



IN BRIEF: PRACTICE AND PROCEDURE

## Handling cats humanely in the veterinary hospital

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As veterinarians, we are so busy looking after the physical needs of cats and dogs that we may not consider their behavioral needs as part of routine care. In fact, we may not even consider that the process of getting the cat to his or her examination may be causing behaviors that are problematic for the cat. These guidelines are intended to help clients and the veterinary health care team to anticipate procedures that could provoke fearful or anxious responses in cats, and to minimize such responses through advance action and anticipatory guidance fostered by a sound knowledge of feline behavior. The following section is intended as a handout for clients. The second section is for the veterinary staff.

### For the client with cats: Bringing the cat to the veterinary hospital

We want your cat's visit to be as pleasant as possible. The following information is provided to help you and your cat to have a more comfortable and relaxed experience.

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### Getting the cat into the carrier

Why must you put your cat into a carrier? The simple answer is safety: cats who are correctly secured in carriers cannot become projectiles should the car stop suddenly; they cannot become panicked and entangled in the pedals or steering wheel; they are lesser distractions to the driver; they are protected from a panicky response that could cause them to run into traffic when the door opens; and they are able to be transported safely and quickly into the veterinary hospital. While in the veterinary hospital, carriers, or crates—if used appropriately—protect animals from each other and may provide for the concerned cat a familiar and comfortable place to hide.

If your cat has been raised to walk on a lead and a harness, and the cat has been taken on routine car trips since kittenhood, you may not need a carrier. Cats raised to enjoy car travel and to walk on a lead and harness can be buckled into a seat belt using a harness for small dogs. For all other cats, carriers are safer and saner choices.

The first step in using carriers is to make the carrier a comfortable, secure place for the cat.

- Keep the carrier open in the house. Leave the carrier out all the time, or at least for several days before the appointment. Leave a blanket or towel in the carrier, as well as toys and treats. If you regularly wipe your cat down with a towel, you can both wipe the crate with that towel and leave that towel in the crate.
- Regularly throw treats or feed meals in the carrier. Praise your cat for entering the carrier. Start coupling this sequence—carrier, tossed treat, cat in carrier, praise—with a word or phrase that the cat will learn means he is to go into the carrier (eg, “box,” “get in the box,” or “travel time”). If your cat learns to like the carrier and to associate it with treats or meals, getting him to go in it on cue is a very easy next step.
- Feliway (a synthetic pheromone analog) is commercially available and may be helpful if you spray it in the carrier

5-10 minutes before you expect to have the cat use it. Consider using lavender or chamomile sachets in the carrier for your cat. There are data supporting the concept that these herbs induce changes in activity associated with a more relaxed state in dogs (Graham et al., 2005). We don't know if the same is true for cats, but investigation is worthwhile. If the cat seems to find such scents calming, you can also attach scented tags to collars, or place bandanas treated with the scent on the cat or in the box.

- Bring favorite toys, treats, or blankets to help comfort the cat in a strange environment. If your cat loves to be combed or brushed, you can bring the comb or brush to use during the examination to help comfort your cat.
- Never yell at or chase the cat to get him or her into the carrier. If your cat does not go into the carrier on cue, get your cat to come into a bathroom or another small room with you where it cannot go under a bed or other piece of furniture to hide from you. Praise your cat. Then go to get the carrier and while speaking calmly and gently, but firmly, place your cat in the carrier while continuing to speak calmly to your cat. If you feel that you are struggling to get your cat through the door rather than placing the cat gently into the carrier, consider using a top-loading carrier.

## Choices of carriers

Carriers that provide the option of loading from the top or loading from the front make it easier to get the cat into the carrier in a nonstressful manner.

Most front-loading carriers have top halves that are screwed on. The screws and top half can be removed, so that the cat can be gently placed in the bottom half and held in a towel while the top half is replaced and resecured.

There are other noncrate containment options.

- Soft-sided carriers ensure your cat will not get away from you during transport, and they are not as heavy as the hard-sided carriers.
- A laundry basket can be made into a comfortable container for some cats by clipping a thick blanket or fake fleece on the top for a lid. Large document clips available at office supply stores work well for this purpose.
- Two laundry baskets, one turned upside down onto the other, can be secured with document clips.
- The "kitty sling" can be made with one laundry hamper and a doubled towel clipped over half of it. This option will only work for cats who are also secured on lead and harness, and it is best for cats who cannot bear to be fully enclosed.

Think outside the carrier—use soft-topped, secure carriers for perches and for some procedures, like a physical exam, while at the veterinary clinic. Consider the development of some of these types of Sherpa-style containers for secure transport.

## The car trip

It's best not to feed your cat before car rides. Fasting your cat overnight helps prevent nausea and car sickness, allows for more accurate laboratory tests (hence the request for a "fasting sample"), and may make your cat more interested in food treats given at the veterinary hospital. There are some cats who should not be fasted because of medical conditions.

If your cat gets carsick, it may learn to associate trips to the veterinary hospital with being ill. Cats prone to car sickness are not usually taken anywhere except to the vet's because the experience is so miserable for the owner and the cat, so the association with feeling ill becomes even more tightly coupled to veterinary care. Although the cat's stomach is empty, queasiness may also affect the outcome of laboratory evaluation, so it is important to understand that the behaviors your cat is exhibiting may directly and indirectly affect the type of information your veterinarians can obtain.

The best way to teach cats to travel well in the car is to travel early and often with them in the car. If cats were offered the opportunity as kittens to travel as often and to as many places as dogs are, they, too, would eagerly await trips. In places where many people leash-walk or take their cats in cars, vendors often provide cat treats, as well as dog biscuits. If you use drive-thru banking, you should encourage the banks to provide—and advertise that they provide—cat treats for their feline cohabiting customers.

## The veterinary hospital

Food treats should be used at the veterinary hospital to reduce fear and to provide a more pleasant experience for the cat. Some cats need more encouragement than can be provided by food treats alone. If your cat has had previous negative experiences at our veterinary hospital or if you have had a number of negative experiences in another veterinary hospital, an anti-anxiety medication (alprazolam) can be prescribed to help make the cat less anxious. Please remember that the way you react to your cat can either upset your cat further or help to make the experience a good one. Please stay calm and praise your cat for good behavior. Please learn which of your behavioral signals could trigger upset in your cat and consider substituting these signals with deep breaths, long, slow pats or massages, and quiet, calming whispers and words. Depending on how distressed your cat becomes at the hospital, we can offer additional alprazolam to help ease the experience or a series of more active behavioral protocols to help teach your cat to relax. If you think either of these things would be helpful or desirable, please ask.

## For staff members, technician schools, and veterinary students: Handling Cats in the Veterinary Practice

Each cat deserves respect, empathy, and a thorough examination.

Think of how you would feel if you were shoved into a cage, taken for a frightening ride, pulled or dumped out of the carrier in a strange place, and handled in uncomfortable and undignified postures by strangers.

Our goal is to prevent anxiety, fear, and fear aggression, and to make the veterinary hospital a place where cats are relaxed and content. We can achieve a more relaxed experience for the cat, which will in turn actually require fewer staff members, and thereby decrease the stress for everyone involved in the consultation.

First, develop some empathy. Consider crawling or walking around on the floor and seeing the world from an animal's point of view. If you have a compliant dog, you may be able to have him wear a small video camera (dog cam) attached to a harness that will allow you to see the world as he does. Perspective is everything, and this short exercise might help you understand many of your patients' avoidance behaviors.

When designing a veterinary hospital, use this knowledge of the cat's point of view. Because animals often feed off of people's behavior, and especially the stress of the clients, also make the environment client-friendly.

- To decrease noise and the resultant auditory overstimulation, try to have a quiet environment. Phones are best kept and answered away from patient care areas and away from the waiting room. The greeting receptionist should not have to handle phone calls. The reception area should be used to receive clients and patients, and to discharge patients, preferably through opposite ends and separate doors. Doing so will decrease the chaos in the reception area, making it more relaxing for cats, clients, and staff.
- Encourage people to talk in soft and calm voices. Music can be helpful (classical or spa music, not hard rock).
- Acoustic ceiling tiles and rubber flooring blunt sharp and provocative sounds. Such flooring is also better for the spines of people. Feeling comfortable renders human beings more patient.
- Synthetic pheromonal analogue diffusers (Feliway; Veterinary Product Laboratories, Phoenix, AZ) can be put in reception, exam rooms, and treatment areas. These may help some cats and generally will not agitate others.
- Fish tanks help calm and entertain clients and pets alike.
- White noise machines and fountains in waiting areas can help both clients and cats.
- Comfortable chairs, adequate waiting room space, separate areas for worried animals, and drinks (herbal teas, water, juice) and snacks (nuts, small fruits) for clients all help calm them, which in turn will help them to be more compliant and calmer for their cats.

- Finally, if you have a personal or clinic dog or cat who likes the clinic and enjoys greeting patients and clients, allow the animal to do so. We have no idea what information a calm cat can convey to a skittish one, but we have all noticed the kennel phenomenon wherein one distressed animal can set the others off.

Second, focus on prevention. The best place to start is with young kittens. If possible, have kittens come to the veterinary clinic for kitten classes. Such classes allow time and space for the kitten to explore and play at the veterinary hospital, in a setting that encourages rewards, treats, and praise (see the literature on kitten classes for other positive impact of the classes). If one cannot provide kitten classes, take more time during the first appointment to educate clients about providing an enriched and intellectually and physically stimulating environment for the cat. One part of this process is to encourage the client to make sure that the kitten has positive exposures to a variety of people. It is most important to do this between 2 and 9 weeks of age, but encourage clients to expose cats of any age to positive social experiences.

Using herbal or synthetic pheromonal analogue products on surfaces that the cat might touch may help, because these olfactory stimuli may play a role in blunting some anxious responses.

These products can be used on tables, scales, towels, exam gloves, and lab coats. Ten minutes should elapse for the alcohol odor to evaporate before cats are introduced to the sprayed areas. Some cats may react adversely to these products. If you identify these cats, note their response in the records, and consider having a product-free exam room available for such cats in the future.

Even if you are not starting with a kitten, you can still make the veterinary experience a good one in most cases. Kittens are likely more malleable than adult cats, which means that they recover more quickly when given treats, and if they can learn to have a good time as kittens, they will have fewer fears as an adult. Still, the general rules for kittens also help adult cats.

- Don't end on a scary note. After a complex procedure, go back and help the cat by going through calming steps or by doing more calming procedures last.
- Try to go at the cat's speed. Taking an extra 5 minutes is easily compensated for by not needing additional people for restraint.
- Talk to the cat and let the cat explore you and/or the room first.
- Consider trying herbs or synthetic pheromonal analogue products to learn if they help that particular cat.

If needed, lower the lights and your voice, and cover the cat with a towel that allows examination in the carrier. Unless they enjoy exploring them, the less time cats can spend in exam rooms, the better. Never leave the cat and owner in the reception area for an extended period of time. It's best to take the cat and client directly into the examination room, and ask questions in the closed room. If the cat

is comfortable in the car, the cat and client can either stay there (as long as it is not too hot or cold—high temperatures are a serious concern) until the doctor and the exam room is ready. The receptionist can let the client know when to come into the exam room by going out to get the client or by calling on the client's cell phone. Even if there are health questionnaires to be completed, clients can do these in cars, or sitting outside at a picnic table if the cat is more comfortable there and the weather permits.

The exam room should be feline-friendly. Cats prefer upholstered perches or shelves over other places. Benches can be placed for both cats and clients, and because cats like perches, they can be provided in the exam room. Cats often like to sit in a small pet scale, and an exam can easily be performed while the cat relaxes on the scale. Treats, toys, and windows all serve as distractions and provide for a more positive experience. If exam room tables are used, a fake lambskin, soft towel, or bathroom rug can be placed on the table. If exam tables must be used, it's best to use a lower table—like a coffee table—so that you and the client can sit down and so that you can be closer to the cat's level if he wishes to explore.

Some cats are regularly yelled at for jumping on tables at home, so it's important not to force the cat to be on the table. Think about how a learned response to avoid furniture affects your exam options. For such cats, consider a low chair for you and the client, and examining the cat in the carrier.

Minimal restraint is best. Once the cat is in the exam room, the door to the carrier should be opened. The cat should not be pulled or dumped out of the carrier! If the cat is comfortable in the environment, and outgoing and friendly, the cat can be greeted and given a reward. If the cat is timid or aggressive, the cat can be ignored while the technician, veterinary nurse, or doctor obtains a thorough history. Toys or treats can be put down near the carrier so that the cat will hopefully become curious and venture out on his or her own volition.

If catnip is given, ask the client beforehand how their cat reacts to catnip. If the cat becomes more hyper when given catnip, but enjoys it, wait to provide it until the end of the appointment, when the cat is already back in the carrier. If the client is concerned about traveling with the cat when he or she has catnip, the catnip can be given late in the trip or at home as a reward for the trip.

If the cat is still in the carrier after the history is obtained, take the carrier apart. If the cat is aggressive—and fear is the #1 cause of aggression in the veterinary hospital!—slide a towel between the 2 halves of the carrier as the top is taken off. Doing so provides a hiding place for the cat and allows you to wrap the towel around the cat. The towel can then be shifted as the doctor does a comprehensive physical examination. Many cats prefer staying in the bottom half of the carrier, and it's best to do as much as you can with the cat in there if the cat is fearful or aggressive.

Although the rule while examining the cat is to start at the nose and go to the end of the tail, the order may need to be changed in anxious or fearful cats, so that the easiest parts of the exam are done first, reserving the most difficult

for last. Exams can be done in order of the body parts presented first. Don't take the temperature on apparently healthy animals—the risk of making the cat fearful is far greater than the risk of missing an animal with a fever. This idea is in conflict with state policies that specify that a minimum complete exam includes a temperature. We now have the ability to take aural temperatures in cats, although accuracy is a concern, but axillary measurements are not considered rigorous. Quick-reading, high-response thermometers exist and should be explored for use in feline patients (Microprobe thermometer; Physitemp Instruments, Inc., Clifton, NJ). These thermometers measure temperature in approximately 2 seconds. Infrared (IR) gun technology exists for measuring temperature of distant objects, and it would be wonderful if this technology could be adapted to veterinary patients. The issue of whether a complete physical must include a temperature is blurred by the fact that activity and anxiety can artificially elevate the temperature, making it difficult to assess a true fever vs. stress-induced hyperthermia. These issues of accuracy and reliability have not been adequately addressed for feline body temperatures.

Reward all positive or charming behavior even if you neither requested it nor caused it. When cats and dogs are rewarded for behaviors that they freely offer, they are likely to repeat those behaviors. Remember, treats can be given at any time if the cat remains calm and easy to handle. Even if you are worried about the cat's weight, a 5-calorie or 10-calorie treat may gain you more than it costs. Cats are often willing to eat highly desirable, flavorful treats in hospital situations. Asking the client about the cat's preferred treats and noting them in the record may help practices make decisions about which treats to stock. Alternatively, clients can be requested to bring very special treats to their appointments. Some treats that most cats will try, even in stressful settings, include smears of Marmite and Vegemite (yeast products that are salty and odiferous), small pieces of bacon, anchovies, tinned tuna, or sardines, warmed cooked liver, some dried liver and liver jerkies, etc. Treats can be very small—half the size of a human thumbnail—and can be of intense interest to the cat. Clients with kittens should be counseled that by using treats to reward good behavior and in training early in life, they have developed a rule structure that will allow veterinary personnel to also reward their cats under other circumstances.

It's very important for staff members to be able to understand body postures of cats, so that they know when the cat is more calm and what to reward. Recognizing whether the cat is demonstrating offensive or defensive behavior can help us to work better with these cases. Use photos from books or magazines, take photos in your practice, or use your patients' or your own cats for videos that show normal and problematic animals. You can build a video library this way that you can use to help your other patients.

If the patient has fear aggression, it's best to talk calmly to the cat, but not to tell him or her that "it's OK" if the behavior is not okay. You don't want to accidentally rein-

force a behavior that is problematic. However, if the client says that saying “OK” helps the cat, it is okay to do so. You’ll also get to find out if it’s true.

Staff education is key to humane handling of cats. Staff should be trained how to humanely handle feline patients without scruffing and using other restraint techniques that stress the cat. The queen knows how to scruff the kitten without hurting it, but we do not because we are not actually engaging in the same behavior or with the same mindset as is the queen. Minimal restraint and respectful handling will lead to the best results for examination, diagnostic testing, and treatment. It will also help prevent fear for future veterinary visits.

Some tricks that the staff can use are quite simple.

- You can use the pointer finger as a greeting signal for the cat. If you put your finger out most cats will come over and rub on the finger.
- In contrast, if the cat is really aroused, don’t pet the cat, especially over the back.
- But if cats raise their hind end when you pet them over the lumbar area, they are inviting you to pet them.

We set an example for clients by how we handle their cats, which means that we should do as we ask: reward the positive, ignore or redirect the negative. You can distract the cat with toys, windows, and so on while examining the cat. Never punish the cat, either verbally or physically. Rewards should be immediate, in less than one-half second if possible. Cats should be rewarded for calm behavior. Also, you can train the cat to sit on request within less than a minute if the cat is calm, and doing so gives you a cat that is much easier to examine. Children who are gentle with the cat can also be taught to give treats and praise as rewards.

Massage is very helpful. Most cats love a slow and gentle massage around the chin and neck. For cats with fear aggression, it’s best to come from behind, with the cat’s butt end placed against your body so the cat cannot back up. Massage the head and dorsal neck and shoulders so that the cat cannot turn to bite.

One trick, once you have been able to massage a fearful cat, is to continue massaging using the 2nd, 3rd and 4th digits, with the 1st and 5th digits stretched out and relaxed on the cat’s body. With the other hand, you can examine the cat. It is rare for the cat to try to get away or turn to bite with this positioning. If, however, the cat does try to bite you, you can feel the head turn to either direction so that you can reposition or back up so that you won’t be bitten.

If an anxious or aggressive cat has been in an exam room, try not to put other cats into that exam room until the room is cleaned, aired, and sprayed with Feliway. You may wish to test whether the room will arouse another cat using a clinic cat whose signals you can read well.

Examinations and lab sample collections can be easily done in almost all cats with either 1 or 2 people. The exam is best done by 1 person, alone, and the lab tests by no more than 2 people. Restraint gloves are not needed for domesticated feline

patients. Muzzles are rarely needed, and their biggest effect may not be one of preventing a bite. Muzzles for cats usually cover the cat’s eyes, which can help many cats to be more tractable because they will either freeze—which isn’t optimal but at least is safe—or calm. It’s important to remember that most cats will scratch at a stimulation threshold much lower than that required for a bite. Cat scratch fever is both well named and a serious zoonotic condition.

When cats leave the veterinary hospital, they may continue to be aroused for a number of hours. Therefore, clients should be vigilant and cautious. If the cat is aroused, and there is more than one cat in the household, the clients should confine the returning cat until he or she is calm, and until all resident cats exhibit behaviors suggesting that they are curious about each other. This may take 24 to 48 hours. If the returning cat has been hospitalized, he will be carrying home with him many unfamiliar smells. To reestablish some kind of “colony scent” or familiar olfactory comfort zone, wipe all the cats in the house with the same towel or cloth, then using the same towel, wipe the returning cat. Doing so will help the returning cat to smell like the others in the household. For some cats, spraying Feliway may be helpful, although it’s possible that it could augment the unfamiliar stimuli for some cats. If the returning cat continues to be aroused, or his housemates become reactive, consider short-term use of the benzodiazepine, alprazolam (0.0125-0.025 mg / kg po q. 4-6 h prn  $\sim$  1/8 – 1/4 of a 0.25 mg tablet to start) (Overall, 2004), to calm the cats and to prevent them from learning about what they may perceive to be a painful experience.

In some cases where household intercat relationships have been disrupted because of illness, cat attacks may now occur suddenly at home. This event can be treated by separating the cats, using panicolytic medications (alprazolam), and gradually reintroducing the cats under favorable circumstances. Clients need to learn from this experience and consider bringing BOTH cats to the hospital the next time, although only one is a patient. Even after bringing both cats, clients may wish to exercise caution and separate the cats for a short while on their return home.

If the general principles discussed here are applied to cats in all practices, within a few years the incidence of iatrogenic anxiety and fear-related problems should drop precipitously, and clients should be happier—and more eager to bring their cat to the vet’s for routine checks, wellness exams, and for any concern, no matter how minor. Catching disease processes early, whether they are behavioral or somatic, carries the best prognosis, and we can only get there through modern, humane care.

## References

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