cat.

While much information can be gathered by a visual examination performed by a trained professional, there are limitations to such exams. A number of health concerns can be addressed only through a physical examination, such as:

• Heart murmurs and arrhythmias
• Abnormal lung sounds
• Abdominal masses
• Enlarged kidneys
• Pregnancy (if not visually obvious)
• Pyometras or hydrometras (disorders of the uterus)

**Patient selection**

Obviously, spaying and neutering are elective procedures; a veterinarian typically chooses to perform these procedures only on cats who are healthy and free of any medical concerns, either from injury or infectious disease. And, just like CCP staff and volunteers, the veterinary and clinic staff with whom they work should always base their decisions on what’s in the best interest of the cat. Nevertheless, a somewhat different set of criteria apply to spay/neuter surgery for community cats. Below are some basic guidelines to determine a community cat’s fitness for surgery.

Surgery is usually performed when:

• There is mild/moderate URI
• Patient is pregnant
• Patient is thin
• Patient has an abscess or wounds
• Patient has an unkempt coat

Surgery is not performed when:

• Conditions are severe and anesthesia or surgery would be life-threatening
• Euthanasia is considered the best option because of irremediable suffering or an unacceptable quality of life

See “Working Toward Positive Outcomes” for additional information on this subject.

**Anesthesia and analgesia**

There are many acceptable anesthesia protocols for cats being held in traps. The most important factors in choosing a protocol for community cats are that the induction agents must be administered by intramuscular injection and the medical staff must be comfortable with the anesthetic induction, monitoring and recovery. In addition, it’s best if the drugs used can be reversed for quicker recovery. Administration of pre-medication and the induction agent can be done with accuracy by using a trap divider to hold the cat still in the trap.

The anesthesia protocols of several prominent spay/neuter clinics can be found on the Association of Shelter Veterinarians (sheltervet.org) website. Any anesthesia protocol chosen must include adequate pain management; a multi-modal approach is considered to be the most effective. Initial pain medication should be given to the cat prior to surgery and allowed adequate time to be in effect when surgery begins. Since these cats will not be able to receive ongoing oral medication following surgery, special care should be taken to ensure that pain management is provided by long-acting injection while the cat is sedated at the clinic.

Note: All cats must be carefully monitored for body and neck position while in the trap during induction and recovery. It is possible for a sedated cat in a trap to so severely flex her neck that the trachea will kink and become occluded. This must be corrected immediately by the staff, since a cat can suffocate in this position.

Non-steroidal anti-inflammatory drugs (NSAIDs) are a good choice for community cats because these drugs provide up to 24 hours of post-op pain relief without any sedation effect (which would pose a risk once a cat is released).

**Identification**

As each sedated cat is removed from his trap, it’s important to label or tag him in a way that his identity is clearly visible. This label or tag
will remain attached to the cat throughout the preparation, surgery and recovery phases, and until the cat is placed back in the trap. Some programs use a paper band around the cat’s chest, which is more visible than a neck band and therefore reduces the chances that the band will be accidentally left on the cat when he’s returned. (Plastic bands are not recommended because they can be dangerous if accidentally left on a cat.)

Other programs use a standard kennel card with the trap number written on it; still others use Scotch or medical tape with the relevant information written in permanent marker. (In the event that the tape is left on the cat, it will fall off easily enough after the cat is returned.)

Surgery

Spay and neuter surgery procedures for community cats are no different than for other cats. Each spay and neuter must be performed with sterilized instruments. Suture material can be taken in a sterile fashion from a reel of sterilized suture and used with a sharp sterile needle, or individual packs of suture with swaged-on needles can be used. In either case, once suture material is exposed to a cat, it must be discarded.

Patients should be carefully monitored during surgery. Medical support staff must be trained to monitor anesthesia carefully using physical parameters. Monitoring equipment such as pulse oximeters is also recommended.

Possible challenges encountered during surgery on community cats:

- **Pregnancy**: CCP staff need to work with their providers, deciding together whether to choose to spay community cats who are pregnant when they come to the spay/neuter clinic. The CCP staff advocates for this outcome because of the impact of the impending litter on the local population of community cats, and also because this cat may now be trap-shy, leading to multiple additional litters.
- **Lactation**: A cat who is actively lactating and believed to be nursing young kittens dependent on her for nutrition should be spayed and the time frame for return should be accelerated. (Be sure to return to the trapping site to search for her kittens, as they are especially vulnerable in her absence. You will also want to keep tabs on them until they are old enough to be sterilized and vaccinated. See “Trapping Protocols” and “Returning Cats” for additional information on this subject.)
- **Post-partum friable uterus**: Additional care must be taken.
- **Incision size**: Minimize the incision size since it will typically be possible to monitor the incision for no more than 12 hours.
- **Irritation to the incision site**: Obviously, e-collars cannot generally be worn by community cats, so it’s important to avoid anything that will cause irritation to the incision site, causing the cat to lick or scratch at the incision. Do not use peroxide to clean the skin after surgery, for example, because this is irritating. And avoid crushing sutures in the body wall; tighten them to apposition only to avoid tissue necrosis and discomfort for the cat. Overly tight sutures can cause discomfort, which can lead to excessive grooming, increasing the likelihood of wound dehiscence. Failure to properly clean the surgical site (e.g., leaving blood and/or dried chlorhexidine scrub) can also lead to excessive grooming and wound dehiscence.

Ear-tipping

An ear-tip is the universal symbol of a community cat who has been sterilized. Ear-tipping is generally performed after surgery, as doing so generally ensures better surgery flow and, more important, ensures that cats go into surgery as soon as they are fully anesthetized. Best Friends recommends the following ear-tipping protocol:

1. Before proceeding, the cat must be anesthetized.

2. Examine the cat’s ears for ear mites and ticks. (Careful examination of community cats is important because this may be their only opportunity for medical care.) Clean the ears using gauze or Q-tips soaked in Epi-Otic or another ear-cleaning solution. (Never pour liquid into the ears of an anesthetized cat.) Apply Revolution, Frontline or Advantage Multi
3. Using gauze or cotton balls soaked in a sterile scrub solution, scrub the tip of the left ear.

4. Hold a straight hemostat across the top quarter-inch of the left ear, applying gentle pressure. To avoid damaging tissues beneath the ear tip, never clamp the hemostat beyond the first set of interlocking teeth (the lightest pressure setting), as shown in the photo.

5. The top quarter-inch of the left ear should be removed, cutting straight across with sharp, straight-edge scissors. (Using scissors will cause less bleeding than using a scalpel blade, but scissors will need to be wiped down with a sterile scrub after each use. Scalpel blades must be replaced after each use.)

For kittens, the amount removed will be less than a quarter-inch. The actual amount is determined by the size of the kitten (less on young kittens and more on older kittens). A spayed or neutered community cat is identified by the straight edge on the top of the ear, not by the amount removed. So only a quarter-inch of the ear-tip should be removed.

6. If using a cautery tool (preferred method), apply light pressure to the cut edge of the ear to cauterize the cut area. Otherwise, prepare a hemostatic paste ahead of time by mixing Kwik Stop or other styptic powder with just enough lidocaine to make a thin paste. Apply the paste across the cut surface with a Q-tip to reduce the amount of head-shaking that occurs during recovery. The paste should stop the bleeding once the gentle pressure of the hemostat is removed. If bleeding continues, apply more paste and, if necessary, reapply pressure for a short time.

**Recovery**

Because of the physical and health challenges community cats face in their outdoor homes, it’s extremely important for these cats to recover to full strength quickly. It’s therefore very important to provide all necessary medical support during and after surgery, including:

- Subcutaneous (sub-q) or intravenous (IV) fluids
- Supplemental oxygen
- Antibiotics (if indicated)
- Oral dextrose (to avoid hypoglycemia, especially in young kittens)
- Heat

Heat sources include:

- Heated prep solutions
- Heating mats and discs
- Gloves filled with warm water
- Rice socks
- Mylar blankets
- Heating pads or hot water-circulating blankets
- Forced air-warming systems
- Fluid warmer for fluids administered

Caution: Do not leave anesthetized cats unattended while exposed to heat, as this can result in burning.

Cats who are pregnant or lactating at the time of surgery require additional support and monitoring during recovery. Also, any skin wounds or abscesses should be addressed during recovery, if not already addressed during surgery. Clip the fur around the wound, cleaning and suturing if needed.

Cats should be returned to their traps before they begin to exhibit behaviors that will make handling difficult. Remove any collars or bands placed on them, and carefully position the cat in the trap with body and neck extended, and if possible, positioned for easy monitoring. (See “Post-
surgery Recovery” for additional information on this subject.)

**Infectious disease control**

All surfaces and equipment at the spay/neuter clinic should be carefully and completely disinfected between patients with a product known to be effective against common bacterial and viral agents that affect cats.

**Discharge**

Community cats being returned to their outdoor homes should be discharged to the appropriate individual or organization (e.g., caregiver, CCP staff or volunteer, enforcement officer) and discharge instructions provided, if necessary (for individuals new to the CCP and new CCP partners). A standard discharge note should include the following information:

- Conditions and behaviors to expect while the cats continue to recover from anesthesia
- Basic timeline regarding recovery, release and feeding
- Guidelines for in-trap care
- Unexpected situations requiring immediate attention

Please see “Post-surgery Recovery” for additional information about this topic and see the appendix for an example of typical discharge instructions.

In addition, discharge notes will need to be modified for cats with special issues discovered during surgery or while at the clinic. Special issues include:

- Pregnant or lactating female cats or those with pyometra
- Other health issues identified (wounds, infections)
- Additional medications administered or needed
- Change in standard post-op care
- Change in standard post-op holding time

**Beyond the clinic**

It’s easy to get caught up in the day-to-day activities associated with a CCP and clinic partnership, but it’s important to pay attention to long-term sustainability as well. Consider, for example:

- Supplemental funding sources: Some organizations that don’t necessarily fund other aspects of a CCP’s operation will fund medical care and services. Such grants can obviously make a significant difference to the program’s overall budget.
- Customer surveys: To ensure that the cats are receiving the best medical care — and that the people involved get the best customer service — consider periodic customer surveys. The results can be invaluable for improving this critical component of a CCP’s operation.

**Additional resources**

- ASPCA’s Special Considerations for Community Cats at Spay/Neuter Clinics: Best Practices for Medical and Management Protocols
- FIV and FeLV FAQs
Appendix

Surgery sheet example

COMMUNITY CAT PROGRAM  
Best Friends Animal Society Clinic  
Kanab, Utah 84741  
Clinic: 435-644-2001 ext: 4210  
Community Cat Program: 435-644-4469

First Name: ___________________________  Last Name: ___________________________
Address: ___________________________  City: ___________________________
State: _______  Zip: _______  Contact #: ___________________________

Cat Info

Is this cat a:  
- Pet [ ]  
- Shelter [ ]  
- Community Cat [x]

Carrier or Trap# ___________________________

Has this cat had any vaccinations?  
- Yes [x]  
- No [ ]  
- Unknown [ ]

If yes, what and when:  
- Combo [ ]  
- Rabies [x]  
- Date: ___________

Consent for Surgical Sterilization

I hereby request and authorize Best Friends Animal Society through whomever veterinarians and assistants they may designate to perform an operation for the sterilization of the animal described on this admission form.

I understand that the operation presents some hazards and that injury to or death of such animal may conceivably result; for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service.

I understand that Best Friends Animal Society has the right to refuse service to any animal to whom surgery is deemed a health risk.

I hereby release Best Friends Animal Society, the veterinarian, assistants and all of its officers, directors, employees and members of its staff from any and all claims arising out of or connected with the performance of this operation or procedure and/or any transport of the animal. I agree that I have not or will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization of such animal or any consequences related thereto.

Signature ___________________________  Date __________________

All cats will receive a small ear tip unless otherwise approved.

<table>
<thead>
<tr>
<th>Medical findings</th>
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<tbody>
<tr>
<td>In Heat [ ]</td>
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<tr>
<td>Pregnant [ ]</td>
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<td>Lactating [ ]</td>
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<tr>
<td>Cryptorchid [ ]</td>
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<tr>
<td>Already Fixed [x]</td>
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<tr>
<td>Not Done [ ]</td>
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</tbody>
</table>
| Reason: ___________________________
| Condition Noticed: ___________________________
| Medications: ___________________________
| Weight: ___________
| Other: ___________________________

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<tr>
<td>FVRCP (Combo) [x]</td>
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<tr>
<td>Rabies [ ]</td>
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<table>
<thead>
<tr>
<th>Surgery performed</th>
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</thead>
<tbody>
<tr>
<td>Spay [ ]</td>
</tr>
<tr>
<td>Neuter [ ]</td>
</tr>
</tbody>
</table>
| Weight: ___________
| Ear tip: yes [x]  |
| no [ ]  |

MEDICAL USE ONLY

Vaccine stickers here
Discharge instructions example

Post-op care for community cats

Community cats should not be handled when conscious and therefore require special care when recovering from spay or neuter surgery.

When you pick up community cats from the clinic or veterinarian’s office, they should already have regained consciousness (and may or may not be moving around in the trap). They should be in the same trap you dropped them off in and the trap should be completely covered with a sheet or towel. Ensure that trap doors are secured before exiting the building.

Here’s a rundown of instructions for further recovery.

Initial recovery

- Cats should stay dry, inside and in a temperature-controlled area after surgery. Anesthesia interferes with an animal’s ability to regulate his own body temperature, so it’s important that we help these cats stay warm in the winter and cool in the summer.

- Cats hallucinate as the anesthesia wears off, so keep them away from people, loud noises and especially dogs. Any sort of sound, light or touch may annoy them greatly. Cats may growl, claw at invisible objects and generally act unpredictably for up to 10 hours post-surgery. They will become more active and alert as the evening goes on. Keep them in a quiet, dark place, such as a bathroom, closet or basement. Cats are independent animals and generally come out of anesthesia without human help.

- Keep the traps covered to reduce the cats’ stress. Never open the trap doors or allow the cats out of the trap. Do not stick your fingers into the trap, or attempt to handle the cat for any reason.

- For the most part, leave recovering cats alone but check in every hour or two to monitor their progress. Watch for signs of distress, such as vomiting, bleeding, labored breathing or grogginess more than 24 hours after surgery. If you see any of these symptoms, seek veterinary assistance immediately. If you cannot reach a veterinary office, call us; we may be able to help.

- If a cat is vomiting while still unconscious, the head should be turned to avoid choking. Sometimes this can be achieved by gently tipping the trap to the side to change the cat’s position. Be careful when tipping the trap so that you don’t harm the cat by jostling her too much.

- Ear-tipping, a universally accepted method to identify a spayed or neutered and vaccinated community cat, involves the removal of the tip of the left ear. (In some parts of the country, the right ear is tipped.) Occasionally, a cat will shake his head while waking up from anesthesia, opening up the ear-tipped area and causing some blood to splatter. This is typically only a small amount and tends to stop quickly.

In-trap care

- Approximately 6-8 hours after surgery, the cat will regain consciousness. Once his eyes no longer have a glazed-over appearance and he’s sitting in an upright position, you can offer him a small amount of food (e.g., three ounces for adults, one-and-a-half ounces for kittens). Canned food is recommended because of its high water content. If holding the cat for 24 hours or less, there’s no need to provide water separately. For kittens six months or younger, feed them as soon as they regain consciousness (monitoring for any vomiting) and again eight to twelve hours later.

- To feed a cat in a trap, there are a couple options. You can purchase or borrow a trap fork (also called a divider or isolator), which is used to separate the cat from the door area, and then open the door and
slide the food in. Another option is to put the food on a paper plate on the floor, gently pick up the trap and press it down onto the food so that it squishes up through the wire “floor.” This method makes it more difficult for the cat to eat, but is better than no food at all (and ensures your safety).

- It is generally recommended that cats be held for 24 hours after surgery, although they can sometimes be returned within 12–24 hours, as long as they are fully awake and alert. Lactating mothers should be returned as soon as possible (i.e., once they are fully awake and alert). They will immediately return to where they left their kittens and will be able to continue nursing their young.

- If a longer recovery period is needed, you can use a feral cat den (or feral cat box) placed in a larger cage, which allows the cat to have a safe place to hide (and provides an added measure of safety for you). The den’s sliding acrylic door will line up with the trap’s rear door for easy transfer. Once the cat is inside, the den is placed in a large cage or crate, along with a litter box, food and water. The cat goes in and out of the den via the circular opening on the side. A pivoting door is used to cover the opening when cleaning or feeding.

Returning cats

- Release the cat in the exact location where she was trapped. Do not relocate the cat; it might be seen as abandonment and the cat may die. Make sure the spot you pick for release does not encourage the cat to run toward dangerous conditions (a busy street, dogs, etc.).

- Keep the trap covered until you are almost ready to release the cat. Then, quietly uncover the trap, allowing the cat to take in her surroundings (i.e., recognize her home) for 15–30 seconds. When you are ready to release the cat, simply hold the trap with the rear door facing away from you and open the door. If the cat doesn’t race out of the trap immediately, tilt the trap so that the end closest to you is raised slightly. You might also try tapping lightly on the trap to encourage the cat to leave.

- Never put your hand in the trap.

Additional information

- We used dissolvable stitches so they do not need removal.

- Male cats might still act as if they wish to breed; it can take up to 30 days for their testosterone levels to drop following surgery.

- If the cat is friendly, you can check the incision site every other day for excessive swelling, discharge or redness. Incisions rarely get infected or open up, but if you see signs of either, contact a veterinarian. If you cannot reach a veterinary office, call us.

To find out more about Best Friends’ cat initiatives, go to bestfriends.org/felines or email catinitiatives@bestfriends.org.