

# A guide to creating a Cat Friendly Clinic





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International Society of Feline Medicine

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[www.catfriendlyclinic.org](http://www.catfriendlyclinic.org)



## What is ISFM?

The International Society of Feline Medicine (ISFM) is the veterinary division of International Cat Care, a not-for-profit international organisation for veterinary professionals with an interest in feline health and welfare. ISFM is for every veterinarian who works with cats and is focused on providing practical information, help and support. Veterinary members of ISFM (see [www.icatcare.org/veterinary/isfm/vet-membership/](http://www.icatcare.org/veterinary/isfm/vet-membership/)) currently receive:



- Our monthly *Journal of Feline Medicine and Surgery (JFMS)* (available both in print and as a full PDF download)
- Access to an on-line clinical peer-to-peer discussion forum
- A monthly clinical webinar
- Discounted costs for a wide range of conferences, activities and materials

ISFM has separate membership for veterinary nurses and technicians (see [www.icatcare.org/veterinary/isfm/nurse-membership/](http://www.icatcare.org/veterinary/isfm/nurse-membership/)), which is provided free of charge. Veterinary nurses and technicians receive a dedicated online journal, Feline Focus, and monthly webinars among other benefits.

International Cat Care is a charity dedicated to improving the health and wellbeing of cats by ensuring that all cats (owned and unowned) are treated with care, compassion and understanding. International Cat Care works with the veterinary profession (through ISFM), with cat owners and carers, and also with those who care for unowned cats.

The Cat Friendly Clinic is a programme that was conceived and developed by ISFM and is run by ISFM with generous support from our commercial partners - Boehringer Ingelheim, Ceva, Elanco, Idexx, Royal Canin and Zoetis.



## Introduction - A tick in everyone's box!

Within the veterinary profession, cats are assuming an ever-greater importance. Ownership of cats has been growing in most countries for many years, and in many countries it now far exceeds the pet dog population.

Despite this growth in popularity, cats remain significantly under-represented as patients in most small animal veterinary clinics. The reasons behind this are complex, will vary between different situations, and there are aspects that remain poorly understood. However, a common and recurring theme that helps explain why many cats receive less veterinary attention than dogs is the stress experienced by both cats and their owners when visiting a veterinary clinic. If you stop and consider it from an owner's perspective this is often a very challenging experience. First you have to catch the cat and transport it to the clinic, which in itself is no small task for most owners. But then when the cat arrives at the veterinary clinic ...

- How is the cat and client treated?
- Does the clinic demonstrate that it understands the unique needs of cats and their owners?
- Does it make provision to have a separate waiting area for cats or separate appointment times?



- Is the cat handled in a gentle and respectful way that demonstrates to the owner that the staff understand and are empathetic with cats?
- Are procedures put in place that really help to reassure the cat and reduce stress levels?

There is no doubt from collected evidence and published data that the stress felt by the owner and cat are major reasons for owners not seeking further veterinary attention for their cat, especially for preventive healthcare such as health checks, or when early signs of disease arise.

Welcome to the ISFM Cat Friendly Clinic accreditation programme. This is an international programme available to veterinary clinics everywhere (apart from the Americas where the programme is run by the American Association of Feline Practitioners as the Cat Friendly Practice program) that provides a new and unique opportunity for them to think differently – to ‘think cat’ and make changes to their ethos, procedures, equipment and buildings where necessary, to enable the clinic to clearly demonstrate its cat friendly credentials to current and new clients. This programme has the ability to help you transform the way your clinic approaches the management of cats and their owners. How rewarding would it be if your cat clients went away thinking how positive the experience had been and how understanding the staff had been, rather than dreading the next visit?

This programme encourages your clinic to be cat friendly, it shows you how to achieve this, explains the clinical and commercial benefits of being cat friendly and provides clear, understandable and easy to adopt recommendations for clinics. The ISFM Cat Friendly Clinic (CFC) programme has been designed at different levels making accreditation achievable for most small animal clinics, if the motivation and desire is there to make appropriate changes.

Welcome to a more cat friendly world ...



# A guide to creating a Cat Friendly Clinic

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1. The potential for your clinic
2. Cats as patients
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# 1. Potential for your clinic

We all know that cats are different from dogs but we sometimes forget that the whole process of domestication of the cat has evolved far more slowly and has been based largely on a shared but independent association between the two species. No wonder that cats are seen as being more self-sufficient than dogs and that they choose when to associate with humans and when to maintain their distance.

In general, cats try to hide any form of weakness or pain. As a result, we have become more dependent, in veterinary clinics, on the observations and feedback of the cat owner in building up a picture of what is going on with a feline patient. Owners are often aware of subtle changes in their cats' behaviour and, in most cases, asking cat owners to share in the management of their pet's health or sickness is well received. In contrast to dogs, many cats cost their owners nothing to obtain, but this doesn't diminish the strength of the bond that exists between the cat and the owner.

Indeed many people would rather spend time with their cat than with anyone else, and many acquire their cat expressly for companionship.

In this section:

- Trends in cat ownership
- Differing levels of cat care
- Cats mean business
- Getting cat clients to visit and return





## ***Trends in cat ownership***

In many countries, the profile of the cat owner shows the majority are female and between 30 and 45 years old. At this stage in life time, family and career are dominant pressures and lives are often very busy. The more independent and self-sufficient nature of the cat makes it appealing as a pet. Additionally, as a result of modern lifestyles and employment trends it is recognised that keeping a dog is often more difficult both for families and individuals.

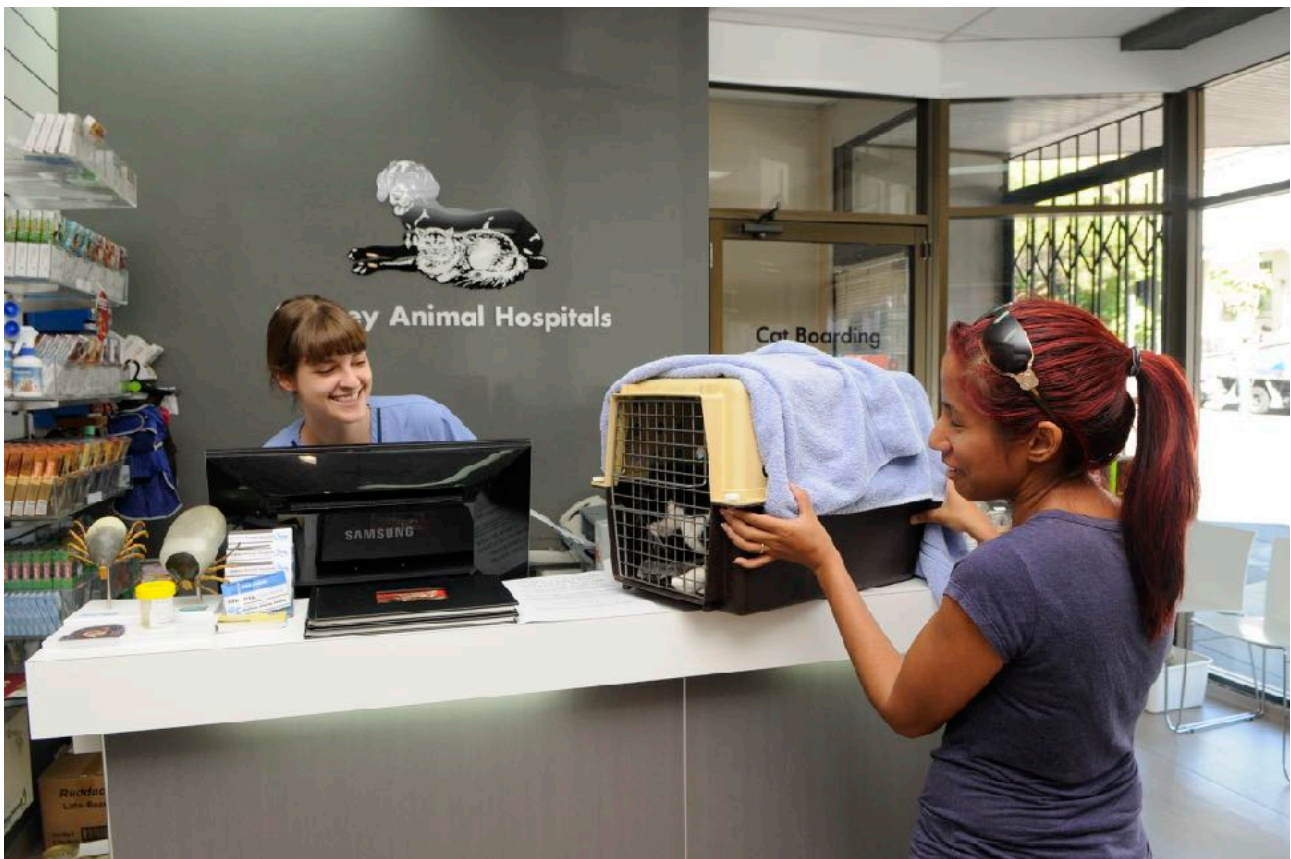
The typical lifespan of a cat is now 12 to 15 years or more, with a growing number living to 16 years and beyond. So, not only do we have more cats as pets but cats are living longer in caring homes. Without doubt, the rising numbers and changes in style and expectation of cat ownership represent a real opportunity for veterinary clinics worldwide. The veterinary clinic can play a major part in making cats' lives healthier, happier and longer, and there is a real opportunity to help bond the owner strongly to the clinic.

## ***Differing levels of cat care***

Anecdotally it is thought most owners would see themselves as committed to their cats, but may still need prompting to visit the veterinarian, especially to undertake preventive care. They largely understand what is needed and why, but need further motivation to overcome inertia, the interruptions of daily life, or the anticipated stress and difficulty of a veterinary visit. We all recognise – perhaps even in ourselves – the well meaning, but distracted, cat owner who fully intends to do everything properly but, somehow, life gets in the way. Making the clinic visit a less stressful and more positive experience will greatly help to overcome barriers and resistance.

The large and potentially profitable section of society who owns and cares for their cats could help veterinarians develop and grow clinics, if they can be motivated to join in managing their cats' health and wellbeing.

Many cats may never see a veterinarian. Many kitten owners attend the clinic for initial vaccinations, neutering, but then drift away, never to be seen again unless the cat falls seriously ill. In some cases this may be due to ignorance of what responsible pet ownership entails and for others it is simply lack of commitment. For others though, the difficulty (or anticipated difficulty) of getting their cat to the clinic, perhaps the fear of having to hold it for an examination, and being confronted with a hostile environment for the cat, puts them off.



## ***Cats mean business***

The importance of cats to every small animal clinic cannot be ignored – there are lots of cats out there! While many cats are not pedigree animals, when approached properly, most cat owners are prepared to spend just as much on their cats as dog owners are on their canine friends. The majority of cat owners though have strong views on what they expect from their clinic, and every client will be profoundly influenced by the experience they have during a clinic visit. There's a growing trend for clients to use more than one clinic, indicating there are compelling reasons for delivering the very best and most persuasive care to cat-owning clients.

Annual feline spending and average transactional values have both continued to rise by similar values over several years in many countries, but many veterinarians still seem to regard dogs as the preferred growth area. However, the reality is, that in many countries there is a stable or shrinking canine pet population and a growing urban intolerance of dogs – these factors clearly suggest that the dominant position dogs have previously held in the generation of clinic turnover cannot last. Data from a number of countries also show an increasing willingness of cat owners to attend the clinic and a willingness to spend on healthcare for their pets. For example, in the UK, data shows that cat

owners are more likely than dogs owners to purchase and use a life-stage diet and are more likely to purchase and use some preventive healthcare products such as flea treatments and wormers.



As with humans, the feline population is an ageing one, and almost half the cats in much of Europe and America are aged 8 years and over, with many cats surviving well beyond the average 12 to 15 years. This provides important opportunities for veterinarians to become actively involved in managing the health of these patients and, in those countries where veterinary nurses are recognised, these trained staff members have a vital role to play in providing education and practical advice, as well as promoting the many services their clinic can offer its cat-owning clients.

Managing and maintaining the health of feline patients is a far better approach to building productive long-term relationships with clients, than simply providing the limited fire-brigade style of treatment when the cat becomes sick. It will not only provide for the lifelong healthcare of the cat, but will also prove to be a far better way of maximising the clinic's business potential with these clients.

Not every owner will grasp every opportunity to follow a recommended healthcare plan. While some owners will do absolutely everything they are



asked, others may do so sporadically or reluctantly. However, when the clinic demonstrates, and owners understand, that they can genuinely work together to help maintain the health, welfare and longevity of their pets, most owners are willing to commit to such a proposition and to discuss how this can be achieved.

A critical step is to make the clinic really cat friendly, and thus to encourage cat owners to visit and then to address their unique needs.

## **Getting cat clients to visit and return**

How can cat clients be encouraged to 'do the right thing'? How can veterinarians ensure that the cats under their care receive the best possible healthcare throughout their lives? What is needed is a clear partnership of care between the vet and the cat's owner – making the cat welcome in the clinic and engaging in an effective healthcare plan. Such a partnership aims to provide a clear platform for vets and owners alike to ensure that cats can enjoy long, happy, healthy lives, and not just attending to sickness and emergencies.

The **Cat Care for Life** programme also developed by ISFM with the support of Boehringer Ingelheim, IDEXX Laboratories and Royal Canin provides a 'blueprint' for this partnership to keep cats healthy throughout their different life stages (see [www.catcareforlife.org](http://www.catcareforlife.org) for more details).

Helping cat owners with all aspects of the clinic visit, and engaging them more effectively can make a huge difference to what they are prepared to do with preventive care. When ISFM ran a Cat Friendly Practice programme and competition in the UK during 2006 and 2007, the results demonstrated that increased knowledge and understanding of cats pays real dividends, as illustrated by these quotations from participating clinics:

*"There is greater readiness to take part in proactive and preventative healthcare. This probably stems from our own changed approach – we, in turn, are more proactive in promoting it to the clients."*

*"Our understanding of cat needs is greater; our clients pick up on our greater interest and knowledge. We know that our regular cat clients talk to their friends and recommend us as a practice that is good with cats."*

Making clinics more 'cat friendly' is the first, but critical, step in the provision of wider healthcare for cats hence the development of the CFC programme. This

Guide gives some background on the cat, detailed practical information on making a clinic cat friendly, and explains how you can apply to become an accredited ISFM CFC. This will demonstrate to your cat-owning clients that yours is a clinic with a real difference.

In an increasingly competitive market, cats undoubtedly offer the way forward, even though this may require veterinarians to think about veterinary medicine a little differently. The vast and increasing size of the retail markets indicates the enormous potential available to those veterinary clinics that are willing to engage with active, new and lapsed clients in making a determined effort to demonstrate that 'cats mean business'.









## 2. Cats as patients

What is a cat? Why does it behave as it does, why does it sometimes seem more difficult to deal with than a dog, and how does this affect those working with cats?

In this section we will explore how cats behave in a veterinary clinic, how vets and nurses can predict this, as well as looking at what owners often misunderstand about cats. For cats, stress not only affects the reliability and interpretation of many clinical tests, it is also strongly linked to manifestations of disease and response to treatment. Their home environment can also affect the care the clinic is trying to give.

A cat can be summarised as:

- A hunter and an obligate carnivore which catches and eats small regular meals
- Territorial
- Strongly affected by scents and odours in its environment
- Self-reliant, emotional and highly aware
- Influenced greatly by early experience



If you understand what motivates and shapes the behaviour of a cat, then it is easier to care for it in different circumstances, including the veterinary clinic.

## ***A hunter and an obligate carnivore***

The cat has evolved physically and behaviourally as a specialist hunter of rodents and other small prey. It is a predator at the top of the food chain and is motivated to hunt by the sight, sound and smell of prey. In order to be a successful hunter the cat will search its territory (its hunting range) at times when its main prey are active and vulnerable – usually at dawn and dusk. As an obligate carnivore, the cat is unable to survive or thrive without a number of nutrients found only in meat.

### **What does this mean for veterinary clinics?**

- As well-adapted predators, cats are highly efficient at defending themselves against perceived threats. The risk of potential infection from bites and scratches can be high, so it is important to avoid conflict by finding ways to minimise fear and defensive aggression.
- Nutritional imbalances which can have severe or fatal consequences can occur in cats whose owners feed inappropriate diets, such as vegetarian or dog food.
- Differences in hepatic enzyme pathways make cats vulnerable to the toxic effects of certain drugs or chemicals that they cannot effectively metabolise, and may not affect dogs in a similar way.

### **Clients may misunderstand that:**

- Cats cannot be vegetarians no matter what their owners' desire or ethical beliefs may be. Owners need to understand that being obligate carnivores means that cats have unique and very special dietary needs.
- The strict dietary requirements of cats are actually extremely difficult to achieve properly with home-prepared diets, and feeding high quality commercial foods (such as the Royal Canin range of cat foods - [royalcanin.com](http://royalcanin.com)) offers the best and safest option to meet their needs.
- Different life stages of cats have different nutritional requirements and these are best met by diets specifically designed for these stages.
- Kittens develop hunting and attacking behaviour as they grow. However, if they are encouraged to play roughly or to attack hands and feet during play, this may continue as they grow into adults, and can result in painful and sometimes dangerous human injuries.



- Cats are naturally active at dusk and early in the morning (when they often wake up owners for interaction or food).
- Cats may sometimes bring prey indoors.
- Cats need an opportunity/outlet for play that enables them to express hunting behaviours.

### ***Designed to catch and eat regular small meals***

For cats in the wild, feeding is a purely functional behaviour and the hunting and capture of prey is time-consuming. As a result, cats are designed to take in small amounts of food frequently throughout the day, and sometimes night as well. Typically, in the wild, cats will consume between 10 and 20 small meals throughout each day and so, neither fixed meal feeding nor providing constant access to food, is probably ideal.

Food is the ultimate survival resource for cats. Given the choice cats will search, acquire and consume their prey in solitude and, with the exception of mothers providing opportunities for their kittens to learn prey handling techniques, the feeding process is not a socially interactive one – cats prefer to eat alone. The self-regulation of food intake can be disrupted for owned cats both by neutering and by being kept in an unnatural environment with altered feeding habits.



Understanding natural drinking behaviour can also help ensure the cat drinks enough. In the wild, cats consume prey with relatively high water content. However, supplemental water is still needed and cats will generally avoid drinking from water next to where they feed, presumably to avoid water contaminated with spoiled meat.

### **What does this mean for veterinary clinics?**

- Obesity can be caused or aggravated by owners misunderstanding feline eating habits.
- Feeding dry food can have a positive impact on dental health, and will allow greater opportunities for more interactive feeding.
- Cats fed only dry food will have a lower dietary water intake. With certain disease conditions, increasing water intake is important and can be helped by feeding wet food.

### **Clients may misunderstand that:**

- Unlike people, cats are not ideally suited to just one or two large meals a day. Feeding some or all the food as dry kibble provides easier opportunities to feed multiple small meals and to offer interactivity through hiding kibble, using puzzle feeders/balls/toys etc. This adds valuable stimulation for the cat as well as avoiding unnaturally large and infrequent meals.
- Cats often eat a small amount of food, and then walk away, as they do not naturally eat large meals. If cats do not eat all their food, this may not necessarily have anything to do with palatability of the diet or being unwell. Replacing the food with an alternative that the owner hopes will be more palatable often initially results in increased food intake as cats are generally neophilic (ie, enjoy new foods), but the same pattern often begins again. This type of feeding pattern may also lead to obesity.
- For cats, feeding is not a socially interactive process. Behaviours such as leg rubbing and vocalising are actually signals of initiating social interaction, rather than signs that a cat is hungry. A cat can quickly learn that it can use these behaviours to control the food supply. As owners derive pleasure from the interaction with their cat, they will often increase the amount of food offered as a way of rewarding the social interaction (or simply to keep the cat quiet!). This can easily lead to a risk of overfeeding and subsequent obesity.
- Cats prefer to eat alone. A house with lots of cats needs lots of feeding places so that each cat can get to food freely, quickly and on its own. A willingness by cats in the same household to come together at feeding

times is often taken as a sign that they get along well with each other. However, food is a vital survival resource and, as the supply of food is controlled by owners, making it available at certain times and places, cats may have to share space to gain access to it. Cats may suspend hostility for long enough to eat their meal, but the level of tension between the cats at other times may actually increase.

- The placing of food can be important – putting it in a corner can make it difficult to access; next to a cat flap can be threatening because other cats can come in; next to a glass door can lead to rapid eating in order to get away from a vulnerable position; and next to a noisy appliance may be very threatening for a cat.

## **Territorial**

We often use the term 'territory' quite loosely, but in behavioural terms it is the area that a cat is prepared to defend. The territory is a bit smaller than the 'home range', which is the area the cat normally uses. These are not fixed zones but grow or decrease according to needs and demands. In the wild, the cat's survival and hunting success depends on the integrity of its individual home range and territory. Consequently cats are usually cautious and concerned about intrusions into their area. As pets, cats are fed by their owners, and they don't need to hunt to survive. However they still have a strong drive to hunt, and a strong need to establish territories and ranges.

Even in a domestic environment, territoriality can strongly influence cats' behaviour. Disputes occur between competitive individuals over scarce resources and rights of access to resources. Additionally, members of the same household may compete over territory, as cats living in the same property often do not represent a cohesive social group.

Understandably for species survival, reproduction is important. Male (tom) ranges are normally much larger than female (queen) ranges (usually from 3 to 10 times). For example, the territory of a typical suburban household female cat is normally her garden and just a bit more. An entire tom though, will range across a number of adjacent gardens.

Urban living feral cats that have a plentiful supply of food can tolerate living at a relatively high population density of 75 or more per hectare. Pet cats in a similar urban setting often live at a density of over 120 per hectare. In domestic homes cats are fed on a regular basis and this indoor world becomes their safe core area within their territory. They cannot have a complete view within the house and outside at the same time so, just like their wild ancestors, they scent mark. Cats will use a range of methods to mark their territory, for example, rubbing,

scratching or spraying urine, the method being determined by the purpose and their emotional state.

### **What does this mean for veterinary clinics?**

- Clients may come in for advice because their cat is highly territorial and aggressive towards other cats within their neighbourhood. These very territorial cats seem to actively seek out territory defended by others and try to restrict usage by other cats at certain times, or try to drive them out completely. They may even enter houses, located over a wide area, attack the resident cat (and the owners if they intervene) and spray surfaces with urine to mark them before departing.
- Clients may come in frequently for treatment for their cat because it is the victim of such a territorially aggressive cat. As well as physical injury, this can include stress related conditions such as feline idiopathic cystitis; conflict between cats in the same household is a common stress trigger.
- Cats feel unsafe just by being out of their territory; the smells, sounds and sights of the clinic will add to this, making cats very anxious, fearful and defensive.

### **Clients may misunderstand that:**

- Cats are often more bonded to their territory than to their owners – this can lead to a cat returning to an old home if the new home is only a short distance away.
- Cats do not necessarily tolerate other cats in the same house. While owners may feel their cat is lonely and needs a ‘friend’, cats may feel very threatened by this as they are not related or from the same social group initially. Visitors who bring their cat to stay can cause great upset to a resident cat.
- Cats may feel threatened, fight, or try to hide because of threats to territory; they may avoid going outside – owners may be unaware of the perceived threat, which can result in behaviour changes or stress-related problems.
- Modern cat flaps allow owners a significant degree of control over their cats; however, they may also allow other cats to enter the house. Ideally cat flaps should allow only the resident cats to enter (eg, by using magnetic, electronic or microchip ‘keys’). The cat flap is a transition point between the safe inner ‘core’ of the cat’s territory and the riskier outside world and for some cats the core territory will only be a small part of the home.
- If a cat’s territory is limited (eg, when it is confined indoors), the owner needs to ensure that the environment stimulates the cat. The core area of an indoor cat’s territory may be under the bed, and areas around the door



may not be seen as safe. Additional resting places high up can increase the safe possibilities of the territory.

- Some territorial scent marking, when it occurs inside rather than outside (ie, spraying, urination, defecation and sometimes scratching) can be a sign that a cat does not feel safe in the home.
- Cats rarely voluntarily leave their home range, so when it is necessary owners need to be sensitive to their needs – for example, choosing a cattery that meets the behavioural needs of the cat, or a cat friendly clinic with staff sympathetic to the cat's needs and anxieties.

## ***Highly sensitive to scent***

Cats use scent as a means of social communication – usually to keep other cats at a distance (except when looking for mates or scent marking their core territory, or perhaps members of their feline group). Cats use pheromones and scent derived from glands over the face and body as well as urine and even faeces in different circumstances.

Cats have scent glands around their lips and chin, the top of the head, at the base of the tail, in between the digits of their paws and around their anal region. When a cat rubs around its owner it is these areas that leave its unique scent. Similarly cats mark in the same way on twigs, branches and other objects in their territory. Cats will also claw on trees and fences leaving both a visual and scent mark from glands between their paw pads. The urine of an entire tom cat leaves a pungent smell.

All cats irrespective of gender and neutering status perform scent marking, including spraying. The frequency and pattern of urine spraying can be complex. Cats may also leave faeces uncovered and prominently sited (middening) rather than bury them as another form of scent marking.

'Natural' groups of cats, as found in feral or farm colonies where abundant food resources exist, are generally friendly societies where bonds between individuals are demonstrated by mutual rubbing and grooming within the group (and the females may cooperate in terms of pooling kittens). By rubbing against each other the cats exchange their scents to produce a group scent profile; therefore, cats can recognise each member of their social group by how they smell. There is very little aggression within a naturally formed group; however, if cats from outside the social group trespass or try to hunt on their territory, colony members (usually all related females) may show extreme aggression to get rid of these cats as they represent a threat to food and other resources.



### **What does this mean for veterinary clinics?**

- 'Problem' behaviours involving marking can be common but it can take time to investigate and advise clients effectively. Referral to (or advice from) a behaviour specialist should be considered if basic management advice produces no change. Urinalysis is important to help rule out medical problems in cases of inappropriate urination.
- There are no familiar smells in the clinic so anxiety may be high.
- Washing hands and table wiping between patients is essential for hygiene but also to remove the scent of other animals.
- Hospitalisation in the clinic may be less stressful if the owner can bring in bedding the cat sleeps or rests on at home, and is therefore impregnated with its own scent. This is also good useful advice for bedding in cat carriers.
- Use of synthetic feline facial pheromone can be helpful in both the home and clinic settings.
- The scent of strong disinfectants can be overwhelming – rinse after use in a cage and allow it to dry before introducing a cat to the cage.

## **What can this mean in terms of client misunderstanding?**

- Odour is the first sense used to assess food – if food doesn't smell palatable the cat won't even attempt to taste it. Diseases such as upper respiratory tract infections compromise the sense of smell, and cats may not wish to eat. Using high fat foods and releasing odours by warming the food to body temperature can make it more tempting.
- Changes to the familiar and reassuring scent profile of the cat's home can be challenging, for example, household cleaners and deodorisers, new furniture, visiting people or dogs, other cats coming in through the cat flap, decorating, etc. It is important to understand changes in the cat's environment if there are reported behavioural problems.
- Scent marking indoors is not a sign that a cat is 'dirty' but is a response to changes in emotional state and often happens when a cat feels threatened. This might be in response to a new cat or some change in the environment that a cat finds challenging.
- Owners often misinterpret spraying for inappropriate elimination and vice versa.

## ***Naturally 'clean'***

Cats spend around 4 per cent of their life (or 8 per cent of their non-sleeping time), grooming. The drive to groom is very strong. Cats are predators – they need to remain in top condition to hunt and to stalk prey, so maintenance is important. Grooming helps to remove parasites and anything that may degrade and smell on the coat. The hairs in the coat are also highly sensitive to movement and so help to give the cat information about its surroundings, wind direction, etc. Grooming is also involved in maintaining social relationships and is likely to serve as a comfort behaviour. Because of their fastidious nature, cats may groom poisonous substances from their coat that they have been exposed to, and which they would never otherwise directly eat or drink. While urine and faeces can be used for scent marking, cats may also wish to conceal their whereabouts by burying them. For humans the cat is usually an exceptionally pleasant animal to have around in that it does not smell to us and will usually use a litter tray very successfully if required (it is up to owners to prevent smell by frequent cleaning).

Cats will often naturally bury their urine and faeces, and as a general rule, deeper litter (within limits) is better – that might make a large plant pot a better litter tray than anything else in the house! Research has shown that cats prefer 1-3cm deep litter for defecation. Similarly outside, a newly dug area of the

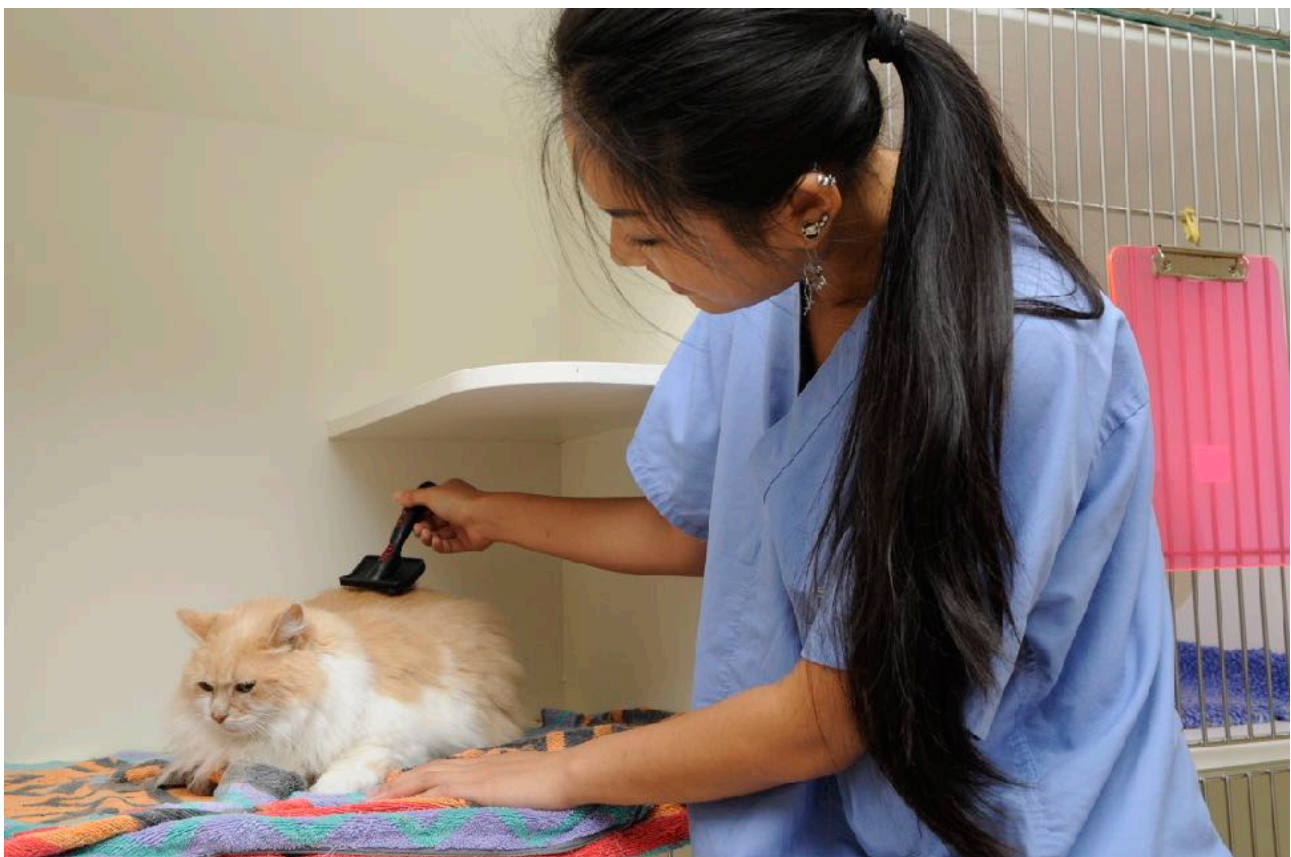


garden or an expensive piece of fine gravel work might be the most attractive latrine site to a cat if the alternative is a garden with solidly packed earth or no earth available to dig. Cats prefer soft, easy to rake substrates; clay-based litter seems to be preferred.

A cat's natural latrine is away from its hunting, feeding and main activity areas and it tends to use different areas for urinating and defecating. Owners should try to accommodate this, not only by following the 'number of cats plus one' rule regarding the number of litter trays, but also by making sure that trays are not placed next to food bowls or close to a busy thoroughfare. Somewhere secluded and quiet is ideal.

Reasons why cats may start to use alternative sites to the litter tray include:

- Lack of early house training.
- Removal of favoured latrine sites.
- Aggression from other cats.
- Tension in a multi-cat household.
- Aversion to the litter tray location, substrate or tray itself.
- Unpleasant experience associated with the litter tray (eg, dirty litter tray, fearful event experienced while on the tray such as a loud noise, being interrupted (or given medication)).



## **What does this mean for veterinary clinics?**

- Litter tray problems can relate to disease. If a cat has pain when urinating or defecating, it may well associate that pain with the place instead of the act. As cats get older, their joints become stiff or painful and they may be less mobile; e.g. a high-sided tray with deep litter that may have been favoured previously may become very difficult to climb into.
- Poisons can be ingested via grooming the coat or feet rather than simply eating or drinking.
- A poor coat can be a sign that the cat either cannot groom successfully or does not want to – this may be due to dental problems, osteoarthritis, cognitive dysfunction, hyperthyroidism, anxiety, etc.
- Grooming is also thought to have a calming or rewarding effect and may be used by a cat as a displacement activity.
- Cats prefer to feed and sleep away from a litter tray so the size of hospital cages and placement of the contents can affect feeding and relaxation.
- Cats may have a preference for a certain litter type, or a covered or open tray.

## **Clients may misunderstand that:**

- For cats a comfortable place to use for urination or defecation means somewhere that they can easily dig and scrape. If it's heavy, rough and unfamiliar or has the wrong consistency or smell for a cat, it just might not be used. A litter tray should be big enough to enable the cat to scratch around, turn and walk past its elimination with ease. This can help prevent problems from arising in the first place.
- Litter deodorisers, fragrant litters and strong disinfectants are likely to be off-putting for cats.
- The placing of a litter tray is also important for cats – they should be in quiet locations away from food and water, and where the cat will not be disturbed.
- The number of litter trays available to multi-cat households may not be adequate.

## ***Self-reliant, emotional and highly aware***

The cat does not need feline company – it can hunt for itself, find its own place to rest and defend its own territory. It can keep itself clean, its claws sharp and protect itself by being highly aware of its surroundings and using its agility,

speed and strength to get itself out of trouble. Getting to safety is the option of choice in the face of danger.

Where they do live together, cats do not form structured packs like dogs and there is no dominance hierarchy among a group of cats. The assumption that cats need the company of their own species is based on human perceptions of sociability. Cats can live in social groups, but only in specific circumstances such as feral colonies on farms – these are groups of related females where kittens grow up together from birth and where there is enough food and shelter for larger numbers.

The cat is often not thought of as an emotional animal because we humans do not see it as having great facial dexterity and the ability to show a wide variety of subtle facial expressions. However, in order to survive, the cat experiences just the same range of emotions and feelings as other animals, including fear, pleasure and frustration as it learns about its environment, reacts rapidly to food opportunities and avoids danger. The cat maintains independence by living on its wits and relying on no one.

Cats are excellent at hiding signs of illness or pain – they tend to stay still and quiet so as not to attract attention. Owners may not be aware that the cat is suffering.

Cats are usually at their most content when they can dictate the timing of interaction with their owners and other humans. Allowing a cat to come to you is a good way to ensure you will be viewed in a positive light. Being able to climb to access to higher places to hide will make cats feel safer and more secure.

### **What does this mean for veterinary clinics?**

- Cats may react quickly if disturbed or frightened. As they can't escape in a clinic environment they may resort to defensive aggression.
- A slow quiet approach, avoiding eye contact (and using a slow blink), will minimise perceived threat.
- Avoid loud and high-pitched noises within the clinic as these can be very alarming to an already stressed cat.
- Scruffing or heavy handling can cause fear and anxiety.
- A single unpleasant event at the clinic can affect future visits for a patient.
- A frightened cat will often try to run away, so window and door security is essential.
- Cats are excellent at hiding signs of pain or vulnerability. Owners may have noticed behaviour changes but may not be aware of their relevance.



- Increasing arousal signals can be subtle.



**Clients may misunderstand that:**

- Cats may choose not to be dependent and interactive with people.
- Cats usually have no desire for a feline 'friend' – they are usually more content to live alone.
- Sharing territory with another cat can be stressful.
- Cats may not wish to be confined or reassured by cuddling.
- Sights, sounds and smells in our everyday life can cause stress to cats.
- Like all mammals, cats are fast learners. Obedience to humans is not proof of intelligence!
- Emotions and behaviour can change very quickly. Cats may react quickly if disturbed or frightened.
- Routine and predictability in a cat's life can reduce stress and improve quality of life.
- Changes in routine behaviour (such as sleeping more or avoiding contact) can occur because of emotional change or may indicate health problems.

- For cats, the need to keep themselves clean is very strong, so being deprived of the ability or opportunity to do so is potentially stressful.
- Cats are excellent at hiding signs of illness or pain – they tend to stay still and quiet so as not to attract attention. Owners may not be aware that their cat is suffering.

## ***Influenced greatly by early experience***

Although some cats will never accept living with another cat in the same household, most cats will enjoy human company if socialised to humans in early life. However, cats have to learn to enjoy interacting with people at a very young age if they are to accept people. Experiences that kittens have within their first two months of life are very important in influencing their behaviour and reactions as adults. The cat sleeping peacefully in the living room is no different, in many respects, from others which live completely independently outside, except in their exposure to man.

During the first few weeks of life the kitten learns its social identity and how to feed itself. Its mother will wean it from sucking milk onto eating dead and, later, live prey. This process gradually introduces the kitten to learn how to kill and hunt the prey it needs to survive. In a domestic setting the kitten also practises hunting behaviour. This is the origin of the batting, chasing and pouncing behaviour that all kittens spend a great deal of their time rehearsing. By participating in the play activities of kittens, using toys and games, we are taking part in their development in a very similar way to a mother and littermates.

Up to the age of about two months, the kitten is particularly sensitive to learning about its environment and establishing social bonds. Research conducted into the quality and quantity of handling during this 'sensitive period' shows there are distinct benefits to providing the necessary socialisation in the right way – kittens that are handled by at least four different people between the ages of two and seven weeks tend to be more sociable towards humans than those that didn't benefit from such handling. The mix of humans should include male and female, young and old and handling should be for short frequent periods.

It's not just about people; kittens also need to understand what it is like to live in a domestic home. Experiencing noise, children, dogs, vacuum cleaners, different locations and even car journeys enables the kitten to learn that not everything is to be feared.

As kittens approach adulthood they develop an adult set of personality characteristics that are partly determined by their genes, partly by their early experience and partly by environment and how they are treated. On average, sexual maturity occurs at around six to nine months of age, but can be earlier or



later depending on what time of year the kitten is born. From this time until full social maturity, anything from 18 months to 4 years of age with an average of about 2 years, gradual changes take place in a cat's personality and it starts to become territorial. In some cases kittens change from being sociable and bold, to become more solitary, self-reliant and cautious.

This period in the cat's life represents the time when it truly discovers the value of its territory and its capacity to live as an individual. In male wild or feral cats this would also be when they gradually move away from the extended family group in which they were reared. This can be a worrying and upsetting time for cat owners because the young cat is straying further from home and entering into conflict with other cats — the value of neutering in reducing roaming can be seen at this time.

### **What does this mean for veterinary clinics?**

- Feral cats require a different, careful and organised approach, as they will not be easily handleable.
- Cats are less able to cope with stress associated with people and the human environment if not socialised appropriately at an early age – fearful cats will need careful handling and hospitalised cats may need cages with more bedding to hide in.
- The vital time for socialisation is before 8 weeks old – veterinary clinics can influence the breeders/cat owners/shelter workers who use the clinic to



ensure that young kittens are exposed to the right experiences to produce confident pets.

### **Cats owners may misunderstand that:**

- Cats have unique personalities and not all cats are friendly or sociable with humans.
- There may be a limit to what can be done for nervous kittens or cats which have not had the right early exposure and feral kittens are unlikely to ever make good pets.



This has been a very quick run through cat behaviour and how it may manifest itself with owners but also within the veterinary clinic. Bearing all of these things in mind, we can start to construct what might be the least stressful and most feline friendly way to care for cats that come into the clinic.





### 3. An ISFM Cat Friendly Clinic

Having a clinic that is genuinely 'cat friendly' involves at least three distinct aspects:

- First, and of vital importance, is the attitude and approach that the whole healthcare team take towards feline patients and their owners – what has been termed 'cattitude'! Along with this, it is important that the clinic has a proactive approach to client communication;
- Second, it is important that clinical staff undergo continuing professional development to keep up to date with new knowledge in feline medicine and surgery, and in all aspects of cat care. Along with this, measures should be in place to ensure clinical outcomes are being monitored and that improvements are being made where necessary;
- Third, it is important that the clinic has an appropriate design and layout, and has appropriate equipment, facilities, and instruments to ensure feline patients can be cared for in the best possible way.

These three aspects are all important and combine together to form a clinic that is both 'cat friendly' and 'cat caring'.

Your clinic may already be working in many cat friendly ways. However, there may be additional, often small, things that can make a big difference. This section allows you to look at all the different aspects in your own clinic to achieve a higher standard of cat friendliness.





Don't be put off – rather, be creative! Some of the cat friendly criteria may initially seem daunting, particularly for small clinics. Don't let this distract you – with some creative thinking about the use of your space and facilities, most things are possible.

## ***Developing 'cattitude' – the right attitude and approach to feline patients***

Developing the right attitude to cats has a number of elements. Some people are more empathetic towards cats than others and are able to handle them in a calm and relaxed manner. For others, this does not come easily or naturally, but that does not mean it cannot be learned. The starting point is a proper understanding of cats (see section 2 – What is a cat?). Having a genuine understanding of cats will help enormously, along with developing a calm approach, realising that 'less is more' when handling and restraining cats, and having consideration too for the cat owner and the challenges and difficulties they face in even getting the cat to the veterinary clinic in the first place!

A clinic with a good attitude to cats and cat owners will have staff who:

- Are overtly welcoming to cats
- Have a positive attitude to cats and are knowledgeable about their needs both in and outside the veterinary clinical setting
- Understand cat owners and understand the challenges in getting a cat to the clinic
- Know how to behave towards and around cats
- Understand and take note of the behaviour of cats in the clinic, and can modify their approach appropriately in response
- Know how to handle cats. Crucially, this must be done in a way that reduces rather than increases stress, which means that heavy restraint is avoided unless absolutely necessary
- Apply 'cat friendly' principles in all aspects of the care they provide for cats and cat owners
- Encourage the best possible preventive healthcare care for cats

For the cat and owner, nothing is worse than members of the healthcare team who give the impression (intended or not) that they are disinterested in cats or do not understand them. Conversely, if a cat friendly attitude pervades the clinic, this will create an extremely strong positive impression on clients.

An understanding approach, and a desire to 'do the best possible' for the cats coming in to the clinic will set the background against which many (often small)

changes to structure, handling and procedures will convey a strong cat friendly message.

This is vital for the whole healthcare team – the approach of the veterinarian in the consulting room is crucial, but the first contact the owner will have with the clinic will usually be via a nurse or receptionist, and the cat may have had to spend time in the waiting room before going in to the consult room. Ensuring that all staff have a good attitude and approach will help owners and cats feel comfortable and minimise stress. A cat friendly ethos is thus essential for all members of staff.

Having familiarity with, and being able to recognise, various cat breeds and personality types and to know some of their basic characteristics will help in being able to demonstrate understanding to clients. Also being aware that on occasions clients may have strongly bonded cats (eg, a pair of related individuals from a more social breed such as Oriental or Asian breeds), and being willing to consider having both cats at the clinic together so that both smell the same afterwards can help prevent relationship problems between such cats.

### ***Have staff who understand cat owners***

In addition to knowing and understanding cats and their unique needs as veterinary patients, understanding the cat owner too is vital. For many owners, the process of taking a cat to the clinic is highly traumatic. They will have had to



catch the cat, confine it in a carrier, take it away from its natural environment and territory, often travel in a car or on public transport, and then bring it into the clinic. For most cats this is a highly stressful event that inevitably causes distress (and often exhaustion!) to clients too. Understanding the implications of veterinary visits for cat owners, and what needs to be done to reduce the negative impact, will help enormously.

## **First impressions**

The right attitude starts long before the cat enters the front door of the clinic. Often, the person to make the first impression on the client will be the one who answers the telephone and makes the initial appointment. Much can be done at this initial stage to make the client feel at ease and to also help facilitate a 'low stress' visit. Advising owners on the most appropriate ways to bring the cat to the clinic and helping them remain calm and relaxed has a very positive effect, both on the client and the cat. The cat will be exposed to many stressors such as:

- A strange cat carrier
- An unfamiliar car journey
- Strange smells, sights and noises on the journey and in the clinic
- Unfamiliar people and animals, both of which can be highly threatening
- Being handled and examined by unfamiliar people in an unfamiliar environment
- Potentially having investigative procedures done and being hospitalised at the clinic

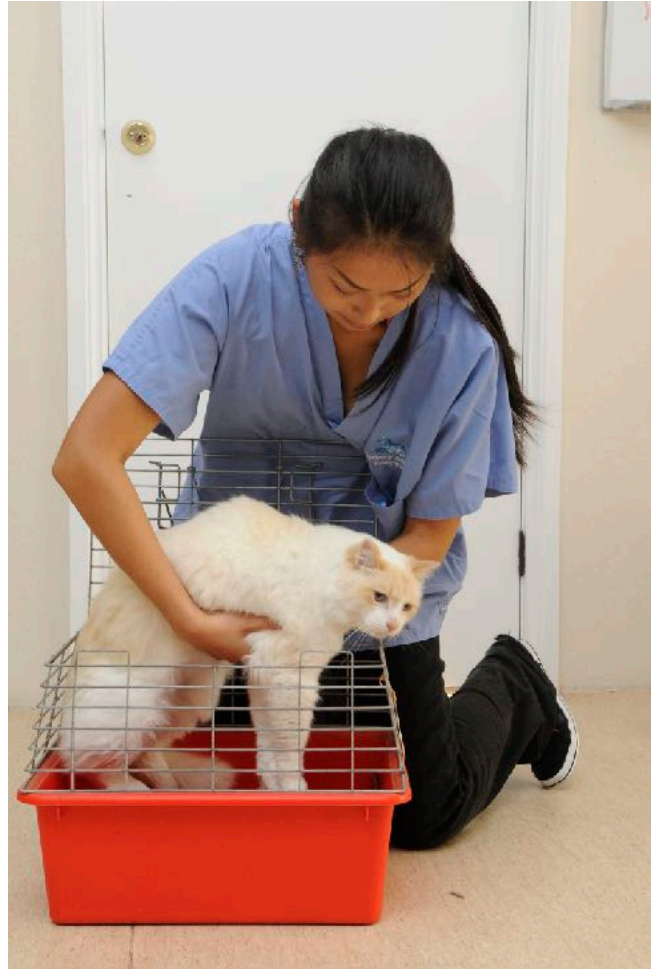
These can be significant challenges for any cat, but staff can help at the outset by advising clients on the best way to bring their cats to the clinic, on the type of carrier to purchase and how to ensure the travel is safe.

- Carriers should be strong, escape proof, and allow easy access for both the cat and the owner/clinic staff:
  - Top-opening plastic-coated wire baskets make no provision to allow the cat to hide, so placing a blanket over the carrier helps
  - Plastic carriers that can have the top half removed are useful for examining cats that do not want to leave the carrier
- If there is more than one cat, bring them in separate carriers to avoid defensive aggression under stress (the carriers can be kept together if the cats are friendly at home)
- Ideally the cat should regard the carrier as part of its home territory, so that it doesn't become a signal for a stressful journey. Using the carrier as one of



the bedding/resting areas for the cat at home on a permanent basis is ideal. If this is not possible, it helps to get the cat used to it for a few days before the clinic. Feeding the cat in the carrier at home can help to create a positive association between the cat and the carrier.

- The carrier needs to smell familiar and reassuring to the cat. Ask the owner to put in some clothing that smells of the cat's favourite person, or some bedding that the cat has been using. In addition, if the synthetic feline facial pheromone preparation is available, spraying this onto the bedding that will be used in the basket, or just spraying it onto the basket itself about 30 minutes before putting the cat in, may help.



- Cats need to be able to hide – covering the cat carrier when travelling may help reduce stress. This will also be invaluable in the waiting room and when the cat is being transferred around the clinic. It is much preferable to use a cover like this with an easily opened carrier than to use a carrier with mostly solid sides that only has a small front opening.
- Secure the carrier in the footwell of the car behind the front seat, or strap it in using a seat belt to make sure it is secure and will not move. It is also important to ensure that the carrier is level and not secured at an angle.
- Drive calmly and try to avoid loud noises and music! Talk quietly and reassuringly to the cat and stay calm.
- Take spare bedding in case of accidents (urination or defecation in the carrier).
- Handle the carrier carefully and securely. For example, don't bump the carrier against legs when carrying it, support the bottom of the carrier.

It is important that both the cat and the owner are welcomed and set at ease when they arrive at the clinic. A friendly greeting is essential with clear information about the waiting area and procedures. Some clients may prefer to

sit in the car with their cat while they wait or check in without the cat to see if there are dogs in the waiting room.

Adopting a flexible approach that fits in with the client and cat will be helpful.

### **Cat advocate**

Having a 'cat advocate' in the clinic who can be the catalyst for educating the whole clinic and encouraging everyone is hugely beneficial both to the clinic and to the clients. It is all about understanding cats, developing the right techniques and having confidence. Clinics that have appointed a cat advocate find the person becomes a focal point for information, discussion and implementation of 'thinking cat'. This person does not have to be a veterinary surgeon – often nurses or other ancillary staff are often excellent on this role.



### ***Have staff who know how to behave towards and around cats***

Whether directly involved with the handling and care of cats or not, it is important that the whole veterinary healthcare team understand how to behave around cats, such as:

- Being aware of cats' sensitivity to smell – wearing strong perfumes or excessive use of air fresheners, along with the normal smells of the clinic, can be alarming to the cat. Ventilate rooms and rinse off disinfectants thoroughly as directed by the manufacturer. Wherever possible, use disinfectants that are not highly scented
- Being aware of the cats' sensitivity to sound – cats have much more acute hearing than humans or dogs, and this needs to be taken into consideration.
- Being aware that cats are away from their normal territory – while a number of cats can cope remarkably well with being taken out of their normal environment, many more find this very challenging and stressful. Simply being aware that the cat is likely to be stressed, and responding

appropriately (gentle, empathetic approach, keeping cats separate from other pets and from each other, etc.) will be very helpful

- If available, a synthetic facial pheromone diffuser or spray can be used in the waiting room and consulting rooms. This may help reduce stress for the cat, but is no substitute for appropriate facilities and a good attitude

## ***Have staff who know how to handle cats***

Appropriate handling of cats is crucial. Cats are generally sensitive to unfamiliar people and situations and their 'body language' may be misunderstood. Often fear is overlooked as a cause of aggression, and subtle signs of stress or pain can easily be overlooked.

Handling cats well, even for simple techniques, is crucial but rarely given enough thought. This is a very important aspect of a cat friendly clinic. Develop good handling techniques with all of the clinic staff – you will quickly find that some people enjoy handling cats and are much better at it than others: try to use people's natural abilities, but also ensure everyone is able to learn and develop their skills.

Adopting a 'less is more' approach is critical to cat handling – cats generally respond well to minimal restraint. Many cats are frightened, but if they can be gently reassured rather than heavily restrained, this will help prevent most cats becoming defensively aggressive. Scruffing (grabbing or holding it by the loose skin at the back of the neck) should only be used as a last resort for restraint, and cats should never be lifted and held up by the scruff. Grabbing and immediately scruffing or heavily restraining a cat can be highly intimidating and often provokes defensive aggression.

- Always approach a cat in a calm manner. Don't look the cat in the eye on first contact (direct and especially prolonged eye contact is very threatening to cats) – look past it and blink slowly. Let the cat sniff your hand first to gauge responses before you attempt physical contact. Stroking and talking to the cat before lifting it from a cage or carrier is ideal if the cat allows this. Rub your hands over the cat's own pheromone centres (above the bridge of the nose and the preauricular area). The cat will often then put its head in your hands – very impressive for clients!
- Have items such as thick towels to hand for calm restraint if required.
- Being moved around on a slippery surface can be quite stressful. A towel or rubber mat that gives the cat something to grip can help. A comfortable bed on the table can also encourage cats to sit or lie down.
- Use cotton overalls – synthetic material can lead to electrostatic effects.



## *Handling cats in the hospital environment*

Many cats respond well to human interaction. Making time for staff to play, stroke (gently, especially with the head area) and groom the patient will significantly reduce stress in many hospitalised cats. However, different cats will enjoy different things; assess each individually – some cats prefer to be left alone, and these need to be recognised and left in peace.

- Handle cats quietly and gently, but recognise when they need or want to be left alone.
- Try to limit the number of personnel around hospitalised cats and view the environment from their perspective, particularly bearing in mind their sensitive senses of hearing and smell.



- Consistency, predictability and feeling in control are very important for cat welfare.
- Quiet music played in a hospitalisation ward may have a calming effect.
- A quiet area for minor procedures such as collecting blood, performing blood pressure assessment and inducing anaesthesia is essential. Let the cat get used to the room before starting any procedure. These procedures should not be done in front of other cats.

- Educate all staff that staring and intrusive or rough handling can be stressful for most cats and highly detrimental for many.
- If possible, provide a separate room for visiting owners to avoid disturbing the other cats and to give them time to settle and interact.
- Carefully observe the behaviour of each cat, and be prepared to implement changes immediately if problems become apparent.
- If cats are simply being boarded at the clinic, for example while the owner is on holiday, this should only be done in a dedicated boarding cattery facility which is completely separate from hospitalised cats, with strict hygiene policies to prevent transfer of infectious agents.
- If feeding treats causes no problems with treatment and the cat responds to them, use them to create a positive association with the hospital.

The AAFP/ISFM Feline Friendly Handling Guidelines provide an excellent resource for further information on handling and clinics should comply with these guidelines (also available on the JFMS website – <https://journals.sagepub.com/page/jfm/collections/guidelines/index>).

## ***Communication between the clinic and the client***

Effective communication between the clinic and the client is vitally important in delivering comprehensive care to the feline patient. Again, it is important that communications are done in an empathetic and understanding way, and clients are given the opportunity to contribute to any discussions and voice any concerns. This not only applies to clinical investigations and treatments, but to all aspects of client communication. For example, clients should be reassured when booking an appointment; procedures should be explained to them and what to expect when they arrive at the clinic; and advice should be given, if necessary, on how best to transport the cat to the clinic. Giving owners time to ask questions is also important in gauging how well they have understood what you have explained.

Important aspects of client communication, and some ways that this can be enhanced include:

- Being able to communicate directly with all or virtually all clients who attend the clinic – this may be by post, email, text message, social media or telephone, and the technique may differ between clinics and between clients. However, some form of communication is essential for reminding clients when routine prophylactic therapy is due (eg, vaccine reminders, flea treatment reminders, etc.), and ideally the clinic should be taking the opportunity to undertake further proactive communications through things like a clinic newsletter or social media posts. Use appropriate language and

explain terms to clients – they will vary greatly in their medical and veterinary knowledge.

- Clients should be aware of who is taking care of them and their cat. It is recommended that a fully up to date list of all members of staff is clearly displayed in the waiting room (or on the clinic website) along with the role of the staff member in the clinic (eg, nurse, ward assistant, receptionist, veterinarian, etc.) and their photograph, so clients can easily recognise staff. If you have a cat advocate then make this known to clients.
- Whenever investigations and treatments are being discussed with clients, it is important that the different options that are appropriate and available for the case are talked about openly with the client. The client should be provided with reasonable estimated costs, and where necessary (and where clients request it) these should be provided in writing. Whenever investigations and/or treatments go beyond initial estimates, clients should



be informed at the earliest possible time and where necessary further discussions should take place over options that may be available. When charging for work that has been done, fully itemised invoices should be made available to clients on request.

- A very valuable principle to adopt in the clinic is to have one or more members of staff nominated as 'cat advocates'. This person or these



people do not necessarily have to be veterinarians, and indeed it can be more helpful if they are nurses, but they should be people who are naturally empathetic with cats and their owners and who have a good understanding of cat behaviour and how to handle and approach cats. The 'cat advocate(s)' should be clearly identified so that clients can see who they are, and cat clients can be encouraged to ask to speak to the advocate if they have any particular concerns about their cat in the clinic. The 'cat advocate' can also be asked to take responsibility for ensuring 'cat friendly standards' are being met within the clinic.

- Feedback (both positive and negative) should be proactively solicited from clients, but in addition, the clinic should have in place a written policy outlining how clients are able to make a formal complaint and how these are handled by the clinic. The complaints policy should be available for clients to see on request.
- Provision of relevant printed material to supplement verbal information conveyed during a consultation is strongly recommended, as a substantial proportion of any verbal communication is likely to be rapidly forgotten. In addition, printed client information sheets should be made available in the waiting/reception area and proactively used to address common issues. The CFC client leaflets show how to medicate cats (eg, giving tablets, eye drops, 'spot-on' treatments, etc.), and advise on transporting cats to and from the veterinary clinic. Advice on appropriate, reliable and accurate websites may be appreciated – for example the International Cat Care website, [www.icatcare.org](http://www.icatcare.org)

## ***Provision of 'out of hours' care***

While not all clinics will be able to provide continuous 24-hour care for hospitalised cats, or provide a 24-hour emergency service, it is important that clients understand the level of care provided and what to do in an emergency situation. Therefore:

- Clinics should have a policy on how to handle emergency treatment of cats outside of normal opening hours of the clinic. Clients should be given clear instructions on how to obtain emergency treatment for their cat. Such information may, for example, be relayed through a recorded message clients receive when they contact the clinic by telephone, or through an individual who may be responsible for answering telephone calls outside normal working hours. Clients should not be left in doubt as to how to obtain prompt emergency care for their cat when it is required.
- For cats that are hospitalised overnight or at weekends/public holidays when the clinic is not normally open, clients should be clearly informed of

the level of staffing in these situations and how frequently the cats are examined. While continuous monitoring of hospitalised cats outside normal working hours may be unachievable in many situations, clients should always be informed about the level of care and monitoring that will be provided. Ideally this will be in the form of a written brochure that might also outline other services the clinic offers.

## ***Find out how cat friendly you are***

Implementing changes in your approach to cats can make a huge difference in the clinic, and you may well notice some obvious changes very quickly. However, remember that it is vital to look at things from the owners' perspective too, and ensure that any changes you make also address their concerns and perceptions. Soliciting feedback and information from owners is important and can be done in two main ways:

- Firstly, it is crucial that clients are given opportunities to feedback information to the clinic (both positive and negative) on all aspects of their experiences at the clinic. Clients should be encouraged to do this and given good options and opportunities to provide feedback (eg, filling out cards in the clinic, posting messages to a website, etc.). Clients should be allowed to provide either anonymous or named feedback as they choose.
- Secondly, feedback can be solicited through 'mystery shoppers'. This can be done through an external company or getting contacts who have a cat to call and make an appointment 'anonymously with the clinic (ie, nobody in the clinic should know who they are) and then subsequently provide feedback on the quality of service provided and aspects of how cat friendly and understanding the clinic is. This can give invaluable insights from the client perspective that can be difficult or impossible to get in other ways.

## ***Clinical skills, training and development of staff***

### **Continuing professional development**

Good clinical practice should not only involve keeping up to date with knowledge, but this should be applied effectively in the clinic setting. Practice protocols and treatment regimes should be modified in the light of current 'best practice'.

To ensure good and current clinical standards in the clinic, it is important for clinical staff (veterinarians and technicians/nurses) to undergo relevant continuing professional development (CPD). This can be provided in a number of different forms, for example:

- Attendance at conferences and seminars

- Webinars
- Distance education courses
- Private reading of journals/articles/papers, etc.

It is recommended that:

- Veterinarians undertake a minimum of 35 hours of CPD per year in total. Personal/private study (reading journals, books, etc.) can account for up to 10 hours of this
- Nurses/technicians undertake minimum of 15 hours per year, and again up to 5 hours of this can be personal/private study
- A significant proportion of the CPD undertaken by both veterinarians and nurses should be feline-related, but the exact proportion may need to be approximately in line with the proportion of their clinical time spent undertaking feline work. Written records of the CPD undertaken by all members of the clinic should be kept and monitored.

## Clinic library and availability of reference materials

It is important that a range of current (up to date) relevant reference materials is available to support both veterinarians and nurses in the clinic. These should include, but are not limited to:

- Current small animal and feline-specific textbooks
- Current small animal and feline-specific journals

The ISFM produces a range of materials that are designed and written to be relevant and helpful to veterinarians in clinical practice, including the JFMS. Practice membership of ISFM provides access to JFMS and monthly webinars for up to 5 vets at the clinic. Free nurse ISFM membership gives access to the nursing journal Feline Focus.



## Good clinical practice

Good clinical practice should not only involve keeping up to date with knowledge, but this should be applied effectively in the clinic setting. Clinic protocols and treatment regimes should be modified in the light of current 'best practice'.



Importantly, some form of on-going monitoring is encouraged to assess clinical outcomes and to help identify where improvements might be made – ie, a form of clinical audit should be regarded as a routine part of good clinical practice.

Regular opportunities should exist for veterinarians and nurses to review clinical practices and to discuss clinical outcomes to help identify areas that may require attention. This may be in the form of regular clinic meetings, incorporating ‘morbidity and mortality’ rounds, where cases that have developed unexpected complications or have died unexpectedly are reviewed in order to determine if any policy changes in the clinic are needed to avoid problems in the future.

Where only small numbers of staff are involved, opportunities to discuss clinical protocols, procedures and cases with peers outside of the clinic should be sought, and this is encouraged for all clinics to help learn from other people’s experiences – for example, on the ISFM Member Discussion Forum.

### ***Making the clinic ‘cat friendly’***

For any veterinary clinic, care needs to be taken over the location, accessibility and general standard of the clinic building. As a general principle, the clinic needs to be readily accessible to clients and, especially for cats, needs to be free from excessive noise. The clinic should be well maintained and:

- Be in good decorative order and have good levels of clinical cleanliness
- Have no offensive odours and have adequate ventilation
- Have good lighting throughout
- Have adequate safeguards to ensure that cats cannot escape

### ***Waiting room – the gateway to the clinic***

The waiting room and the staff in the waiting room are responsible for creating both the first and last impressions for the cat and the client during the visit to the clinic. A well-designed waiting room with cat-friendly staff can set the scene for **a low stress visit to the clinic for the cat and a positive experience for the owner**. Each clinic will need to work out what measures are practical and usable in their situation, but the key to creating a truly cat friendly waiting area is to consider the needs of cats, and then carefully plan the best way to meet these.

The waiting room should be of sufficient size and have sufficient seating to accommodate the normal caseload of the clinic, it should be clean, and should be free of excessive noise and odours. The overall aim should be to create:

- A calm and non-threatening environment for the cat to wait in so that it is not frightened by the time it reaches the consultation room

- An atmosphere that reassures feline owners that this is an organisation staffed by people who care about both them and their cats



When the cat initially enters the clinic it will attempt to assess the safety of this new environment. The waiting room should be designed and used in a way that minimises the threats cats may feel (visual, aural, olfactory, etc.). The ideal (short of having a cat-only clinic) is to completely separate the dogs and cats attending the clinic, but even where the clinic premises are less than ideal, with careful planning much can be done for cats. Simple things can help:

- Space may allow for the creation of a completely separate and dedicated cat-only waiting room.
- Physically separate the waiting room into two different areas for dogs and cats if a separate waiting room is not possible. Appropriate walls or barriers should be used to ensure visual contact is avoided between dogs and cats, and measures should be taken to avoid having barking or noisy dogs in the waiting room (eg, getting noisy dogs to wait outside).
- In addition to separating dogs and cats by some means, thought also needs to go into the location and size of this area, as well as the route that cats are taken into and out of it. The cats should encounter minimal human and animal traffic while in the waiting area. The value of a feline-only area is

greatly compromised if cats have to pass through a noisy area or right past dogs to get to the consulting room. A separate doorway into the consulting room from the cat waiting area prevents any encounter with a dog.

- An alternative measure, if partitioning the waiting room is not possible, is to have routine set cat consultations times scheduled separately from dog consulting times. This means the waiting room would only be used by either dogs or cats. However, thought should be given to any dogs that may need to be discharged from the clinic while cats are in the waiting room or should a dog need to come in, and direct contact avoided.

Other important considerations for the feline waiting area include:

- Avoid locating the reception desk in a narrow area as this encourages contact between dogs and cats when clients are at the desk. Having a wide desk and a large space in front minimises this risk
- Having a low reception desk, or a wide shelf at the desk, where clients can place cat carriers above the head height of most dogs, as cats feel more vulnerable on the floor
- Prevent or reduce any noises from the consultation rooms reaching the waiting area
- Display clear notices asking clients with dogs to keep them away from cat carriers, and reinforce this by asking dog clients to be considerate of cats in the waiting area
- Try to ensure clients and cats are not left to wait for excessive periods in the waiting room
- Some clinics have enough space to allow cat owners to take their cats directly into a consulting room without having to sit in the waiting room at all. Additionally, if a cat is known to be very stressed in the waiting room, or becomes obviously stressed put a blanket over the carrier and see it as soon as possible
- Direct visual contact with other cats can also be very threatening and stressful, and a small cat waiting area can force cats to be close to each other at busy times. Measures to help overcome this include:
  - Erecting small partitions between seats to separate cats
  - Providing clean blankets or towels to cover the cat's carrier and encouraging owners to bring their own blankets/ towels for this purpose. There should be a visual barrier between dog and cat waiting areas even when carriers are covered



- Providing elevated places, such as shelves, perches or chairs to place cat carriers on. These should ideally be about 1 m from the ground and have partitions to stop visual contact between cats

In addition to the physical design and use of the waiting area, other measures that will help reassure cat clients will include:

- Receptionists and nurses who understand cats and can give good basic advice on feline topics, including general care, feeding, behaviour, worming, flea control, neutering, preventive care etc, and direct owners to a relevant source of reliable information, including local cat-related contacts
- Evidence of membership of professional cat organisations (eg, ISFM) and feline-related qualifications or continuing education that staff members have undertaken
- Put up displays of cat breeds, photographs of clients' cats, details of in-house clinics, promotions, talks or cat information evenings, etc
- Provide cat magazines and relevant cat information for clients to browse through – this might usefully include some information about transporting cats to and from the clinic, how to medicate cats, etc.

## **Consultation room**

The aim should be to provide a safe, non- threatening consulting area where cats can be examined calmly and effectively.

There should be a minimum of one dedicated consultation room, but the number of rooms should be sufficient for the normal clinic caseload. The room(s) should:

- Be clean and hygienic, and have adequate light and ventilation
- Have enough space for the veterinarian, the client(s), the cat(s) and a nurse, without being cramped
- Allow complete closure for privacy and for safety (to prevent the cat escaping), preferably with locks on the door to ensure no one can enter the room if dealing with a particularly nervous cat
- Have a floor and table constructed of materials that allow thorough cleaning and disinfection. Stainless steel examining surfaces are cold, noisy, reflective and slippery; a rubber mat can help overcome some of these problems. Heated tabletops can also be comfortable for the cat

In addition:

- If there are outside windows, it is essential these have safety features that will prevent the escape of cats (eg, cannot be opened far enough to allow a cat to escape, have a safety cage around the outside, etc.)



- Within the clinic, there should be a room in which cats can be examined that can be fully darkened (no light) to facilitate adequate ophthalmic and dermatological examinations
- Hand washing and disinfection facilities should be available to allow washing of hands and disinfection of surfaces between feline patients
- Ensure any 'alarm scents' left by preceding patients are removed by cleaning the consult table and by providing good ventilation
- Breakable or harmful items should be kept in cupboards
- The room should be designed so that there are no small holes or gaps that the cat can easily get into, but from which it can be difficult to get the cat out
- Where available, the use of synthetic feline facial pheromone sprays and diffusers to encourage a more relaxed atmosphere may help, although no amount of synthetic feline pheromone will replace good handling techniques

## **Consultation room equipment**

Essential equipment that should be available in the consulting area includes:

- Stethoscopes appropriate for feline use (eg, stethoscopes with a small diaphragm)

- An auriscope with cone attachments that are appropriate for feline use – properly cleaned and disinfected/sterilised between use on different patients
- An ophthalmoscope
- Pen torch and hand lens
- Quiet clippers
- Thermometer – soft, flexible tip, rapid thermometers are ideal in cats, and should be adequately cleaned, disinfected and lubricated between use on different patients
- An indirect blood pressure monitor (preferably Doppler or HDO, which are more reliable in conscious cats)
- A means of showing radiographs (a viewer, or a screen for digital radiographs)
- Accurate and properly calibrated electronic scales that are appropriate for weighing cats. The weight of all cats should be monitored at each consultation, and it is essential to weigh cats accurately before any sedative or anaesthetic drugs are administered

## **Clinical records**

Good effective clinical record keeping is essential for all patients. Permanent records detailing all relevant clinical information should be kept in either written or electronic format, and these need to be readily accessible by clinical staff.

## ***The consultation process***

The aim of the consultation process should be to obtain a full history, undertake a full physical examination, and consider what further actions or investigations may be required in conjunction with the owner, while ensuring the cat remains as stress-free as possible.

The principles of ‘cat friendly’ handling should be adhered to at all times and the cat should be given time to acclimatise to this unfamiliar environment. We suggest that to allow ‘cat friendly’ principles to be used, a minimum of 10 minutes should be allowed for routine consultations, but allowing more time than this is highly valuable.

## **History taking**

The clinical history should be collected, as far as possible, in a standardised format. Using a clinical history form is an extremely valuable way of obtaining standardised data for all patients.



- Clinical history and/or health questionnaires (for example, including behaviour, mobility, routine prophylactic therapy and general health) can be given to owners to fill out as, far as possible, before bringing their cat in to the clinic or while in the waiting room before the consultation. The **Cat Care for Life** programme provides many useful resources, such as health, environment or mobility questionnaires
- A full history should also include a nutritional assessment – evaluating the cat's diet, life-style, feeding habits, etc. to see if any changes should be recommended
- To get a full picture of the cat's state of health, it is vital not to overlook its behaviour, the environment within which the cat is kept, and any changes to that environment, so that potential problems can be picked up at an early stage. It is also important to remember that many medical and behavioural issues are interrelated (eg, obesity, arthritis, idiopathic cystitis, and inappropriate location for elimination)
- Once cats reach the mature life stage (7+), the risk of osteoarthritis increases appreciably. Many signs of osteoarthritis are subtle in cats and usually better appreciated by clients at home than during a clinic visit. Using a mobility checklist or questionnaire is therefore important for these cats
- Specific questions relating to the presenting clinical problem will need to be asked, but these should not be at the expense of an overall history, except in emergency situations

## Physical examination

Patience, gentleness, and empathy are vital characteristics in the consultation room. Even with the best environment and approach, some cats will remain very anxious and a full physical examination may not always be possible at the first attempt. Be prepared to take additional time, schedule another appointment, or hospitalise the cat if necessary. Again, remember that the attitude and approach taken by staff in the consult room may determine whether the client will ever bring the cat back to the clinic. As with the history taking, using a standardised form for physical examination (and additional forms for special investigations such as dental and neurological examinations) will be highly valuable.

Useful tips for the physical examination include:

- Don't ever rush when examining a cat. A little extra time taken will reap huge rewards and this is a classic example of 'more haste, less speed'
- Always try to let the cat come out of its carrier by itself. Open the carrier and gently put it on the table or the floor (once the exits from the room are secure), and allow the cat to come out (if possible) while you are gathering details of the history with the owner



- Be flexible and let the cat choose – the key is to find out what makes the cat more relaxed and adapt the place/position/way that you do the physical examination to suit the individual cat. Some will be happier on their owner's lap, others on the floor. Some may enjoy looking out of a window, while others prefer to stay sitting in their carriers or even hiding under a blanket. Try to adapt to whatever the individual cat prefers, be gentle and take your time. Talk gently and aim to complete the majority of the physical examination without the cat realising you are doing anything more than just stroking it
- Sitting with the cat on the floor can help, and can make handling much easier. This is also true for things like neurological examinations
- Some cats prefer to lie down, while others prefer to stand - try to do as much as possible with the cat in its preferred position
- Apply 'cat friendly' principles, and always adopt the minimal restraint necessary. Any form of overt restraint will signal danger to the cat
- If helpful, split the examination into short sections, and in between allow the cat to change position, have a look around, etc. As soon as the cat gets restless, give it a break – even for a short period, for a stroke or a walk around the room or table

- Avoid direct eye contact where possible. To help, perform as much of the examination as possible with the cat facing away from you. Where direct eye contact is needed, a relaxed gaze with slow blinking will help
- Avoid loud or sudden noises (including ringing sounds and sharp shoe heel noises) and bright lights, unless required for the examination. Also, be aware of the sounds you use – for example a ‘Shhh’ sounds like a hiss to a cat and should be avoided. Talk to the cat calmly, slowly and with a quiet reassuring tone. Avoid sudden movements
- Be aware that older cats often suffer from osteoarthritis, which may make handling uncomfortable or painful
- The hypertensive or hyperthyroid cat may feel anxious and require a more cautious approach
- Perform more invasive examinations last. Leave taking the cat’s temperature (where needed) and opening its mouth to the end of the examination if these things are likely to stress it
- Pay attention to owners if they warn that a cat is likely to bite or scratch. Don’t expect owners to hold cats safely, and remember the safety of the owner is your responsibility while they are in the clinic
- In exceptional cases, some cats are so fearful that a full examination is not achievable even with the most patient of handling. This is rare, but rough handling with heavy restraint is likely to only make things much worse, cause huge stress to the cat and potentially make future examinations more difficult. In these cases, consider if chemical restraint is appropriate, and if so, ensure you get as much information as possible (and collect samples if appropriate) while it is sedated
- Always make sure that owners know and understand what you are doing when you are examining the cat, and what you have found – normal or otherwise - so that they can understand and work with you to determine the right treatment/management plan for their cat

## **Weighing the cat**

Paediatric or feline-specific accurate electronic scales should be readily available and, ideally, placed in all consultation rooms. Having scales that will allow the cat to be weighed in its basket may be advantageous in many situations (the basket can subsequently be weighed on its own at a later time when the cat is safely placed elsewhere). Don’t assume all cats weigh the same – the average weight of an adult cat has a wide range (typically between 3 kg and 6 kg), but there are exceptions to this too, and young and old cats especially may weigh considerably less.



Cats with any illness that may be associated with weight loss or a poor appetite, or those that are overweight and are on a weight restriction diet need regular monitoring, depending on the condition.

Hospitalised cats should be weighed daily, and again, weighing cats before administration of certain medications (to ensure accurate dosing, especially with drugs such as sedatives and anaesthetics) is vital. Healthy young to middle-aged cats should be weighed at every clinic visit, and at least once or twice yearly. The percentage weight change should be calculated at each visit and trends noted (eg, a 0.3 kg loss in a 3.3 kg cat doesn't sound much, but clients might understand this better as 10 per cent bodyweight loss, perhaps working out the human equivalent for themselves). Older cats (12+) should be weighed at least every six months.

## ***Hospitalisation of the feline patient***

The overall aim of hospitalisation is to keep the cat in a safe, clean, quiet environment conducive to recovery and where it can be handled with minimum stress to cat or staff.

Hospitalised cats frequently feel vulnerable and stressed, often showing this by hiding in their litter trays or under bedding.



## **Admitting cats to the hospital**

It is helpful to have as much information as possible written down before the cat is admitted to the clinic. Invaluable information includes:

- What the cat is normally fed, including amount and frequency
- The usual type of cat litter and litter tray used
- Whether the cat likes being groomed (what with and frequency), stroked or played with
- Other relevant behavioural information

When admitting the cat, also consider:

- Having a predictable environment with 'normal odours' is important to feline welfare. Encourage owners to leave something that smells of home (eg, clothing, a blanket, or bedding that the cat often uses). Where necessary, explain if this may not be able to be returned, but make owners aware of the benefit this can bring
- Don't leave newly admitted cats waiting around at floor level in exposed or busy locations, near dogs or facing other cats
- If the cat cannot immediately be transferred to a kennel, cover the basket and ensure it is in a quiet, safe, raised position

## ***Design of the cat ward***

Having a dedicated feline-only hospitalisation ward really is an absolute essential for a fully cat friendly clinic. The difference this makes to stress levels and comfort for hospitalised cats is enormous. However, location, size and layout are also vital to the success of having a cat-only ward, along with consideration of the cage size.

If possible, the ward should be large enough to contain a set of electronic scales suitable for weighing cats to enable daily monitoring of in-patients without having to remove them from the ward. Hospitalised cats should be checked frequently and owners must be informed (preferably in writing) of the level of overnight (and out of hours) care provided for hospitalised cats.

## **Cat-only ward**

Being above, or next to barking dogs is not conducive to relaxation for a feline patient! A completely separate location for canine and feline patients is far preferable. The cat ward should therefore be physically separated from the dog ward with solid walls, and should allow for complete closure for safety and security.

The ward should be calm and quiet and positioned away from noise (eg, washing machines, etc). It should have appropriate lighting, ventilation and temperature control for feline patients.

### **Shared ward**

In a small clinic, if dogs and cats absolutely have to be housed together, using the synthetic dog appeasing pheromone may help comfort hospitalised dogs, which can have a secondary beneficial effect on cats. If feasible, organise a timetable that allows for different species to be admitted for routine operations and investigations at different times/days. The noise of dogs, other cats, banging equipment or metal implements should be excluded from the ward as far as possible. If there is a noisy cat in the clinic, it should ideally be kept separate so that the other cats can't hear it. Similarly, when performing procedures or examinations other cats should not be allowed to see or hear this.

### **Location of the ward and visibility of cats**

The ward should be in a location that is easily accessible and does not require the cat to be taken through busy noisy areas to get there. However, it needs to be near enough to other areas to ensure that the cats are frequently observed, and not forgotten about. Place cats as far away as possible from entrance doors, stainless steel sinks, telephones and other noisy, busy areas. Timid, frightened or very ill cats generally need more quiet, but observation must still be straightforward. The careful use of glass panels in doors and partitions, or even having a glass wall, may greatly enhance the ability to observe cats easily without being intrusive.

### **Size of the ward, temperature and ventilation**

The size of the ward is important, regardless of the number of cages within it. The room needs to be wide enough to get cats in and out of the cages without them having to be held directly in front of another patient. If the ward isn't next to a procedures room, there may need to be space for a table where cats can be examined, again without having to be directly in front of the other hospitalised patients.

There needs to be space for personnel to work and observe the cats without having to be right close up to the cage. The ward should be temperature-controlled (heated or cooled) to provide an ambient temperature of around 18 to 23°C. Adequate ventilation is also important and relative humidity should be kept around 35 per cent.



## Cages, cage design and size

There should be a sufficient number of cages in the ward (and of sufficient size) for the normal workload of the clinic. They should be constructed of solid, impermeable material to facilitate cleaning and disinfection and should be escape-proof. The floor the cat rests on **must** be solid.

- Stainless steel is commonly used, but may conduct heat away from the cat, can be quite noisy, and reflections may stress some cats. White glass fibre cages give better comfort for cats, are quieter and warmer and, if finished well, are just as easy to clean.
- The front of the cage must be easy to clean, allow good observation and prevent escape or injury. A toughened glass door allows very good visibility, reduces the risk of airborne infection spreading, and reduces the chances of the patient putting paws through the bars and opening the door or causing self-injury.
- If a mesh front is used, consider the size of the mesh – if too small it may reduce visibility but if too large small kittens may get their heads stuck. Cages with different size mesh may be needed.
- Rubber or plastic stoppers on metal cage doors are very valuable to reduce noise when the doors are closed.

The position and layout of the cages is important:

- The position of the cages should avoid direct visual contact between patients and the risk of aerosol spread of infectious particles. Ideally cages should not abut each other (eg, at a 90° angle) and should not face each other
- If cages do face each other (directly or at an angle) there should be a minimum distance of 2 m between the closest parts of the cages, or an opaque barrier (e.g. a curtain) between the cages
- If space allows, having a mobile cage may allow flexibility in hospitalising some patients that may get too stressed in a general ward
- Ideally, the lowest cages should be at a safe height for personnel (about 90 to 100 cm above floor level) so the cat is fully visible and can be retrieved easily
- If there are two rows of cages, the lower level should be raised off the ground by at least 20 cm. Cats prefer not to be at floor level
- Cages that are too high or too deep can also prevent good observation, and pose a safety risk to personnel as it is more difficult (and more stressful) to retrieve the cat from the back of the cage, and are also difficult to clean properly



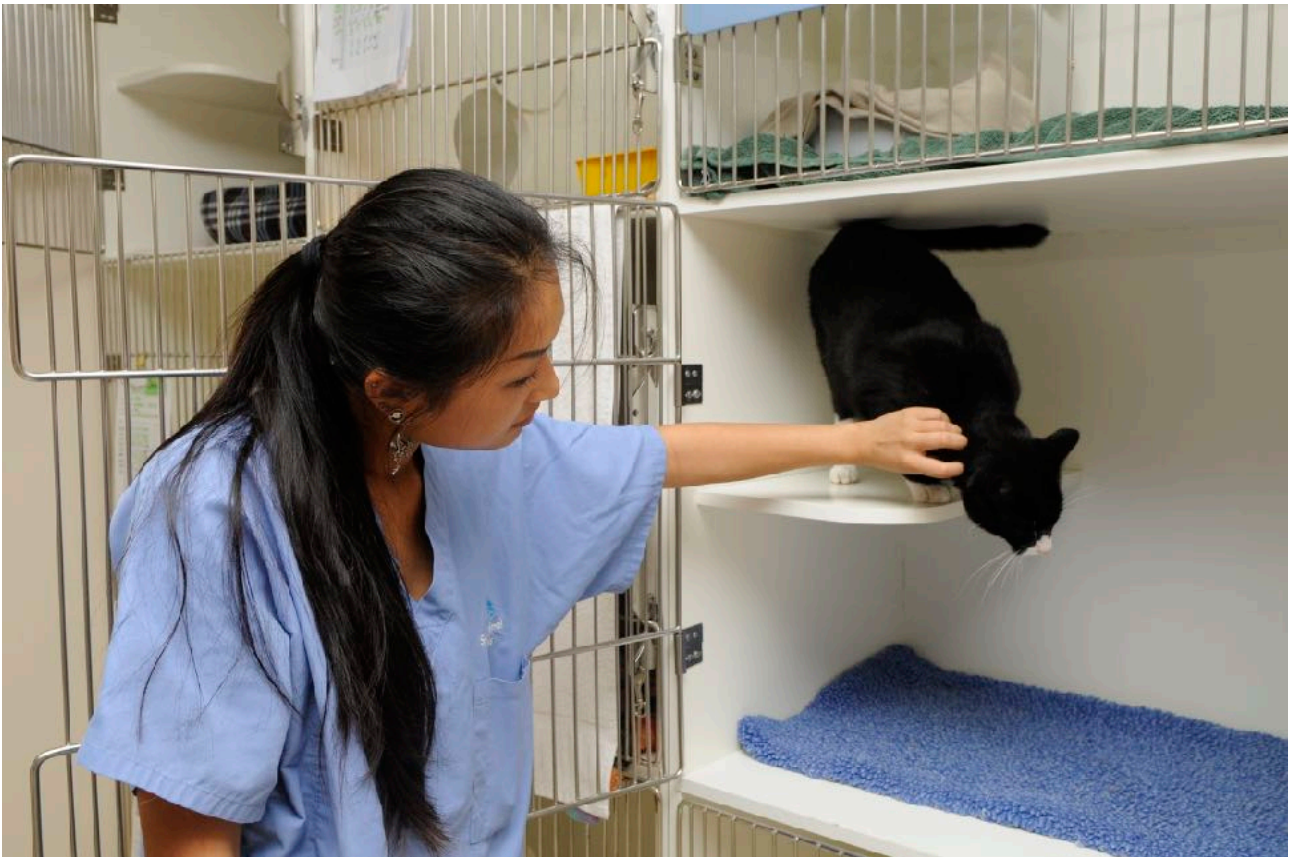
## **Furnishing the cage**

Hospitalised cats frequently feel vulnerable and stressed. Often, small changes can make the hospitalisation cage much more acceptable.

- Cats enjoy being in a high position and often prefer to lie on a shelf or ledge within their cage. A shelf can be very useful for cats hospitalised for more than 24 hours. Some cages have inbuilt shelves, which are excellent for long-stay patients, but even an upturned disposable cardboard box that the cat can sit inside or on top of will help. If the cage is of sufficient size, the cat's carrier (open or with the door off) in the cage is another alternative.
- The ward may contain a mix of cage sizes for long and short stay patients. A smaller cage may be acceptable for day-patients, but at the very least there should be adequate space for a litter tray, bedding and separate food and water bowls. Many day patients are admitted for minor procedures such as neutering or dental work and, although they may not be in the cage for long, there needs to be adequate space for them to be fully stretched out with their neck extended to allow a safe recovery from anaesthesia. Cats that are hospitalised for more than 24 hours should have a larger space allowing some degree of free movement.

- ISFM suggests **minimum internal** sizes for cat cages are (width x depth x height in cm):
  - Day patient and patients staying up to 24 hours: 3600 cm<sup>2</sup> floor area (e.g. 60x60) x 55cm
  - For longer than 24 hours: 6300 cm<sup>2</sup> floor area (e.g. 90x70) x 55cm (minimum)
- Comfortable warm hygienic soft bedding should be used for all feline patients to provide a soft surface for the cat. Towels and blankets may be used, but absorb moisture and so must be changed quickly if they become soiled. Old newspapers are not enough! There should be enough bedding to cover the base of the cage especially if the cages are made of stainless steel.
- Many cats like to hide when hospitalised – providing materials to enable them to feel secure and partially hidden without the need to hide under bedding is helpful. There are many ways to provide hiding such as a disposable cardboard box, commercial ‘igloo-type’ beds, or sack-type beds.
- If a towel is used for restraining the patient, it is useful for this to be kept within the cage so that it picks up the cat’s own scent. Some bedding or clothing from the owner may help to reassure the cat with a familiar smell.
- The cage should be large enough to accommodate a reasonable sized litter tray, and the clinic should have a range of cat litters available to accommodate individual cat preferences. Some cats prefer privacy and may prefer a covered tray or a tray inside a cardboard box turned on its side.
- Non-absorbent cat litter (eg, commercial non-absorbent granules or clean aquarium gravel) should be available and used to facilitate ‘free catch’ urine sample collection when needed.
- Maintaining body temperature may be crucial for some patients, and facilities should be available to do this. Under-floor heating in cages may be ideal, but heat pads with bedding on top (taking care not to burn cats which are unable to move) also work. Microwaveable snuggle beds and wheat bags are useful, but care should be taken that they are not too hot (causing burns). Hot water bottles are an alternative - remember that if left to cool they will take heat away from the cat.
- Food, water bowls and litter trays should be placed as far apart as possible in the cage. Placing the litter tray in one corner, and the food/ water bowls in diagonally opposite corners will help. If food and water can also be separated this is ideal.





- Food and water bowls should be shallow (to avoid the cat's whiskers brushing against the sides when eating/drinking), and should not be made of plastic (as this may become tainted with odours). Shallow ceramic dishes are ideal.
- Disposable or readily cleaned/ disinfected toys should be made available in the cage for cats that are hospitalised for more than 24 hours and which enjoy playing (especially young cats and kittens).
- In some situations, where a cat is becoming stressed in the clinic and other measures are already available in the cage, covering the front of the cage (or partially covering the front of the cage) with a towel or blanket may help reduce stress. If this is done, it is important that additional measures are taken to ensure the cat is checked appropriately, and this is rarely (if ever) suitable for patients that require intensive monitoring. Hiding opportunities should still be provided **in** the cage.

Hospitalised cats should be checked frequently and owners must be informed (preferably in writing) of the level of overnight (and out of hours) care provided for hospitalised cats.

### **Additional considerations for the cat ward**

- Facilities for hand washing and disinfection should be available in the cat ward.

- Washing and disinfection facilities for bowls and trays must be available in the in-patient area of the clinic. There should be separate washing/ disinfection facilities for litter trays.
- The food storage and preparation area must be separate from the washing and disinfection facilities used for food bowls, water bowls, litter trays, etc. This is important to prevent cross-contamination with infectious agents.
- A variety of foods appropriate for cats should be available, with the ability to cook or prepare fresh foods, and suitable refrigerated storage.
- For transport within the clinic, cats should have an individually assigned carrier. This may be the cat's own carrier, or a clinic carrier, but it should never be used for another cat without being thoroughly cleaned and disinfected.

## **Identification and monitoring of in-patient cats**

- All cats should be positively identified while hospitalised in the clinic – eg, using disposable collars and clearly identified cages and baskets.
- All hospitalised cats should have detailed hospital day sheets (charts) filled in with timed initialled recorded entries. These should include recording of pain, behaviour and stress assessments. Records should include but are not limited to:
  - Vital signs (including weight)
  - Treatments
  - Food and water (when offered, how much consumed)
  - Defecation (time, amount, quality character)
  - Urination
  - Clinical signs
  - Behaviour and demeanour
  - Pain assessment
  - Stress assessment
  - IV fluid therapy etc.
- There should be clear instructions from the veterinarian on how often various parameters need to be monitored and when treatments should be given (along with dose and route).
- A separate treatment chart may be needed, especially for cat requiring multiple therapies.

- Hospitalised cats should be checked frequently and owners must be informed (preferably in writing) of the level of overnight (and out of hours) care provided for hospitalised cats.
- There should ideally be a minimum of daily examinations recorded for every in-patient by a qualified veterinarian throughout their hospitalisation period.

### **Additional equipment for hospitalised cats**

- Facilities should be available for provision of supplemental oxygen for hospitalised cats.
- Facilities should be available for bathing, drying and grooming hospitalised cats.
- A range of intravenous fluids (including colloids and crystalloids) should be available together with suitable cat-sized catheters and administration sets. Cats become dehydrated easily, and intravenous fluids should never be withheld if needed. However, care is needed to avoid fluid overload, especially in cats with compromised cardiac function or acute renal disease. There should be the ability to control the volume of fluid administered, ideally through the use of infusion pumps or syringe drivers, or potentially through volume-limiters such as burettes. Syringe drivers and fluid pumps can also be used for constant rate infusion of medications.
- Long-stay, long intravenous catheters placed in the saphenous or jugular veins can be useful for maintaining an intravenous line when required for more than a few days.

### ***Control of infectious disease and isolation facilities***

Infectious and contagious diseases are common among cats, and when stressed they may be more likely to shed infectious agents.

- There should be adequate cleaning and disinfection protocols for rooms, cages, bedding and equipment that ensures the risk of cross-contamination is minimised.
- The cat ward should be cleaned and disinfected daily – for cats staying in for a longer period it is useful for them to have familiar scents around them – ie, if bedding is not soiled leave it in the cage with the cat.
- Cat cages should be thoroughly cleaned and disinfected between patients, not forgetting the bars on stainless steel doors.
- Food and water bowls should be cleaned and disinfected between use.
- Equipment (scales, thermometers, auriscopes, table tops, etc.) should be thoroughly cleaned and disinfected between patients.

- Carriers and bedding should be thoroughly cleaned and disinfected between patients.
- Disinfectants should be chosen that are appropriate for use around cats (eg, not phenolics).
- There should be a separate isolation ward for isolation of infectious cats or care of cats with zoonotic diseases. This should be self-contained to avoid cross-contamination to the rest of the clinic, preferably with a separate entrance. The facility will require intensive nursing, and be near enough to other facilities to be able to monitor cats closely. Even one or two cages in a small room with a glass door to allow good visibility may suffice.
- The isolation room should ideally have facilities for washing and disinfection within the room, and equipment and cleaning utensils should remain in the isolation room.
- A footbath containing suitable disinfectant should be placed outside the isolation room and appropriate protective clothing should be used, such as disposable aprons or suits, gloves, face-masks and shoe covers.
- Ideally an active (negative pressure) ventilation system should be used for the isolation room.
- Strict hygiene protocols should be put in place and adhered to by everyone. The number of staff entering the isolation area should be strictly limited and, ideally, one person should be designated to nursing isolation patients to ensure that they receive enough care.
- If a dedicated isolation facility is not available, a portable cage can be set up in a separate area (with the appropriate disinfection measures) when required.

## ***Feeding the hospitalised patient***

Hospitalised and sick cats are likely to be anorexic because of pain, stress, nausea or dehydration and malnutrition can be a significant contributor to morbidity and mortality.

- Cats should be weighed daily and have their body and muscle condition scores evaluated at least two to three times weekly.
- Calculate the caloric requirement for each cat and monitor their food intake.
- Where possible feed what the cat normally eats at home as the first choice(s).
- For hospitalised cats, food needs to be nutritious and palatable – high protein and high fat diets (see the Royal Canin range of diets) tend to be





more palatable, as do wet (canned or sachet) foods warmed to body temperature.

- Evaluate all inappetent cats for systemic disease, for pain, dehydration and nausea, and treat these adequately before introducing food to avoid development of food aversion.
- Reduce environmental stressors (eg, dogs, noise, odours).
- Ensure food is placed away from the litter tray and if possible away from water too.
- Tempt cats to start eating by hand feeding small amounts of highly palatable foods. Spend time with the cat encouraging it to eat.
- Offer small frequent meals, removing the food bowl in-between (eg, after an hour).
- Give a choice of two foods – more is overwhelming – or try with a different food later.
- Offer some dry food too as some cats have a preference for it.
- If dietary manipulation fails, appetite stimulants may be attempted (eg, cyproheptadine, mirtazapine) where appropriate.
- Avoid syringe feeding as this is likely to induce or exacerbate food aversion and may cause inhalation pneumonia.

- Enteral assisted feeding (tube feeding) should be strongly considered in any patient that remains inappetent or has persistent low calorie intake for more than 3 to 5 days, and for cats that have been anorexic for 3 days or more.
- Naso-oesophageal tube feeding is very useful for short- term nutritional support, using specially formulated liquid diets. However, oesophagostomy or gastrostomy tubes are valuable for longer-term support and allow a wider choice of diets to be used including blenderised diets).

## ***Operating theatre and anaesthesia***

There should be a dedicated operating theatre set aside for sterile surgical procedures. Cats should ideally be anaesthetised and clipped for surgery in a separate room.

The operating room should:

- Have easily cleaned and disinfected surfaces and operating table
- Only have equipment in it for surgical procedures ( $\pm$  radiography) – ie, it should not be used to store other equipment/materials
- Be well lit with light(s) to illuminate the surgical site
- Have ‘scrub’ facilities that are separate from any ward hand washing facilities, and ideally outside the operating theatre
- Have a means of displaying radiographs
- Not be used for purposes other than sterile surgical procedures

There should be appropriate equipment available to induce and maintain anaesthesia safely in a range of feline patients (including kittens and cats with various diseases), and it is the veterinarian’s responsibility to ensure that the risks of anaesthesia are kept to a minimum by using appropriate anaesthetic and analgesic agents. Suitable equipment should include:

- Equipment to administer oxygen
- Equipment to provide resuscitation
- A range of appropriately sized cuffed and uncuffed endotracheal tubes. Uncuffed tubes are preferable to avoid tracheal damage, unless the procedure carries a high risk of aspiration (such as dentistry)
- Silicone endotracheal tubes are preferred to ‘red rubber’ tubes as they are less irritant to the larynx
- Cat-sized laryngoscope and local anaesthetic suitable to anaesthetise the larynx prior to intubation
- A temperature-compensated vaporiser if volatile anaesthetics are used



- Anaesthesia circuits appropriate for cats are required if inhaled anaesthetics are used – for example, a T-piece circuit and a range of cat-sized face masks
- The ability to warm patients to maintain body temperature – warm air blankets (eg, Bair Huggers™, [www.arizant.com](http://www.arizant.com)) are excellent for this. Microwaveable heatpads (eg, Snugglesafe™ Microwaveable Heat Pads) are a less expensive alternative
- Ensure IV fluids are being appropriately warmed where needed
- Close monitoring of vital parameters by a trained member of staff is essential when cats are anaesthetised, and anaesthetic charts should be routinely used and filled out. Details should include:
  - Date, personnel involved, procedure, duration
  - Patient details (ID, weight)
  - Induction and maintenance drugs and doses
- Regular recording of vital signs, on anaesthetic charts should include
  - Temperature
  - Respiratory rate
  - Heart rate – measured with stethoscope, oesophageal stethoscope or ECG

- Peripheral pulse quality and rate
- Pulse oximetry (with a suitably sized probe for cats)
- Blood pressure - while oscillometric machines are suitable for anaesthetised cats, they are inaccurate for conscious cats. Doppler or HDO machines are accurate and suitable for either conscious or anaesthetised cats. The cuff width should be approximately 30 per cent of the limb circumference – typically about 2.5 cm for most adult cats
- Ideally capnography
- Any complications

There should be adequate monitoring of the cat in the post-anaesthetic recovery phase by a suitably trained member of staff.

## ***Surgical equipment***

Adequate surgical equipment should be available for the range of procedures undertaken at the clinic, and should include equipment needed for emergency procedures.

Adequate sterilisation facilities should be available to ensure surgical equipment is properly sterilised prior to each use. In addition, sterile gloves and gowns should be available and used appropriately.

Equipment should be well maintained, and quality controls should be run from time-to-time to check accuracy.

Many cats suffer with dental disease and it is essential that suitable dental equipment is available and maintained so that these procedures can be carried out to a high standard. Good dental care should involve:

- Good client education so that the importance of dental and oral care is recognised
- A thorough oral examination as a part of every physical examination
- Full dental examination under anaesthesia when indicated (eg, when abnormalities are identified on routine conscious evaluation)
- Facilities for dental radiographs to be taken (ideally this should include intra-oral non-screen radiographs)
- Proper dental records and charts should be maintained for cats

### **Dental tools available should include:**

- A selection of scalers, curettes, periodontal probes, elevators and/or luxators, for example:
  - Superslim elevator



- Couplands#1 elevator
- Extraction forceps pattern 76N
- Instruments should be sharp and properly maintained.
- Protective equipment for dentals should include aprons, masks, goggles and disposable gloves.
- Facilities should be available to mechanically scale and polish teeth, to section teeth and to perform extractions, and cooling water must be available at the operative site. High-speed air-driven dental units are recommended.
- Small, round friction grip burs, #1 or 2 are recommended.
- All dental equipment should be properly cleaned and disinfected/sterilised between use on different patients to avoid transmission of infectious diseases.



## ***Diagnostic imaging***

An adequately equipped cat clinic should include the ability to undertake diagnostic quality radiography, as this is essential for a number of feline emergencies. To avoid unnecessary exposure of humans to ionising radiation, a range of supports and restraints to facilitate positioning of sedated or anaesthetised cats should be available.

Careful records of all radiographs should be kept, and the radiographs themselves should be labelled in a tamper-proof way. Ideally, ultrasound equipment will either be available at the clinic, or arrangements will be made to enable ultrasound to be performed readily in those cases that need it.

## ***Laboratory facilities***

For adequate monitoring of cats, certain basic laboratory equipment should always be available in the clinic (see Idexx range), this includes:

- A clinical microscope
- The ability to prepare blood smears and smears of fluids/ tissue impressions

- A centrifuge to assess PCV, to collect serum/ plasma, and to perform urine sediment analysis
- Equipment to measure blood glucose concentration
- Equipment to measure blood urea concentration
- Equipment to measure urine and serum/plasma specific gravity (ie, suitable refractometer)
- Equipment to perform basic urine chemistry analysis (eg, urine strips)

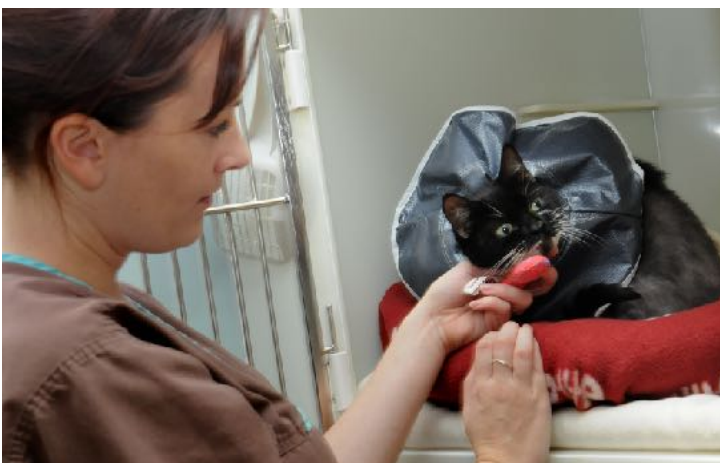
Equipment should be well maintained, and quality controls should be run from time-to-time to check accuracy.

Ideally, a broader range of in-house tests may be available, but arrangements will need to be made with external laboratories for at least some tests to be conducted. Where 'in house' laboratory testing is done, it is important to:

- Understand the limitations of any equipment used
- Ensure the equipment is properly maintained and calibrated
- Undertake quality control checks
- Have staff that are adequately trained to ensure accuracy of results

## ***Medicinal products***

Availability of licensed feline products varies greatly between different countries. It is important that each clinic stores a range of suitable products according to the manufacturers' instructions and that medicines are adequately labelled. Relevant statutory regulations need to be adhered to, but some drugs may need to be used that are not specifically licensed for use in cats. Where such drugs are used, it is prudent to always first obtain informed consent from clients.



It is recommended that clinics have access to a good quality veterinary- nformation service on the management of poisoning in cats. A good example is the Veterinary Poisons Information Service ([www.vpisuk.co.uk](http://www.vpisuk.co.uk)), which offers its service internationally.

## Creating a cat friendly clinic

Very few of the ideas outlined in this manual are expensive; many are as much to do with approach, organisation and attitude as with materials or buildings. Lots of these small things can make big differences. Here are some comments from Cat Friendly Clinics on how it has made a difference:

*“Being cat friendly has encouraged new clients to join our clinic solely on the basis that we go that extra mile for our feline patients.”*

*‘We are a large referral centre and staff in all areas of the clinic became involved in making the clinic cat friendly. The effects have been long-lasting, with all our staff well aware of the impact of anxiety when managing our feline patients and everyone constantly looking for new ways to help reduce the stresses on them.’*

*“We have introduced cat parking, separate cat and dog waiting areas, and a separate cat kennel ward. We are all very proud of being a cat friendly practice and this has helped us to use the philosophy in all aspects of our clinic, such as the way we deal with cats in the consulting rooms and restraining for procedures. The cats at our clinic are definitely more relaxed and happy to be at the clinic since we made the changes.”*

*“As a committed Cat Friendly Clinic we are continually receiving feedback from owners who are impressed with our knowledge and understanding of cat’s special needs. We are finding our hospitalised patients are calmer, easier to treat and more settled after recovery. It has also been possible to perform more blood pressure tests for our older patients, with far more accurate results.”*

*“Being cat friendly had a very positive impact on our clinic from both a client point of view and a staff perspective, in terms of the appreciation of the different care and nursing requirements for the feline species. Our standards of care are now consistently higher, as we all ‘think cat’. We also used a number of the ideas when we designed and built our new practice.”*

*“Many of our clients and their cats have benefited from us being a cat friendly clinic. Several of our clients welcome the cat only clinics which are set aside weekly. Their pets are calmer and visit to the clinic is much less stressful for both owner and their cat(s). Our completely separate cat ward with low lighting and Feliway plug-ins creates a calmer environment for our hospitalised patients. We provide hiding places and toys within the kennels.”*



**Cat  
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This Guide to Creating a Cat Friendly Clinic is brought to you by the International Society of Feline Medicine, and is based on ISFM's standards of feline wellbeing within a veterinary clinic.

ISFM (International Society of Feline Medicine) is the veterinary division of the charity International Cat Care - [www.icatcare.org](http://www.icatcare.org)

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# Cat Friendly Clinic

**Better for cats, better for clients, better for your business**

