

No More Homeless Pets Forum

Date: August 20–24, 2007

Topic: Happy, Healthy Shelter Cats



Susan Cosby, executive director of the Animal Welfare Association, has put together a program to address the challenges of handling cats humanely and with respect in busy, understaffed and underfunded shelters. Learn how her program assists cats in getting through a high-volume animal control shelter alive!

Introduction from Sue Cosby

Caring for cats in a shelter environment presents a unique challenge. Years ago shelters often ignored cats, sometimes taking in only dogs and leaving cats to fend for themselves. Those that took in cats treated them a lot like dogs in how they were housed and cleaned. Even now that cats are housed in almost every animal shelter in the country, many still do not recognize the unique needs of felines.

Whether you work or volunteer in a small shelter or a large animal control facility, by holding to a few simple principles of care, comfort and safety, you can improve the stay for each and every cat. Nothing in the Care, Comfort and Safety Program for handling cats is rocket science, nor is it impossible to comprehend or understand. It's actually pretty easy and ends up being less work, as well as safer for employees and volunteers.

It starts with critically analyzing all that you do now, in every facet of cat handling, and embracing what cats truly need to make positive changes. By following Care, Comfort and Safety Principles, even an understaffed, overburdened and busy shelter can improve their cat handling, reduce disease and increase safety along the way.

Care, Comfort and Safety Principles:

- Cats deserve care: clean cages; access to food, water and a litter box at all times; vaccinations and health monitoring
- Cats deserve comfort: a place to hide, a place to perch, something soft to sit on, Feliway spray, limited housing changes, a place that smells like home
- Cats deserve safety: safety from hearing other animals, safety from seeing other animals, a place to perch, safety from handling

But how do you provide this in your shelter? Do you think you are doing a good job right now but want to fine-tune it to be even better? I'll be happy to answer your questions and help you implement proven lifesaving strategies in your organization!

Bio for Sue Cosby

Sue Cosby has just embarked on a new path as the executive director of the Animal Welfare Association in New Jersey after spending just over two years as the chief

operating officer of the Philadelphia Animal Welfare Society (Philadelphia Animal Care and Control Association). Her background as a business owner, a B.A. degree in advertising and experience as the assistant training director of Wonderdogs in New Jersey gave her a diverse mix of experiences that all came together in her work with animal shelters. Her work and writings include the No Kill Advocacy Center's Lifesaving Matrix, participation in the development of the No Kill Advocacy Center's Companion Animal Protection Act of 2007 and her own No Kill News Blog on MySpace.

Passionate about creating no-kill communities, she has rounded out her experience working in both a limited-admission shelter and a high-volume, urban animal control shelter. Although she came to sheltering from a dog training background, she soon realized that, particularly in certain regions of the country, cats were the animals in the greatest need of help. Throughout her time in animal shelters, despite being personally allergic to cats, she has dedicated herself to finding methods for cats to cope in the face of shelter confinement, with the goal that more must leave alive.

Feline calicivirus: containing the spread of infection

Question from TNR1: Recently, two shelters in northern Virginia were closed for a week due to a potential outbreak of calicivirus. They completely shut down their intakes and adoptions. How does your shelter handle intake and care of the cats to reduce the potential of spreading diseases like this one?

Response from Susan Cosby: Philadelphia Animal Care and Control does not have the option of shutting down intakes and if they were to cease adoptions or placement into foster care, they may be faced with killing an additional 60 to 80 cats a day. The administration of the Philadelphia shelter is committed to a no-kill philosophy and saving lives is a top priority. At the other end of the spectrum would be a limited-admission shelter, operating with a no-kill philosophy that all savable animals must be saved and adopted. Closing down either type of shelter simply isn't an option, so the battle lines must be drawn at the point of care. Calicivirus is a difficult virus to tackle in a shelter environment, but you can get a handle on it without closing your shelter down.

Some basic information about calicivirus: It is a very common virus that can be present in up to 25% of apparently healthy cats in a shelter or cattery environment.¹ Like parvovirus, it is an "unenveloped" virus. Enveloped viruses are protected by a coating that, when destroyed, destroys the virus. Unenveloped viruses have no coating to destroy, so they are more difficult to eradicate. Unlike the herpes virus, emotional stress is less of a factor in the progress of the illness in a cat. Calicivirus is spread through feline bodily fluids. Therefore, handling cats, who groom themselves, will be your primary means of transmitting disease throughout your shelter. Don't fool yourself into thinking that air filters or air exchanges are going to save you with this one.

When people ask what makes shelter cats sick with calicivirus, the answer is most often shelter workers. Cats sick with calicivirus may suffer from oral ulcerations. Once a cat has mouth or throat ulcers, he/she may stop eating. This is a difficult challenge in a shelter with limited ability to isolate and hospitalize cats who need the kind of intensive care an anorexic (not eating) cat does.

So your first plan of attack is to minimize handling. When you do need to handle cats,

ensure that staff use disposable gloves and don't hold cats against their clothing. Unfortunately, no more hugging and snuggling. Wash hands AND arms often, even when using gloves. Do not rely on the use of hand sanitizer, since it does not replace good, thorough manual washing and rinsing with soap and water.

The easiest and most effective way to reduce overall cat handling is to implement a procedure where individual cat boxes are used to house cats inside each cage. The system that was put into place at Philadelphia Animal Control was to supply an individual cat box (see reference 2 below for photos and ordering information) for each cat or litter of kittens entering the building.

This box became the cat's "home" during his or her entire stay at the shelter. If the cat needed to be moved from one room to another, it was closed inside of its own house and carried to the new cage. The box remained in the cage with the cat and was only removed to be cleaned if it became really dirty or if the cat had left the building. The cats were even transported to surgery and recovered in the same cat box they were issued when they first arrived. Handling was reduced further by closing the cat in its box in order to clean the cage.

Cleaning methods that require staff to handle the cat, taking it out of one cage and putting it into another cage or temporary carrier, will simply further spread disease. Cleaning involved simply closing the cat in the box, cleaning the cage and providing fresh food, water and a new litter tray and then opening the box back up.³

Now that you are handling cats less, you should take a look at how you can further reduce the spread of the disease. Since the virus is spread via bodily fluids, a smart place to start is with food and water dishes. When I did the math, purchasing disposable food, water and litter dishes⁴ was less expensive than the cost of treating or killing sick cats or the costs involved with washing and disinfecting every item. Additionally, disposable items reduce the time staff is tied up washing dishes, allowing them to spend more time actually looking after the animals.

I can honestly say I have never been happy with how clean the bowls were anywhere I worked, even with the most conscientious staff. Something was bound to sully those bowls. For wet and dry food, we used small french fry trays and for water we recently found low-sided Styrofoam bowls that work perfectly. We purchase these items through a restaurant supply store and we purchase disposable litter trays through C-Specialties.

Keep in mind that you can minimize handling, but you cannot eliminate handling. So, work on the most intensive handling, most often done by staff, and continue to allow visitors to say hi through the cage doors, but make hand-sanitizing stations easily available.

When you do have to clean, particularly when you are cleaning the cages and cat boxes after a cat has left the facility, it is critical that you use a disinfectant that is effective against calicivirus. There are two that will work: bleach (5% bleach diluted at 1:32) or Trifectant (Virkon-S)⁵. In Philadelphia, we ran cat boxes through our commercial dishwasher in addition to hand-scrubbing with a drop of liquid dish soap and sanitizing.

I need to emphasize that a critical component to cat handling is providing each cat with an individual house that will stay with the cat for his or her entire stay at the shelter. If

you skip this step, it will be difficult for you to maintain control over disease transmission because, at some point, you will be picking up the cat with your hands. Vaccinating cats immediately on intake can help reduce, but will not eliminate, illness caused by calicivirus. A program of immediate and complete vaccinations on intake is critical for the management of all disease in dogs and cats. And finally, never assume that an apparently healthy cat should be handled with less care than a sick cat. Treat everyone as though they are contagious and you are less likely to spread disease.

I will also add as a personal footnote that I do not like closing down shelters as a means of controlling disease. A shelter that feels it really must close down should dedicate as much time and resources as needed to evaluate every aspect of their cat handling and disease control and put systems into place to prevent a closure from ever happening again. I hope that this forum will provide the advice they need to establish a better system of care.

References and further reading include:

1. UC Davis Shelter Medicine Information Sheet: Calicivirus/virulent systemic calicivirus: http://sheltermedicine.com/portal/is_vsfcv.shtml
2. ACES feral cat and small animal boxes: www.animal-care.com, photo: <http://ebmhost24.ebm.bestsoftwarehost.com/images/053a.jpg>
3. UC Davis Shelter Medicine Information Sheet: Cleaning and disinfecting in shelters (See the first bullet point in the section "Cat Cage Cleaning Protocol"): http://www.sheltermedicine.com/portal/is_cleaning.shtml#top3
4. Disposable litter trays: <https://www.cspecialties.com/> (Item number 201)
5. Trifectant: http://www.vetoquinolusa.com/pages/global_05.html

Less stress = Healthier cats!

Question from DFJKopyKat: Cats so often get ill with minor ailments that can develop into major ones if undetected/untreated (and we all know cats are SO good at hiding illness!). Any tips for keeping groups of cats and kittens healthy as far as setup of living quarters, care tips and quarantine guidelines, to minimize problems?

Response from Susan Cosby: This is a very good general cat-housing question and it is the same one I thought about when I first started coming up with the Care, Comfort and Safety method for handling shelter cats. In my introduction, I outlined the three aspects of Care, Comfort and Safety. Print those three points out and grab a human partner (or your whole staff) who can walk through your shelter with you and "be the cat."

We actually took a stuffed animal, pretended he was a real cat who was dropped off at the shelter, and took photographs of his entire ordeal. At every moment in a typical cat's stay at your shelter, stop and refer to the list. Look at everything from the point of view of the cat. Ask yourself if you are meeting the Care, Comfort and Safety goals at each and every moment of the cat's stay.

For example, does the cat have access to food, water and a litter box when it first walks in the door? Most likely it won't, so how long until they are provided? Recognize that

being without food, water and a toilet is an area of stress for the cat. Imagine you were a prisoner in a strange country where you couldn't speak the language to ask for a sip of water or to use the bathroom. When would you be able to use the bathroom? When is lunch? Who knows! Now, that's stressful!

Now maybe you have a receiving or holding area where the cat will spend a few minutes to a few days. Is the cat transferred from a crate to a cage? That's a housing change and housing changes are stressful. Does the cat have a place to hide until he feels safe? Are dogs housed in the same room? I am always amazed that so many shelters have separate housing for cats and dogs except in the most critical areas of stress – incoming or isolation wards. Any time that a cat sees or hears dogs is stressful and, for some cats, even the sight of another cat is enough to turn a relatively calm cat into a ball of tension. Is there a door on the room? Is the noise worse when the door is open or closed? How soon until the cat is vaccinated?

At any point in your walk through the shelter, is the cat ever sitting in a crate or, worse, an open metal cage on the floor? Horrors! Cats like to hide when they are nervous and perch up high to stay safe. Leaving a cat on the floor, particularly in combination with seeing other animals or hearing scary noises is enough to send a halfway sane cat to the crazy house. And we wonder why the cats are nasty and fractious when they first arrive!

Next, your imaginary cat will probably be moved into a crate or another cage for cleaning (housing changes again) and maybe into another room for adoption (another housing change). It's like staying in a new hotel room every night. Nothing is the same, nothing feels like home, nothing brings you comfort.

Now you might be wondering, what does all this have to do with disease control? I'm here to tell you: a LOT. A stress-free cat is a cat who is going to be more resistant to getting sick. When you are stressed out and exhausted, you are more likely to feel run down and catch a cold. Imagine being a cat, who is used to sleeping most of the day. Now you are awake all day, nervously wondering what you will see, hear or smell next. Talk about sleep deprivation! Add to this equation the virus that is responsible for about 50% of all feline upper respiratory infections: the herpes virus. A herpes virus infection is a lifelong condition and what causes the virus to become reactivated and shed? Stress.

Once you have finished your trip through the shelter, it is time to come up with a plan to reduce stress for the cats entering your facility. Recognize in advance that there are some stressors you will not be able to eliminate, but you can do your best to minimize them. For example, you may decide to always choose top cages first for incoming cats. That satisfies their desire to perch up high to feel safe. But eventually you might only have a bottom cage open. So make sure you have a place for those cats to hide. By implementing a cat box "home" for every cat, you can satisfy many requirements of Care, Comfort and Safety.

A word on quarantines. It is my personal opinion that incoming-animal quarantine periods do not work for cats. Every day a cat is in a shelter is a day closer to getting sick. You may work for an organization that has an effective quarantine method for cats and if it is working, I'm not saying you should change it. All I am saying is that I have not been able to make one work myself. In my experience, the quicker that cats have an opportunity to leave, the healthier they will be.

A brief word on kittens. They are disease factories and the best option for kittens younger than the legal adoption age for your state is foster care. They have immature immune systems and may not receive full protection from vaccines even if they are old enough to be vaccinated because of maternal antibodies. Once they are sick, they shed virus at a higher rate than adult cats, so using disposable food, water, and litter containers, and gloves and hand (and arm) washing are important. Never use plastic bowls, ever.

One other housing basic for caged cats is the five-foot rule. Cats are best housed if they cannot see cats in cages across from them. If you are forced to house cats across from each other, make sure there is five feet between them. A cat sneeze will not carry virus more than five feet. Your hands and clothes will, but not the sneeze!

A second housing basic is increased capacity equals increased disease. The more cats you have in a room, the more likely they are to get sick and stay sick. If your isolation ward has only enough room for 20 cages (and you have followed the five-foot rule), don't just jam more cages or crates in there as a long-term solution. Find another alternative. It will be less expensive in treatment and in lives for you to find other options. Even housing cages separately in closets or offices is better than jamming them all in one room.

I have often heard discussions of air purification as the “be all and end all” of feline URI management. They are sometimes talked about as the magic bullet that will solve the problem. Fresh air exchanges and air filtration contribute to comfort, but I have not seen evidence that they are directly responsible for removing URI-causing virus from the air, thereby making a healthier environment.

Rather, air treatment contributes to an overall level of comfort that will reduce stress by improving living conditions. It also is likely to reduce airborne contaminants that may lead to secondary infections, but I don't have any hard data on that versus fomite transmission. You should provide air exchanges and air filtration, but if you are deciding what to spend your limited funds on first, purchase cat boxes to reduce handling, which is your primary disease transmission source and will also allow the cat a place to hide and a place to perch.

References and further reading include:

- UC Davis Information Sheet: Feline upper respiratory infection: http://sheltermedicine.com/portal/is_feline_upper_res.shtml#top3
- ACES cat boxes (feral cat and small animal boxes): <http://www.animal-care.com>

Snap tests for shelter cats?

Question from armorcats: Susan, my special concern is with FIV+ cats (I have six) and how they are treated in the shelter system. It seems that some shelters don't test for FIV, and when you consider the consequences, that's not such a bad thing. If they do test for it, it seems that FIV+ cats are frequently euthanized. How can your program help raise awareness that FIV+ cats can live long, healthy lives and are perfectly adoptable?

Response from Susan Cosby: I am really glad that you asked this question! You have

hit on an issue that is close to my heart. I worked at a shelter where we killed a few visibly healthy cats who tested positive and that just didn't seem right. Since that time, I've learned a lot and now I am in a position to set policy and that policy is: Say no to mass testing.

I used to say that FIV/FeLV testing is an expensive, labor-intensive and inhumane method used to cull cats from animal shelters and feral cat colonies and it must be stopped. That didn't make me many friends in the sheltering world, so now I say, "I can save your shelter thousands of dollars, free up your staff to spend more time caring for animals, save more lives and generate revenue for your veterinary services." That seems to get people to listen to me more than the first answer. You might want to try the same tactic when speaking with your local shelter and I am going to provide you with the ammunition you need to make the argument.

Any organization that is committed to saving animal lives must cease the practice of mass testing for feline leukemia virus (FeLV) and feline immunodeficiency virus (FIV). Simply put: The volume of cats entering the sheltering system in almost every community in America is at a crisis level. Testing places an undue burden on both the health of the cats and kittens in the shelter and the resources available to the shelter and the community. A low percentage of cats testing positive (1% to 2.5%), a high rate of false positive results in visibly healthy kittens (up to 50%), and a low percentage of cats that are diagnosed as positive with FIV who go on to develop symptoms (around 10%) clearly demonstrates that these resources, be they financial or otherwise, would best be spent to provide low- and no-cost spay and neuter services or other immediately effective lifesaving programs.

This philosophy is shared by prominent organizations such as the Oregon Humane Society, Neighborhood Cats and the Philadelphia Animal Welfare Society, and by smaller local organizations, including the Animal Welfare Association in New Jersey.

The Oregon Humane Society, which ended mass testing for FeLV in 2001, clearly outlined the drawbacks of this type of testing in a written response about their organization's policy:

"Testing every cat increased the time a cat spent in the shelter's holding kennel: Drawing blood and performing a feline leukemia test on an average of 30 to 50 cats per day took two employees up to four hours to complete and document. Less than one percent of the cats were testing positive. Testing caused an enormous delay in getting cats out for adoption; making them more susceptible to illness (such as upper respiratory infection or URI). The staff time, low rate of positive results, and the cost of medical supplies (test kits, needles, and syringes was \$25,000 annually) were important factors in this decision.

"Holding cats while they are awaiting the test made them more susceptible to illness: Most important in the decision to cease testing every cat was testing interfered with getting cats and kittens placed for adoption in a timely manner. During our busy season, with about 50 cats/kittens coming into the shelter daily, performing the tests slowed down the process of moving cats from the holding kennels to the adoption kennels. Cats would become ill with URI after 7 to 10 days in the shelter. Many sick cats remained in our shelter for treatment, were put into foster homes, or unfortunately euthanized for this treatable illness (URI), not for feline leukemia. The best way we can protect our cats is to

get them through the system and quickly into a loving home. Since implementation, OHS's adoption rate on cats has increased significantly.

"OHS's goal is to find homes for unwanted animals while keeping them as healthy as possible while they are in the shelter. Since April 2001 when testing on every cat ceased, OHS experienced a surge in adoptions of cats and significant reduction in euthanasia."

Through the years, more and more shelters that once routinely tested incoming cats and kittens have ceased the practice. The Animal Welfare Association stopped mass testing after they determined that less than one percent of the cats entering the shelter were testing positive and as many as half of those who did test positive would test negative when further testing was done in a laboratory setting. Additionally, they made the decision not to kill any cat who tested positive and chose to place it up for adoption instead.

Reliability of the tests has also been a factor in the decision of some groups to change their policy of testing and euthanizing positive cats. Many shelters and sanctuaries now adopt or maintain these cats as companion animals so they have the opportunity to do follow-up testing. To quote the Home for Life Animal Sanctuary in St. Croix Valley:

"HFL has at least 6 cats who were surrendered to the sanctuary as feline leukemia positive, but who have tested negative on the IFA test. Two to three months later, these cats tested negative on the ELISA and remained negative on all subsequent ELISA tests. It would have been a tragedy to euthanize these cats because of a false positive on the initial blood test."

By dedicating the tremendous resources of time and money to spaying and neutering rather than mass testing, we will make greater strides toward solving the underlying problem of cat overpopulation. This has been most clearly documented by Nathan Winograd in a manual about feral cat management titled *Compassion Is the Way* prepared for Best Friends in 2002. In it, he says:

"It costs about \$12 per test kit per cat. Some studies claim that since birth and cat bites are the most common mode of transmission that FIV is more common where there are large numbers of stray cats. However, in San Francisco, where over 8,000 feral cats have been trapped, altered, and tested, the incidence rate of positive cats was shown to be the same for feral cats as it is for the pet cat population: about one and one-half to three percent of all cats who are tested.

"That is a very low number of cats who test positive, and that is the first reason why the expense of testing is not cost-effective. Only about two cats out of one hundred will test positive. A lot of resources are being spent which could be better used on things that will impact and improve the lives of cats significantly more than testing.

"In 1999, the San Francisco SPCA spay/neuter clinic altered approximately 2,000 feral cats. At \$12 per test the SPCA spent \$24,000 on testing for only about 40 incidents of a positive test; \$24,000 could have bought 369 humane cat traps. Or it could have purchased 48,000 pounds of kibble, enough to feed a colony of cats for 31 years. ... The \$24,000 could have been used to hire a full-time employee to trap cats five days a week, eight hours a day, and bring them to the shelter for spay/neuter. If they caught four cats

a day, that is an extra 900 cats per year. Or, if it costs \$35 per surgery, one could alter 685 cats. From a resource point of view, testing is wasteful. ...

"... Besides wasting money and false-positive healthy cats and kittens being killed, in the end only about 10% of cats who are infected with FIV actually come down with the disease. Ninety percent – nine out of 10 infected cats – will lead completely normal lives."

Mr. Winograd expands further:

"Skeptics may disagree. Testing for FIV, this line of thinking goes, is not only about preventing suffering in infected cats; it is also about preventing the spread of the disease. But because primary modes of transmission are bites and births, spaying and neutering alone will actually go a long way to prevent the spread of FIV because altering affects both: reducing or eliminating fighting as well as roaming and mating."

So far, I have talked about mass testing but there are certain circumstances where testing may be recommended. For example, testing may be recommended by a veterinarian as part of an effort to diagnose illness, or a foster parent or adoptive parent may wish to have cats tested if they have resident cats at home or if the cat is to be housed in a group setting at a shelter. In the case of an adoptive parent, the test can be offered for a fee that completely covers the costs involved with drawing the blood and running the test. It will likely still be cheaper than at a veterinarian's office when performed at your shelter and if you allow a modest profit, it can provide revenue for your operations.

Regardless of the test result, foster parents, adopters and shelter administrators should be aware that testing is not a 100% accurate measure for screening FeLV and FIV and can result in otherwise healthy animals being killed or otherwise infected animals being adopted. From the UC Davis Koret Shelter Medicine Program's resource sheet regarding FeLV:

"The blood test itself is quite accurate, but not perfect. Because cats can be transiently infected, it is possible that a cat will initially test positive for FeLV, and then recover and test negative at a later date. This is especially likely to occur in otherwise healthy kittens. In most healthy cat populations, FeLV is quite uncommon, and this leads to an increase in the relative number of false positive results. In some studies, over half of FeLV positive results obtained by veterinary hospitals from healthy cats were incorrect."

"The blood test may also falsely identify recently infected cats as negative. To be absolutely certain, cats must be tested 1-3 months after their last known exposure."

Additionally, in the case of FIV, again from the UC Davis Koret Shelter Medicine Program's resource sheet on FIV:

"Although transmission to kittens at or near the time of birth has been experimentally reported, in nature this appears to be extremely uncommon. Kittens born to FIV positive mothers are at low risk for infection, although they may initially test positive due to the presence of maternal antibodies..."

"...The blood test is quite accurate, but false positives and occasionally false negatives

do occur. In healthy, low-risk populations FIV is quite uncommon, and this leads to an increase in the relative number of false positive results. The blood test may also falsely identify recently infected cats as negative. To be absolutely certain, cats must be tested 1-3 months after their last known exposure. The test cannot be accurately interpreted in young kittens...

"...Maternal antibodies may interfere with FIV testing in kittens. The literature is in disagreement as to when FIV screening may be performed: maternal antibody interference can rarely occur up to 4 months but has disappeared by 6 months. As mentioned, even in adult cats infection may take up to 1-3 months to develop, so a final test should be performed 3 months after the last known exposure to be absolutely certain."

Clearly, your shelter, when running only one test, cannot guarantee the accuracy, whether the results of a test are positive or negative, for any animal tested. Re-testing at three months should be recommended in all cases.

There is simply no reason to kill asymptomatic cats. All sheltered animals (except in a group housing environment) should be handled as if they are contagious with URI, so it is completely feasible, if you have a positive case, to house asymptomatic FIV and FeLV positive cats as they await adoption. Instead of promoting them for adoption as "FIV positive cats," promote them just as you would any other cat for adoption, emphasizing their unique personalities, and make them "special reduced cost" adoptions. Disclose their medical status just as you would with a behavior challenge or other special needs animal, but don't make it the focal point that the cat is different from the others.

If you have one, don't label your separate area "FIV, FeLV ROOM." Pick a fun name for the room that doesn't make the disease the center of attention. If I was placed up for adoption, I surely would not want to be identified as the "Asthma and Allergy Girl" when there are so many more things about me that make me special.

Since the long-term objective of an animal welfare organization, humane society or SPCA should be to save lives, we are clearly duty-bound to dedicate our resources where they can touch the lives of the greatest number of animals in the most significant manner possible. Discontinuing mass testing of shelter and feral cats for FeLV and FIV is the only acceptable course of action.

References:

- Oregon Humane Society: <http://www.oregonhumane.org/faq.htm#leuk>
- Neighborhood Cats: <http://www.neighborhoodcats.org/info/releasing.htm>
- Home for Life Animal Sanctuary: http://www.homeforlife.org/cats_leuk.htm
- *Compassion Is the Way*:
<http://www.bestfriends.org/nomorehomelesspets/pdf/feralcatcompassion.pdf>
- UC Davis Shelter Medicine Information Sheet on FeLV:
http://www.sheltermedicine.com/portal/is_feline_felv.shtml
- UC Davis Shelter Medicine Information Sheet on FIV:
http://www.sheltermedicine.com/portal/is_feline_fiv.shtml#top3

Other reading:

- Alley Cat Allies: <http://www.alleycat.org/pdf/test.pdf>
- Pet Promise: <http://www.petpromise.org/testingpolicy.html>

We can't even give cats away!

Question from Kari: I was wondering if you had any tips, links or ideas on how to increase cat adoptions. We can't seem to even give away the cats. We now have over 400 in our system and it is getting to the point where we ask ourselves whether we are doing any good.

Response from Susan Cosby: When you say that you can't seem to give away the cats, I am not sure if this means that you have actually tried to give them away. If you have, you might want to think about different marketing strategies. If you haven't, here are some thoughts.

What is your adoption procedure like? Is it cumbersome? Does the public have to jump extraordinary hurdles to adopt a cat? Or, does it allow for same-day adoptions? Are your cats on display at locations other than your shelter? What are your adoption hours, are people able to adopt on the weekends and evenings? Locate any hurdles, such as negative messaging or restrictive hours, that prevent the public from participating in your lifesaving work to the fullest, and remove those hurdles.

Next, how high are your fees? Have you really tried giving the cats away? If not, take a look at the Free to a Great Home adoption program at the Humane Society of Berks County (<http://www.berkshumane.org/>). They have reduced fees to zero for certain dogs and cats. The Animal Welfare Association is currently holding its second annual Tail Sale, where cat adoption fees are dropped to only \$25 and spay/neuter surgeries for cats are also discounted.

Likewise, the Philadelphia Animal Welfare Society reduced adoption fees for all cats to only \$1 for almost the entire summer of 2007. Cat adoptions doubled during that period and the local news stations loved the story. The media truly felt they were participating in saving lives and went above and beyond their normal reporting. One station's morning show actually did several mini-adoptathons. They invited the public to come to the studio, where up to 40 cats were showcased for adoption. Adoptions surged!

Some shelters contend they are trying to raise the "value" of cats and kittens or to recoup the fees associated with care with their high adoption fees. Adoption fees rarely come close to covering the cost of care and, quite honestly, an individual cat who may be killed at any minute due to overcrowding does not care that we have a mission to change the perception of cats from throwaway pets to beloved family members. That cat desperately wants and deserves to live. To think that this cat is expendable and can be killed while we wait, demanding a higher level of competence from the public, is not acceptable.

Looking at this from a personal angle, high fees also shut out people like myself, who feel a strong desire to rescue animals. I would sooner rescue a homeless orphan from the streets and pay for veterinary care myself than spend \$75 or more to adopt an

animal I felt was already "safe" in a shelter. On the other hand, if I saw the shelter on the news offering to reduce fees to \$1 to prevent a mass killing, I would feel compelled to help. I might adopt one myself and even if I didn't, I would definitely spread the word about the desperate situation at the shelter to all of my friends and coworkers. Also, I would absolutely be more likely to donate to help the shelter save more lives.

In Reno, Nevada, recent No More Homeless Pets forum guest Bonney Brown's organization (www.nevadahumanesociety.org) is actually rewarding supporters for spreading the word about cat adoptions. Friends of the shelter can download "coupons" to share. By finding adopters, you could win some great prizes! The more you allow the public to participate in promoting your organization, the more of a network of support you will develop. If you are hesitant because you aren't sure what people might be doing when you're not looking, check out the incredible PAWS volunteer's MySpace page links below.

While low fees serve to get media attention and adopters in the door, education can be provided at the time of adoption and can continue with post-adoption programs that help people overcome challenges that an inexperienced owner may face. I have always firmly believed that if I am not certain about how good a parent an adopter might be, I want to provide that person with a vaccinated and sterilized cat. Then, during the adoption process, let that person know if they have any problems in the future, they can trust our organization to be there to assist with open arms, willing hearts and without judgment.

Adoption programs like these are critical to the Care, Comfort and Safety Program because the ultimate stress-free environment is a loving home. If we do not seek this with all urgency and immediacy for each and every cat, we are failing them. I wish you the best of luck in finding them homes!

Resources:

- Humane Society of Berks County Free to a Great Home Program:
<http://www.berkshumane.org/adoption/adoption.asp#freetoagreathome>
- Animal Welfare Association Tail Sale Program:
<http://www.berkshumane.org/adoption/adoption.asp#freetoagreathome>
- Nevada Humane Society Feline Frenzy Adoption Contest:
<http://www.nevadahumanesociety.org/>
- Philadelphia Animal Welfare Society supporter MySpace pages:
<http://www.myspace.com/unitedbyghost>
http://www.myspace.com/paws_momma
http://www.myspace.com/savecritters_phillypaws
<http://www.myspace.com/ivolunteerphillypaws>

Proper cleaning protocols

Question from Kari: Could you please tell me your thoughts on "spot cleaning" cat cages in isolation areas if those cats are staying in that cage for the duration of the time that they are in the isolation area? Currently the shelter I volunteer at removes each cat, puts them in a carrier, cleans the cages (sprays and wipes, does not let cleaner sit for any amount of time) and puts the cat back. Is spot cleaning less stressful and less likely

to spread diseases from cat to cat with the less handling?

Response from Susan Cosby: Great question, Kari. This is the very same question I had several years ago and I took a minute to ask Dr. Kate Hurley her opinion while attending one of her seminars. From everything I had learned, I suspected that she was going to recommend spot cleaning for cats, including in isolation areas, and I was right.

Spot cleaning involves leaving the cat in the cage, either closed in a cat box or closed in another section of the cage, similar to the way dogs are placed on the opposite side of a guillotine door, and "touching up" rather than deep cleaning and scrubbing. I recommend using cat boxes to house the cats inside their own cage and I do not recommend using two cages for one cat.

There are several reasons that spot cleaning is critically important. For one, the cats are definitely sick and therefore shedding viruses. By touching each cat, the person cleaning the cats is absolutely spreading viruses and other germs. The added variable of the contaminated crate/carrier the cat is placed in while the cage is being cleaned, which is highly unlikely to be disinfected adequately between each cat, further guarantees the spread of disease. A cat might enter isolation with one type of virus and pick up a few more once he's in there!

Additionally, as you pointed out, moving the cat from a cage to a carrier and back again is stressful. Having the entire cage cleaned out and (halfheartedly) wiped down makes it feel even less like home. Spot cleaning is much less stressful for the cat, which is critically important when he is feeling bad. The more you can help the cat to relax, the better.

Importantly, in isolation areas, we already know that the cats are sick. Handling should be reduced to prevent the spread of disease throughout the room and the rest of the shelter. No special effort needs to be made to make the individual isolation cages "cleaner" than any other cage in the facility. They all should be kept clean. What is most important is that the cage and cat box are thoroughly cleaned and disinfected once the cat leaves the cage and before the next cat has arrived.

I have yet to touch on the Feliway spray that is mentioned in the Care, Comfort and Safety Program. If you are not familiar with Feliway spray, it is an artificial version of the pheromones a cat uses to mark territory. By using a single shot of Feliway inside each cat box, we have found noticeable reduction in a cat's stress. What is incredible about Feliway is that you can actually watch a cat calm down. When we first started using it, we had a cat who was too terrified to move out of his litter box and into the cat box. A few minutes after we sprayed the towel inside the box, he tiptoed through the opening and curled up to fall asleep. Although I have not tried it yet, I am considering setting up a Feliway spray diffuser in the Animal Welfare Association's cat holding and isolation areas.

Just as in human medicine, preventive efforts are always important and are less costly than heroic efforts after an illness is acquired.

For more info on Feliway:

<http://www.vpl.com/product.php?catmain=&mainkey=&pid=58&key=24&cat=Behavior>

Is force-feeding a good idea?

Comment from Melinie: One thing we have found that helps keep the cats less stressed and more comfortable is to offer them different brands of canned and dry food. Most of our cats at Happy Tails in Sacramento are rescued. They can't tell us what their food preference is. We know that a cat must eat within 24 hours. We isolate the new cat – who is usually scared – and offer a smorgasbord of food. If no food is eaten during that 24 hours, we usually start offering AD dilute with a little warm chicken broth or water. If that doesn't work, we begin force-feeding the cat with liquid AD four times a day.

Response from Susan Cosby: Melinie, you have touched on an important part of keeping cats comfortable and that is to have food available at all times. You are right that we often do not know what foods a cat prefers and having a selection to choose from is a nice option.

My only concern is the force-feeding. I have not seen any documentation that cats must eat within 24 hours and it sometimes takes many days to more than a week for a cat to adjust to the shelter environment. During this time, stress should be kept at a minimum, and food and water consumption should be monitored. I would consider the handling during force-feeding to be a stressful event.

Fluid intake is more important than food intake on a short-term basis. Cats can become dehydrated, which will quickly lead to other health problems. Veterinarians I have spoken with about your comment recommend checking hydration and providing sub-q (subcutaneous, under the skin) fluids if needed, rather than force-feeding. Please speak with your veterinarian for specific care instructions.

To evaluate the success of the force-feeding, I would compare the number of cats who are force-fed to the number of cats who get sick while in your care. I would also follow the cats who were force-fed to determine if there is a higher, lower or no difference in the number of cats who go on to get sick. Once again, if you aren't experiencing any problems, I am not suggesting that you change your methods. But, I would definitely recommend consulting with a veterinarian about the time frame for food consumption and constantly evaluating your program.

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