Contented cats, committed clients
In the United States, approximately 40% of households own at least one cat, and the number of pet cats in U.S. households outnumbers dogs by about 8 million. However, cat owners spend less per year on their cat’s veterinary care than do dog owners, and cats may not go to the veterinarian as often as their canine counterparts. Clients report the difficulty of getting the cat into a carrier at home, travel to the clinic, and dealing with the fearful cat at the veterinary clinic as reasons for fewer visits. According to one JAVMA study, clients ranked the medical and emotional care their pets received as more important than the treatment they themselves received. In the same survey, the majority also expects that the veterinarian will not use ‘excessive force’ in handling their pets. As such, humane and safe handling of cats is important to feline welfare, as well as patient and client retention. General concepts for enhancing the veterinary experience can be applied through the entire process of the veterinary visit (from departure to examination room) and techniques adapted to meet the individual cat’s needs (based on life stage, temperament, health status, etc.).

See it from the cat’s point of view
For some felines, the stress of the veterinary visit begins before the pet even arrives at the clinic’s front door. The owners bring out a dusty carrier that hasn’t been seen since Fluffy’s last trip to the vet, and Fluffy is dragged from her hiding spot underneath the bed. Such owners may need some guidance on making this process smoother, such as getting the carrier our well in advance of the visit (> 7 days). The owner can casually improve the cat’s feeling about the carrier by leaving it in a part of the house where the cat likes to relax and add comfortable bedding. You may find Fluffy taking a nap in the carrier within a few days. Have the owner offer tasty treats or canned food in the carrier daily to create the foundation for teaching a cat to willingly enter the carrier. Also, be sure the carrier is secured appropriately in the vehicle and that any component of travel anxiety or motion sickness is addressed by the veterinarian. Alert the veterinarian of travel concerns that you spot or that the owner brings to your attention.

Then, take a moment to walk in the cat’s paws to note hospital factors that may be disconcerting or scary. What does the clinic look like through the cat’s carrier door? Is the waiting room calm or chaotic? How might the environment or situation be manipulated to minimize patient stress? Consider ways to reduce commotion in the
waiting room, as a stressful experience in the lobby may impact the cat’s mood and behavior during examination and procedures. Any patient who is disruptive to or impacted by the disruptions of the waiting room environment should be relocated to an exam room as soon as possible. If possible, create separate waiting areas for cats with elevated surfaces for carriers and/or a designated cat examination room. White noise options and pheromone products (see adjunct section below) may help mask canine smells and noises. If cats are slipping on a metal table, add an easy-to-clean yoga mat. Consider ways to limit nooks and crannies in the examination room, so that the cat can explore but not crawl into a hiding spot. Stock your feline examination rooms with meat flavored baby food and canned food (including hypoallergenic options), as well as a variety of treats and catnip. Keep in mind that cats’ responses to catnip vary. Some cats may mellow in the presence of catnip, while others may be aroused or agitated. Alternatively, schedule cats at quiet times of day or create feline only days once or twice a month (‘Feline Fridays’).

Once in the exam room, open the door of the carrier while taking the history, giving the cat the option of venturing out on its own. Some cats may prefer to walk out of the carrier if it is placed on the floor. If the cat chooses to come out on its own, calmly close the carrier door or place the carrier out of sight to avoid having to get the cat out a second time for the veterinarian. For cats that don’t exit the carrier willingly, simply take the top off the carrier. Fearful cats might prefer to stay in the bottom half of the carrier for examination and some procedures. Refrain from dragging or dumping the cat out. If the carrier is not easily dismantled, you may be able to gently glide the bedding and cat out or use a towel to swaddle the cat and gently coax it out. Consider selling easy open carriers in your clinic to avoid the stress of getting the cat out of a complicated carrier. You may also keep the weight of the cat’s carrier in the record, so you need not get the cat out of the carrier prior to the veterinarian’s examination. Allow the cat to go back into its crate immediately after examination and procedures are completed.

**Kitten visits**
The sensitive period of socialization for cats is approximately 2-7 weeks of age. This is a time when even little experiences have big impact on future behavior. As such, it is preferable that kittens who will become pets are handled by humans during the first month, ideally daily from 2-6 weeks of age. A recent study of feline temperament testing over time indicated that kitten’s worst scores occurred at approximately 8 weeks of age. Temperament testing leveled by 12 weeks and was comparable to results at 2 years of age. Many kittens’ first visits to the veterinarian may occur after the sensitive socialization window has closed and when they are at their personalities seems most reactive. As such, gentle handling is even more important, as these kittens may not have had a lot of prior human handling experience and may be easily stressed. It may even be worthwhile to limit the first visit to the essentials only and revisit elective procedures until the kitten’s personality has plateaued.

**Reading cats and responding appropriately**
Cats cope with veterinary visits in different ways. There’s the Maine Coon that stretches out and takes a nap on the exam table, a wide-eyed Siamese who may be on the defense,
and a fearful little Calico curled up in the back of her carrier. Successful cat handling relies on the ability to read cat body language to assess each cat’s emotional state in the veterinary clinic. What is interesting is that feline temperament does not significantly impact a cat’s cortisol response to a mild stressor – meaning all cats experience similar rises in cortisol levels in response to stress despite differing personality. However, what constitutes a stressor may vary with the individual. Through images and video, we will review the basics of normal cat behavior and identifying early signs of feline fear, anxiety, and aggression, so that handling techniques can be optimized for individual.

As a general rule, cats avoid confrontation and conflict. Many cats freeze or flee before resorting to fighting. In the veterinary clinic, cats often use escape or hiding behaviors when stressed or anxious. As such, allow cats to be examined in the carrier with a towel for hiding the head. Refrain from utilizing heavy restraint, which does not allow the cat the option to relocate if uncomfortable. Without the option of escape, aggression may be the only resort a cat has. Cats’ affiliative interactions often involve bunting and rubbing with the head and allogrooming of the face and neck. As such, cats are generally most comfortable with contact in these areas. Touching a cat’s dorsum or abdomen may result in excessive arousal or aggression.

The author prefers to give every cat the option of remaining in sternal recumbency for examination and procedures. Most cats tolerate an examination with little or no restraint, which may occur with the cat inside the bottom of the carrier or on the veterinarian’s lap. The author finds that most procedures can be performed with the cat in sternal recumbency. An assistant’s hand can be placed on the back of neck. In the event of an emergency, one could convert the massage to a scruff; however, a prophylactic ‘scruff’ is excessive for most cats. Veterinarians and staff often ‘stretch’ cats for vaccinations and medial saphenous venipuncture. Other options include the following: 1) Simply allow the cat to remain at rest in sternal recumbency. Your assistant can place a hand on the dorsal neck (as described above). Palpate the cat’s stifle or elbow. Vaccination can generally be administered distal to these joints without further manipulation of the leg. 2) Again with the cat in sternal recumbency, place the cat near the edge of the table such that the leg to be vaccinated can be gently pulled below the table level. This may require a second assistant to secure the leg, while another has a hand on the cat’s neck (as described above). 3) Some cats, especially those motivated to eat baby food or canned cat food, will be comfortable with their chest sternal and their hip tilted laterally. The assistant may have one hand can resting on the dorsal neck and the other placed on the proximal aspect of the hind limb to be vaccinated or holding off for medial saphenous venipuncture. For jugular venipuncture, a towel propped under the chest may allow adequate access to the neck for blood draw without need for stretching the forelimbs. Additionally, lap cats who are accustomed to being held may tolerate cradling for an ‘upside-down’ jugular venipuncture. Assessing cat preference and tolerance levels will allow you to individualize your handling for each patient.

**Adjunct interventions:**
Despite feline friendly handling techniques, some cats may need additional assistance due to anxiety in the veterinary hospital setting. As such there are individuals for which
adjunctive products may be helpful. We will review the pros and cons of pressure wraps (Thundershirt and Anxiety Wrap), Calming Caps, muzzles, toweling techniques, pheromones (Feliway\textsuperscript{7,8,9} and ‘Felifriend\textsuperscript{10}'), nutraceuticals (such as Anxitane), ‘clipnosis\textsuperscript{11}’ and EMLA cream\textsuperscript{12}. For significantly anxious or fractious patients, premedication options, including gabapentin, buprenorphine, and benzodiazepines, may be recommended.

**Summary**

- The stress of office visits keeps clients and cats from coming to the veterinary clinic.
- Consider ways to reduce cat’s stress during transport, in the waiting room, and in the examination room
- Customize handling and adjunctive options for the individual noting successful techniques in the medical record.

**Web resources:**

- Cat Friendly Practices: Training the Team  
  [http://www.veterinaryteambrief.com/sites/default/files/attachments/CS_Step%206_Training%20the%20Team.pdf](http://www.veterinaryteambrief.com/sites/default/files/attachments/CS_Step%206_Training%20the%20Team.pdf)
- AAFP and ISFM Feline-Friendly Handling Guidelines  

**References:**

1. Pets by the Numbers: The HSUS's estimates on pet ownership and pets adopted from or euthanized in U.S. shelters in 2011 and 2012  