Welfare friendly feline veterinary practice
Reducing stress and improving your patient’s experience
Alice Crook, DVM
Kathy Ling, DVM
Outline

- What is good welfare?
- Reduced welfare in veterinary clinic; consequences
- Positive emotional experiences
- Tips for the veterinary visit
- Desired outcomes
- Staff knowledge, experience
- Communication
- Resources
What is good animal welfare?

- **Biological functioning** (satisfaction of primary needs) – health, reproduction
- **Feelings** – absence of negative emotional states (fear, pain, distress) and presence of positive ones (pleasure)
- **Natural living/behaviour** – ability to carry out behaviours natural to its species
- **Five Freedoms**
Welfare implications of stressful vet visits

- Cats outnumber dogs in many countries
- Not as many cats obtain veterinary care as dogs
- Number of reasons
  - Stress of getting the cat to the vet and the stress while there
- Cats are not receiving preventive care
- Conditions may be misdiagnosed or not treated early enough
What negative states can cats experience in vet clinic?

- Pain, discomfort
- Malaise (feeling ill)
- Anxiety, fear – everything unfamiliar
- Hunger, thirst, cold, etc
- Frustration, boredom
- Lack of control, choice
What positive feelings can cats experience in a vet clinic?

- Positive social interactions and activities
- Physical comfort
- Element of routine where possible
- Choice or control over environment
Consequences of stress

- Negative effects on health, immunity
- Subclinical conditions
- Dehydration, anorexia
- Elimination
- Behaviour
Ways to mitigate stress

- Recognize that cats can experience positive feelings (pleasure) as well as negative ones
- How can we modify vet clinic env’t?
  - Reduce negative feelings
  - Enhance positive feelings
Desired outcomes in a vet clinic

1. Low stress arrival at clinic
2. Low stress examination/procedures
3. Decreased anxiety, increased comfort in hospital
4. Calm quiet recoveries
5. Continued smooth recovery at home
Training and experience of staff!!!

- Knowledge and understanding of normal and problem behaviour—species specific
- Restraint—spp specific handling techniques, positive reinforcement; when to use chemical restraint
- Staff training and CE—promoted for vets and techs
1. Low stress arrival (reduce fear/anxiety)

- Advance preparation
  - Desensitization visits — new clients and kittens, get treats, meet staff
  - Involve clients in their animal’s care
  - Handling at home — teeth, paws, ears, crate-training (hand-outs)
  - Kitten socialization classes
  - Discuss behaviour (issues?) at every visit
Crate training cats
1. Low stress arrival (reduce fear/anxiety)

- Reception & waiting area – visual/physical separation dogs & cats
- Cats: Elevated area, coverings for cages, proceed directly to exam room? Scheduling?
- Consider traffic
VTH 2013
2. Low stress examinations (reduce fear/anxiety)

- Try to flag anxious cats at the time appointment is made
  - schedule for quieter time of day, ensure they can be taken right into an exam room
- Be aware of smells in the exam room (behavioural responses often driven by smell)
- Have owner bring something that smells like home
2. Low stress examinations (reduce fear/anxiety)

- Open the carrier door and allow the cat to come out and explore if he or she desires while getting history
- Allow acclimatization (5-10mins)
- Have everything ready for the appointment
- Do not tip the cat out of the carrier or reach in to drag the cat out
- Take the top off the carrier, cover cat with a towel (preferably pre-sprayed with Feliway®)
- Read cat body language
Body Postures

2. Low stress examinations (reduce fear/anxiety)

- Most of the exam can be done in the carrier
- Adopt a calm, positive demeanor and work at a consistent (slow) pace
- Draw samples in the exam room (owner can step out)
- Defuse escalation of fear/aggression by backing off and try redirection with a toy
- Positive reinforcement is important, absolutely no punishment
2. Low stress examinations (reduce fear/anxiety)

- Restraint – “Less is more”
- Break examination into stages if long or if animal becoming stressed
- Sedatives/anxiolytics where appropriate
- Consider having owner medicate at home
When are sedatives/anxiolytics indicated?

- When a cat shows signs of fear, anxiety or aggression, and the procedure will take longer without chemical restraint.
- Situations in which you anticipate pain, discomfort or surgery and where analgesia alone will be insufficient.
- When gentle restraint or appropriate restraint equipment does not provide sufficient safety for the team.
Medication options

- Pre-treatment at home: benzodiazepine (alprazolam), gabapentin, phenobarbital
- Low-dose dexmedetomidine and an opioid (can combine with a benzodiazepine)
- Add in a low dose of ketamine if needed
Reintroduction after appointment

- Leave cat in carrier for 5-10 minutes upon return in a room with the other cats (Feliway® can already be applied to the carrier)
- If doing well, allow cats free in the room together
- Separate if aggression occurs
- Applies after hospitalization as well
If reintroduction has been a problem

- Put the returning cat in a separate room for at least 24 hours (with food/water/litter)
- Before re-introducing, cats on both sides of the door should respond to food and toy play
- If problems persist after 3 days, advise the owner to contact you for advice/possible medication
Communication with clients & impact on welfare

- Early “well kitten visits”
  - Preventive care
  - Identification – permanent and visual
  - Socialization and training; behaviour (primary reason for relinquishment to shelters); info on positive training

- Annual visits
  - Discuss behaviour – any issues? (ask questions; listen)
3. Low stress hospitalization (↓ fear/anxiety; ↑ comfort, choice/control)

- Separate species
- Cages – increase complexity eg. furnishings; toys for cats
- Eg. AVC blood donors
Reducing stress in cats

- Enriched housing—hide and perch opportunities (Gourkow and Fraser 2006)
- Separation of feeding, elimination, and sleeping areas
- Provides control/choice
  - Exposure to hospital activities
  - Different areas/textures to lie on; ways to regulate body temp, light exposure
  - Hiding, perching, face rubbing, scratching – natural behaviours (pleasurable?)
- Temporary transportation carrier (saturated with cat’s scent) - reduces stress?
BCSPCA Hide Perch & Go™ box
3. Low stress hospitalization (↑ positive feelings)

- Anything familiar – food/treats, objects from home

- Provide +ve human interactions when possible; make sure not only –ve

- Routines whenever possible
3. Low stress hospitalization (↑ comfort, reduce exhaustion)

- General comfort (eg. temperature, bedding)
- Breaks between procedures
- Lighting (diurnal variation)
- Noise (both levels and unfamiliarity)
- Quiet room/ward
- ↓ hypervigilance!
4. Calm quiet recoveries (↓ pain, ↑ comfort)

- Good surgical technique
- Good intra-op practices
  - Patient monitoring
  - Fluids
- Optimal pain management
  - multi-modal analgesia pre-op, intra-op, post-op, at home
  - Individualized
- Warm quiet recovery area/ICU
4. Low stress hospitalization—nursing care/TLC
Cats—get them home!
5. Continued smooth recovery at home

- Pain management — ↑ comfort and promote healing
- **COMMUNICATION IS KEY!**
  - Clear, written instructions with explanations
  - Potential complications; side effects of meds
  - Demonstrate procedures
  - Opportunity for questions
  - Follow-up phone call(s)
- Potential reintroduction issues
Communication with clients—illness

- Chronic disease
  - Owners’ expectations re treatment outcomes
  - Animal care at home
  - Willingness/ability to follow recommendations
  - FOLLOW-UP phone call – problems?
- End-of-life issues; euthanasia
  - QoL issues
- Owner is partner in animal’s care!
Communication in clinic

- Case discussions
- Patient records
- After hours monitoring
- Pain management
- Templates for discharge instructions
Communication—policies/SOPS

- Suspected animal abuse
- Partial digital amputation ("declawing")
- Euthanasia
- Financial payment plans/options
Position statements partial digital amputation/onychectomy

- **CVMA 2017** The Canadian Veterinary Medical Association opposes elective & non-therapeutic Partial Digital Digital Amputation (PDA), commonly known as declawing or onychectomy, of domestic cats.

- **AAFP 2017** The American Association of Feline Practitioners (AAFP) strongly opposes declawing (onychectomy) as an elective procedure. It is the obligation of veterinarians to provide cat owners with alternatives to declawing. If owners are considering declawing, they must be provided with complete education about feline declawing.

- **AVMA** The AVMA strongly encourages client education prior to consideration of onychectomy (declawing). It is the obligation of the veterinarian to provide cat owners with a complete education with regard to the normal scratching behavior of cats, the procedure itself, as well as potential risks to the patient.
Take home messages

- There are multiple sources of stress for cats in a veterinary setting.
- These have a negative impact on the cat’s welfare & can have significant health consequences.
- There are multiple ways to mitigate stress and increase positive experiences in a clinic.
- Staff knowledge & experience of normal & abnormal feline behaviour are key to recognizing & addressing negative welfare states & enhancing positive ones.
References and resources

- Cat Friendly Clinic, etc – International cat care [http://icatcare.org/](http://icatcare.org/)
- Hide, Perch & Go™ box [spca.bc.ca/programs-services/leaders-in-our-field/professional-resources/for-veterinarians/bc-sPCA-hide-perch-go-box/](http://spca.bc.ca/programs-services/leaders-in-our-field/professional-resources/for-veterinarians/bc-sPCA-hide-perch-go-box/)
- Animal abuse [canadianveterinarians.net/programs/animal-abuse.aspx#UPAY6HcsuB8](http://canadianveterinarians.net/programs/animal-abuse.aspx#UPAY6HcsuB8)
Understand that most cats are pessimists—they assume the worst will happen. Try not to confirm it for them.

Dr. Kim Kendall, Australia