

## **RESPECTFUL CAT HANDLING VS. CAT WRANGLING: IMPROVING CAT EXPERIENCES & CLIENT COMPLIANCE IN YOUR PRACTICE**

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While the number of cats kept as companions in North American homes is increasing, the number of feline visits to clinics has been declining since 2001. Based on the AVMA's 2007 pet ownership and demographics survey, there are 13% more cats than dogs, yet cats fail to receive the same degree of veterinary attention. In small-animal practices, dogs represented 59% of office visits, cats only 39%. The 2011 Bayer Brakke study further noted three client-driven factors that limited the number of feline visits.

1. Inadequate understanding of the need for regular preventive health visits other than for vaccination.
2. Resistance to bringing a cat to the clinic because of the distress caused by placing a cat into a carrier and making the trip to the clinic.
3. The cost of veterinary care, in particular the frequency and size of price increases. (The economy is a separate, external factor.)

In November 2012, an online survey of 401 veterinary practice owners was conducted across the USA. The Bayer Veterinary Care Usage Study III: Feline Findings noted that 78% of veterinarians believed that better care for cats represented one of the most significant, missed opportunities for the profession. Yet, while 70% of veterinarians were familiar with the earlier Bayer-Brakke studies, and while most veterinarians recognize that cat owners consider a clinic visit to be stressful for themselves and their cats, nearly one-third of practices do not have staff trained on how to make visits less stressful for clients. Additionally, relatively few practices have adopted procedures such as: exam rooms used only for cats (35%); cat-only waiting areas that are physically and visually separated from dogs (18%); and cat-only days and appointment hours (11%) The study found that 46% of veterinary clinics surveyed had recently started taking specific steps to increase visits among current feline patients, attract more cat-owning clients, and make their practices more "cat friendly."

Part of the lack of awareness (at best) or reluctance (at worst) for making simple, inexpensive changes in attitude and facility is that many veterinarians and veterinary staff members prefer, or feel more comfortable, working with dogs than cats. Veterinarians also indicated that dogs are easier to diagnose.

The goal of this presentation is to look at practical steps to overcome these obstacles to routine veterinary care for cats in order to benefit cats and their human companions with resulting benefit of clinic growth.

### **IMPROVING CLIENT COMPLIANCE**

The verb "to comply" means to act in accordance with a wish or command (Oxford), to conform, submit, or adapt (as to a regulation or to another's wishes) as required or requested (Miriam-Webster). For clients to comply with our recommendations, they have to fully understand and be able to perform desired actions. We need to engage them in the importance of these actions. Thus, understanding (education) and on-going *caring* communication are needed to enhance client compliance.

Many clients believe that cats are self-sufficient, have very few needs, and are low maintenance pets. They don't understand that cats live as solitary hunters because they eat small prey; this means that

they lack the supportive resources of a society. To avoid showing weakness, they hide signs of illness very well. The first opportunity we have to improve compliance is to teach people to recognize the subtle signs of sickness. Everyone on the veterinary team also has to recognize that any admission of illness by a cat may signal a problem that has been going on for a longer time than one believes. The following clinical signs are things that clients can be taught to look for through newsletters, the clinic website, Facebook and other social media as well as direct client emails.

**Subtle Signs Of Sickness** ([http://www.haveweseenyourcatlately.com/Health\\_and\\_Wellness.html](http://www.haveweseenyourcatlately.com/Health_and_Wellness.html))

Clients need to know what to look for and how significant minor changes such as the following can be:

1. *Inappropriate Elimination*: Regardless of how “deliberate” it may seem to be, when a cat is avoiding or not using the litter box, they are trying to tell you something. This message may be of physical discomfort or psychological distress. Physical causes include inflammation of the bladder or bowel, arthritis, hyperthyroidism, diabetes, dementia. Psychological distress may be from social disturbance, boredom, the lack of opportunity to act the repertoire of cat behaviours, anxiety due to other animals, children or adults.
2. *Changes in Interaction*: Changes in how a cat interacts with people, other animals or his/her environment may indicate pain or distress.
3. *Changes in Activity*: A decrease in energy may be abrupt or gradual. The latter is often attributed to “just getting older”, however, as there is no medical reason that a healthy individual should “slow down” due to increasing age, a cause should be sought. Dehydration, pain from anything, including arthritis, hypokalemia are some of the problems that should be evaluated. The reverse is also true: an increase in energy in a previously normal cat may be an indicator of incipient illness, most notably, hyperthyroidism or hypertension.
4. *Changes in Sleeping Habits*: This refers both to pattern of sleeping (times of the day and night) as well as postures. A cat with pain or with dementia may either sleep for longer or for shorter periods than previously. With FIV infection, the latter may occur. Night-time yowling suggests a decline in vision or hearing, hypertension, hyperthyroidism, pain or dementia.
5. *Changes in Food and Water Consumption*: As with sleep, this refers not just to quantity, but also to changes in behaviours associated with these activities (where, how often, amount at each instance, body posture, etc.).
6. *Unexplained Weight Loss or Gain*: As gratifying as it is to see rapid weight loss in a previously obese patient, even for those on appropriate dietary regimes, it isn’t often a dramatic change. Oral pain may result in inappetence. Gradual weight loss may be related to ageing but should be monitored and investigated. Weight gain is most often from excess calories but could also be due to abdominal or thoracic fluid accumulation. Helpful tools include repeated body weight, body condition score and percentage weight change assessments.
7. *Changes in Grooming*: Excessive grooming may be due to a skin irritation (allergy, fleas, dryness), a neuropathy, or psychogenic (as a way to release endorphins and reduce stress). A decrease in grooming is often associated with pain, often arthritic or oro-dental. Hairballs may be a sign of dermatologic, psychogenic, altered digestive motility or pain.
8. *Signs of Stress*: Along with aforementioned inappropriate elimination and overgrooming, signs of distress include hiding, chewing on non-food items, a flicking tail, ear placement further back than normal.
9. *Changes in Vocalization*: Night-time yowling is but one example. Others include a change in tone, pitch, urgency and frequency of vocalizing.
10. *Bad Breath*: Numerous oral and dental conditions result in halitosis: periodontal disease is extremely common in cats but infected ulcers, tumours, sialoadenitis, abscesses and spread through grooming of odour from anal sacs or an infected body region.

Yet, even recognizing that their cat has a problem may not be enough to get the client to bring them in to the veterinarian. Screening to proactively identify disease early and to provide solid medicine can be an even harder sell because people do not like bringing their cats in to the clinic. Many cat owners would rather provide care at home or even skip any form of consultation unless there is something serious going on! This offers us the second significant opportunity to improve the lives of our patients and be of help to our clients.

### **Getting Cats To Your Clinic**

It is no fun taking a cat to a veterinary clinic (for the owner or the cat)! All veterinary team members should be trained in teaching clients how to make the trip less stressful, starting at home, while in transit, and once they arrive at the clinic. This conversation begins when the client calls to make an appointment or at the first visit with their cat. The American Association of Feline Practitioners (AAFP) has a free downloadable client handout entitled: Getting Your Cat to the Veterinarian ([catvets.com/uploads/PDF/2011FelineFriendlyClientHandout.pdf](http://catvets.com/uploads/PDF/2011FelineFriendlyClientHandout.pdf)). Clicker training can be used to help create positive associations. Catalyst Council ([www.catalystcouncil.org](http://www.catalystcouncil.org)) has created excellent videos that clinic teams and clients can watch to facilitate learning.

The frightening experience begins at home. Imagine the scenario from the cat's point of view: *The carrier comes out, your caregiver is nervous, she chases you around and tries to force you into the carrier. You resist and may resort to self-defense. There are smells of human sweat, fear, maybe even blood. You may feel so anxious that you soil yourself! Eventually you are in the carrier. Everyone is exhausted. Then you are moved into a "car" that moves without you moving. You may be a bit nauseated; certainly you are scared. You cry out repeatedly. You may vomit or soil yourself. Then the "car" stops and you get carried on a noisy and unfamiliar street and into a place with overwhelming smells and sounds! Help! And you are already aroused and anxious....look out!*

We can reduce the stressors the cat encounters, or, in the case of a new cat, prevent the stressors from occurring by teaching or habituating the cat to associate positive experiences with the carrier, the car, and even the clinic. By leaving the carrier out (or using a Hide Perch Go box/carrier) so that the cat sees it routinely and enters it for treats or other rewards, we dampen the initial tension and fight. Taking the cat on short car rides that are unassociated with the clinic helps recondition the cat's negative associations with the clinic. Finally, taking the kitty to the clinic to be fussed over or only to get a treat will help teach the cat that the clinic isn't necessarily a horrible place.

### **Taking The Household Cat Inventory**

While there are a lot of cats who never get taken to the vet, there are a lot of cats living with existing clients we never see. We don't even know that they exist! If the cat is well or if the client has had a really bad experience in the past with a cat (or anticipates "bad behavior" from a cat), they are unlikely to voluntarily bring them in for preventive care. We need to ask whether they have any cats or any other pets when they bring their dog or cat in for whatever reason will help to identify the un-served patients.

### **Improving The Clinic Experience**

From the client's point of view: *It wasn't fun to bring her, she isn't happy about being in the clinic and it isn't fun watching her be "manhandled"*. Once at the clinic, with fear and stress already in place, minimizing or eliminating any further perceptions of threats is extremely important. This requires trying to see the clinic from the point of view of a cat.

## **IMPROVING A CAT'S CLINIC EXPERIENCES**

In many clinics, some veterinarians and other team members do not enjoy working with cats because they may feel anxious about getting hurt. This fear can be reduced by understanding why cats feel that they need to defend themselves, learning to identify the cues, managing the interactions in a positive manner, and making relatively minor changes to what the cat is exposed to.

The basis for working cooperatively with cats is being empathic to their nature and behaviors and trying to imagine what *their* experience is like. Cats are a species with a social structure unlike ours. We need to look at cats differently and adjust our interactions as well as the physical facility to reduce the strangeness and threats that cats experience in the veterinary clinic.

Making the environment more “feline friendly” can be as simple as having visual barriers in the seating/waiting area to prevent cats from seeing dogs. Covering the carriers with a towel will also help so that cats don't see each other. If possible, have separate cat-only waiting area. Reserve at least one examination room only for cats to reduce the smells of predators and to be able to furnish it with cat exam and comfort in mind.

Train all staff in respectful cat handling. An excellent and comprehensive resource is the AAFP and International Society of Feline Medicine (ISFM)'s Feline Friendly Handling Guidelines, downloadable at: [www.isfm.net/wellcat/UK/FFHG.pdf](http://www.isfm.net/wellcat/UK/FFHG.pdf). It is well worth reviewing and refining cat examination techniques with the goal of making them less threatening. Because value is “perceived worth” and because every visit is a valuable opportunity to educate the client, communicate with the client and the cat throughout the entire procedure. Source and provide feline friendly medications, being sure to follow up one or more times with the client to find out how the patient is doing and if the client needs a refresher course on how to administer the medications. Be sure to send home an exam report with home care instructions for the client to refer to. Schedule recheck appointments or the next wellness visit before the client leaves the practice.

The AAFP has created the Cat Friendly Practice program through which any interested clinic can raise its cat care IQ. ([catfriendlypractice.catvets.com](http://catfriendlypractice.catvets.com))

## **WHY CATS RESPOND THE WAY THEY DO**

Relying on the “fight or flight” response, cats attempt to escape situations they view as dangerous. From the perspective of a cat, humans are, (and what we do is), dangerous. As a result, we see frightened and defensive cats every day. Cats try to avoid physical confrontation through the use of intimidating sounds and posture. This small creature feels more threatened than we do, so we need to refrain from becoming frightened ourselves. Ideally, they would like to flee. When they can't they fight (self-defense) or freeze.

Reading and understanding the cues and signals that cats use is important to reducing their fear. It also allows us to respond respectfully. We can learn to avoid using signals that are hostile (e.g., scruffing, making shushing/hissing sounds, looking into their faces).

In the wild, the number of feral cats living together depends on the availability of resources: food, water, privacy and safety, latrine availability, and sexual partners. This results in little competition and a social structure that does not require sharing or taking turns. Stress is minimal unless there is a lack of resources. Aggressive communication signals developed in order to keep distance between individuals and prevent contact with outsiders. Physical injury is to be avoided as a cat must be able to hunt and

protect herself. If there are enough resources, the natural grouping consists of a colony of related female cats with their young, who they jointly defend and nurse. Males are relegated to the periphery and vie for the prime breeding spot, only one mature tom usually living with the group.

## **FELINE SIGNALING: READING THEIR CUES**

### ***Tactile sense***

Touch is very important to cats. They rub against each other (allorubbing), against us, and against inanimate objects. Whether full body rub or a flank, tail, cheek or other body part, this is believed to be an affiliative behavior and is seen between members of the same social group, feline or human. Rubbing is not only tactile, but is also a means of depositing scent. Cats often rub against us; unfortunately, we often misinterpret it as a request to be fed.

Allogrooming (mutual grooming) may precede a playful attack, follow a stressful interaction, and appear to be conciliatory or may simply be grooming. Kneading and treading occurs in adults either as a kitten-regressive behavior or as a component of sexual interaction.

The neck bite/scruffing is a signal that is used in three contexts: transportation young kittens, sexual, and dominating another cat in a fight. Our use of scruffing fits most closely with the last and probably does not belong in a conciliatory, respectful cooperative setting. (See AAFP and ISFM feline-friendly handling guidelines.)

### ***Olfactory cues***

The role of smell and scent in feline communication is something we human beings are ill-equipped to appreciate. It has been estimated that the size of the olfactory epithelium in cats can be up to 20 cm<sup>2</sup>, whereas people have only 2 to 4 cm<sup>2</sup> of olfactory epithelium. While olfactory signals may be left by several methods, the one that is most problematic for people is urine spraying. This is a potent communication method that we fail to appreciate. Other forms of olfactory messaging are cheek marking an object or individual, scratching to leave scent from glands below the footpads, and midden, (i.e., leaving a deposit of feces uncovered in a strategic place). All of these have several advantages over visual cues. The message exists over time and in the absence of the sender, allowing for remote communication without the potential for conflict that direct interaction risks. This is especially useful in areas with poor visibility and at night. In this way, these signals help cats spread out over space as well as time-share territory. The disadvantage of this form of communication is that the sender cannot change the message once it has been deposited; it cannot be altered or removed and no adjustments can be made in response to the recipient's reaction. So, urine marking in the home is an attempt to signal to the other cats when "I was 'here'" and to establish a routine so that the cats can keep a distance by time-sharing the same space without needing to come into conflict. Every time we remove the urine, we interfere with this communication!

Because of our less developed olfactory sense, we fail to "read" the cues a patient may be giving us and are unable to fathom the overwhelming olfactory messages from previous patients and substances used in the hospital that the clinic experience must present to cats.

### ***Visual cues: Body language (posture, face, tail)***

Body language and facial expression are extremely effective at maintaining or increasing distance between hostile individuals. This requires an unobstructed view, adequate ambient light, and, unlike olfactory cues, that the two individuals are in the same space together. Body posture gives the big picture of emotional state (*see Figure 1*), but facial expression (eyes, ears, whiskers, mouth, visibility of

teeth) provides the finer details *and* changes more rapidly. In a clinic setting, for us to appreciate the mental/emotional state of an individual, to avoid provoking them and getting hurt, it is extremely important to watch and interpret facial changes.

As a species that generally leads a solitary existence, survival depends on speed, stealth, self-reliance, and outsmarting others. As a consequence, cats may “bluff,” When they act aggressively, they are generally hiding fear; “stoicism” hides vulnerability; subtle changes in behavior mask significant illness. Body postures communicate confidence and physical prowess that may not be present. Keeping a threat at a distance may eliminate the need for a physical confrontation. The arched back “Halloween cat” typifies this façade of confidence. Making oneself smaller, on the other hand, to minimize threat and evade attention is portrayed by a crouch and withdrawal. In these postures, the weight remains on all four paws so that flight or chase remains possible. A cat feeling less fearful does not need to be on his or her feet. However, an extremely fearful threatened cat will roll exposing his or her abdomen with all four feet ready for self-defense. This cat will also be showing all of its weapons (nails and teeth) and be screaming.

Cats have extremely mobile ears. (See *Figure 2.*) When the ears are forward, a cat is listening and is generally relaxed or alert but not emotionally aroused. Turned laterally, flat “airplane ears” indicate that the cat is more fearful or feels threatened. When ears are back and tight to the head, the cat is feeling very threatened and frightened. This cat will have a partially or fully open mouth and be hissing, spitting, yowling, or screaming. The cat will protect itself if we fail to reduce the perceived threat level. Ears turned back but erect indicates the most reactive and aggressive state. In this case, the mouth will be closed and the cat will be emitting a low growl with or without swallowing. This is the cat to be apprehensive of.

### **Vocalization**

This form of communication requires that the recipient is present; it has the benefit of being easy to adjust from moment to moment. As with other signals, cats have a well-developed repertoire of sounds to convey a need or wish to increase the distance between individuals. The sounds made for encouraging socialization are a trill/chirrup, purr, puffing, prusten, chatter, miaow, and sexual calling. The cat that is open-mouth screaming is highly aroused but is probably less aggressive than the cat that is close-mouthed growl/wah-wah/mowling.

Cats use a combination of these different signals in any situation. We have to learn to look for all of them and interpret them together.

### **FROM A CAT’S POINT OF VIEW:**

#### **Reducing Threats In Your Clinic**

We need to reduce exposure to predators (dogs, people, other cats) and other *perceived* threats. Looking over our clinic/hospital environment, what can we do to reduce the stress and threat level of the physical and social environment? What things or events assault the five senses of a cat? How can we make positive changes to these? *Table 1* shows a chart that can be completed by the clinic team.

#### **Handling (Examination, Hospitalization, Diagnostics, And Treatments)**

The goal is to handle our patients respectfully and provide an appeasing environment to build positive, long-term relationships. This is achieved by reducing threat and, thus, the cat’s need to react defensively. Avoid doing things in a way that use threatening feline body language or tone. The aggressive cat is upright, stiff-legged, large; sit down to examine him.

Never stare a frightened cat in the eyes: examine cats from behind and, other than for ophthalmic evaluation, avoid direct facial viewing. Look at the cat's face using a sideways glance with hooded eyelids. A slow blink is a reassuring signal to a cat similar to a human smile.

The aggressive cat growls and uses low tones; use light, upper register tones, perhaps chirruping as cats do when they are relaxed with conspecifics. Shushing a cat to try to calm her as we might a child is the equivalent to hissing at her. Short repetitive sounds should be avoided, since these may resemble spitting rhythms. Purrs, chuffing, trills, and chirrups are welcoming sounds.

When cats feel secure and safe, even just able to hide their faces in an elbow or a towel, they allow most procedures. Try to keep all four of their paws on the floor and avoid changing their body position as much as possible. A comprehensive examination, blood and urine collection, body temperature and blood pressure evaluation can all be done without changing the cat's position. Examine her in the base of her own carrier if the lid can be removed. Don't hang a cat's forelimbs over the edge of a table for jugular venipuncture. For the frightened individual, additional lack of support under the paws is not reassuring.

Reaching into a kennel to pick up a patient blocks the light; to the cat you appear as a looming frightening stranger. Instead approach the opening of a kennel from the side so that some light still enters. Do not block every chance for escape; if the possibility to have some control over her environment and situation exists, she will be much more cooperative. Because cats rely on flight and fight for survival and are not reliant on others, when it comes to restraint, the mantra holds true: *Less is more!* Cats inherently resist intimate handling and restraint. By restraining them, we take away their sense of control and cause them to react. It is very easy to condition negative emotional responses. Scruffing is strongly discouraged as it is an act of dominance that cats may resent. Cat bags, masks, and gloves all carry the scents of similarly terrified patients plus other sundry smells (anal gland secretion, pus, blood, halitosis, etc.) A towel is all that is needed to wrap a cat in, in order to protect the handler. Remember, a cat would rather flee than attack. Similarly, stretching is an inappropriate and unnecessary way to apply restraint.

### **Meeting Environmental Needs Improves Health**

Recently, it has been recognized that emotional well-being is highly dependent on meeting the environmental needs of cats. These include those relating to the indoor and outdoor physical environment, as well as a cat's social interactions, human and otherwise. In the AAFP and ISFM Feline Environmental Needs Guidelines, five pillars are described that form the basis of a healthy feline environment (Ellis, 2013). These pillars are:

1. A safe space
2. Multiple and separated resource stations (food, water, toileting areas, scratching areas, play areas, resting and sleeping areas)
3. Opportunity for play and expression of predatory behaviors
4. Positive, consistent and predictable interactions with humans
5. An environment that respects the importance of a cat's sense of smell

When these are not met, cats become stressed to varying degrees. Some may express illness (such as inflammatory bowel disease, lower urinary tract inflammation), while others will manifest their distress through inappropriate elimination.

## OTHER CONSIDERATIONS

As cats age, they tolerate less time in the clinic. Siamese cats are especially prone to becoming depressed. Three days is about as long as a cat can stand the indignities and anxieties of hospitalization, even with daily visits from the owner. Consider capping intravenous catheters and send patients home, having them return for outpatient care. Even for in-hospital care, capping catheters off overnight avoids alarms, which can keep patients awake, and allows greater ease of movement. In either case, administer the overnight fluid volume subcutaneously.

Because cats “see” the world in overlapping clouds of smells, we should strive to provide familiar smells and reduce foreign, medicinal smells. Client-worn shirts or toys from home are helpful in cages. Feline facial pheromone can help to reduce stress. Because cats’ sense of hearing is tuned more finely than ours, a quiet and reassuring environment is desirable. Cats should not be exposed to the sounds of predators, namely barking dogs. Reducing noises should be addressed when using certain induction agents as some enhance hearing (*e.g.*, ketamine).

Avoid changing a cat’s diet during hospitalization as is likely to result in inappetence and possibly the development of an aversion. If a change in diet is required for therapeutic reasons, try to make that change gradually at home.

Taking a thorough history is especially important given cats’ tendency to hide illness. Listening carefully to clients and their concerns is extremely important. Often clients detect changes that represent real problems. This is probably more common than the client who is blissfully unaware of significant health problems. By asking open-ended questions, we elicit a more detailed history than using only specific questions. For example, asking, “Have you noticed any changes in the contents of the litter box?” will probably evoke a yes or no answer. Asking something like, “What does his stool look like? Initially, followed by: Would you describe it as hard pellets, moist logs, cowpie, or colored water? When did you first notice this?” will probably provide more useful answers. “Is there anything else?” is a very valuable question.

Schedule a recheck appointment to evaluate the effect of any medical or nutritional therapy. Reassessing important variables (*e.g.*, body weight, body condition score, previously abnormal laboratory results) and updating the patient history allows us to provide better care for our feline patients. Care of the client is essential to providing complete patient care. It is only through listening to, educating, and working with the client that we are able to offer the very best veterinary care.

### Examples Of Practical Applications

1. If a cat is uncooperative, a comprehensive physical examination can usually be done using a towel as a protective barrier. Facing the cat away from you is less threatening for her. Confining the cat between your legs as you sit on the floor provides adequate persistent firm restraint that is reassuring rather than frightening.
2. Swaddling a cat’s forelimbs and torso may help with blood and urine collection, placing the cat in lateral recumbency for cystocentesis and making the medial saphenous vein. This vein is also a superb choice for catheter placement and administration of intravenous medications. If the cat is allowed to have her front end in a sternal position while the back end is in lateral recumbency, she may struggle less.
3. Allow the client to be with the kitty as much as, and whenever, possible.
4. Recognize that a *persistently* elevated systolic value above 170 or 180 mm Hg probably represents true hypertension rather than the stress response. If in doubt, repeat the value later during the visit.



5. Feliway™ (Ceva Animal Health), a synthetic analog of a feline facial pheromone, generally has a calming effect on cats. Spray (or wipe) it into kennels and carriers and even on your clothing before handling an anxious cat. Let the substance evaporate for a few minutes before placing the cat into the sprayed space. Feliway diffusers plugged into treatment and hospitalization areas as well as reception and consultation rooms can help patients relax. ([www.feliway.com](http://www.feliway.com))
6. Elevated blood glucose and glucosuria may be a result of persistent stress. A diagnosis of diabetes, therefore, should be confirmed by finding an elevated serum fructosamine.

### **FACILITATING FINANCES**

The Bayer study showed that clients want costs spread out over time. Fear of large bills is another significant factor preventing owners from bringing their cats to the clinic. Many practices have wellness plans. Those interested in investigating the idea can have a look at an income-generating, customizable program called Partners in Wellness ([www.partners-n-wellness.com](http://www.partners-n-wellness.com)). Additionally, directing clients toward pet health insurance for *both* preventive and accident/illness coverage before their cats need it is sound medical advice. This could save lives otherwise lost because the owner hesitated to seek care or decided to euthanize the pet because of financial concerns.

### **FACILITATING COMPLIANCE AT HOME**

Having a library of YouTube links or making your own clinic “how-to” videos is extremely helpful. YouTube videos made by lay people may have the advantage of being more convincing rather than those by healthcare professionals. Find ones that your staff and you as well as a client think are best. There are many good links. Examples of useful illustrative clips to have on hand include how to:

- Give your cat a pill (see below)
- Give subcutaneous fluids: [www.youtube.com/watch?v=OLOVw35w4Ns](http://www.youtube.com/watch?v=OLOVw35w4Ns)
- Administer insulin: <http://www.youtube.com/watch?v=XeZgKLfJn4>
- Measure blood glucose: [www.veterinarypartner.com/Content.plx?A=605](http://www.veterinarypartner.com/Content.plx?A=605)
- Use an inhaler for asthma medications: [www.youtube.com/watch?v=INF1W8uaPEA](http://www.youtube.com/watch?v=INF1W8uaPEA)
- Feeding with a feeding tube: contact me at [hypurr@aol.com](mailto:hypurr@aol.com)
- Change a KittyKollar (video) and Living with an E-tube (handout): [www.kittykollar.com](http://www.kittykollar.com)

Syringe feeding, brushing teeth, etc are also available. Cat caregivers like to show their skills and help others.

Similarly, having a selection of web resources that you have vetted and feel comfortable with guides clients to reading materials when they want to learn more about their companion’s medical condition.

Cornell University has a series of videos on a number of procedures and diseases at [www.partnersah.vet.cornell.edu](http://www.partnersah.vet.cornell.edu). They include: Brushing your cat’s teeth, Giving your cat a pill or capsule, Giving your cat Liquid Medication, Taking your Cat’s Temperature, Trimming your Cat’s Nails. Other free videos include: Caring for your Diabetic Cat, Gastrointestinal Diseases in Cats, Cat Owner’s Guide to Kidney Disease, Managing Destructive Scratching Behaviour in Cats and A Pet Owner’s Guide to Cancer.

Everything on the Feline Advisory Bureau has been created by the ISFM and is excellent: at [fabcats.org/owners](http://fabcats.org/owners). They have an extensive library of handouts on medical conditions as well as general cat care, including several videos.

Feline Chronic Kidney Disease: [www.felinecrf.org](http://www.felinecrf.org)

Feline Diabetes: [www.felinediabetes.com](http://www.felinediabetes.com), [www.petdiabetes.com](http://www.petdiabetes.com), and one with humour: <http://sugarcats.com>.

**Summary:** By not seeing cats because we don't know they live with clients or because clients are unwilling to bring them in, we lose the opportunity to:

- Provide wellness care,
- Detect disease early when we can prevent or alleviate suffering and save expense.
- Protect life and enhance welfare.
- Build trust with our clients,
- Increase clinic visits.

TABLE 1. Chart for Evaluating a Clinic's Perceived Threats to Cats

Sense	Threat	Reduce threat by
Smell		
Hearing		
Sight		
Taste		
Touch		

#### RECOMMENDED READING

1. Buffington CAT. Cat Mastery – e book from iTunes
2. AVMA. US pet ownership and demographics sourcebook. Schaumburg, Ill: AVMA, 2007.
3. Volk JO, Felsted KE, Thomas JG, et al. Executive summary of the Bayer veterinary care usage study. *J Am Vet Med Assoc* 2011;238:1275–1282.
4. Volk JO, Felsted KE, Thomas JG, et al. Executive summary of phase 2 of the Bayer veterinary care usage study. *J Am Vet Med Assoc* 2011;239(10):1311-1316.
5. *The domestic cat: The biology of its behaviour*. 2nd ed. Turner DC, Bateson P (eds.). Cambridge, U.K.: Cambridge University Press, 2000.
6. Crowell-Davis SL, Curtis TM, Knowles RJ. Social organization in the cat: a modern understanding. *J Feline Med Surg* 2004;6:19–28.
7. Hide Perch Go and Cat Sense: [www.sPCA.bc.ca/welfare/professional-resources/catsense/](http://www.sPCA.bc.ca/welfare/professional-resources/catsense/)
8. Gourkow N, Fraser D. The effect of housing and handling practices on the welfare, behaviour and selection of domestic cats (*Felis sylvestris catus*) by adopters in an animal shelter. *Anim Welfare* 2006;15:371-377.
9. Rodan I, Sundahl E, Carney H, et al. AAFP and ISFM feline-friendly handling guidelines. *J Feline Med Surg* 2011;13:364-375.
10. Ellis SL, Rodan I, Carney H, et al. AAFP and ISFM Feline Environmental Needs Guidelines *J Feline Med Surg* 2013 15: 219-230

Figure 1. Interpreting a cat's body posture.

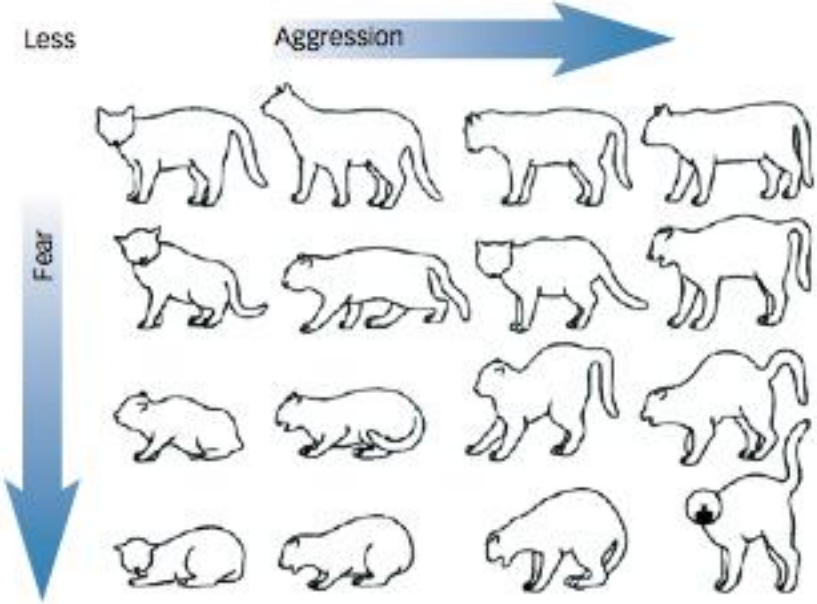


Figure 2. Interpreting a cat's ear position and facial expression.

