

Feral / Barn / Fractious Cat Intake Protocol

Cat is, or is suspected to be, feral and/or proceeding to the Barn Cat Program: The technician's goal is to never touch the cat or to touch as little as possible. Intake should always be done in a small, quiet, closed room with no escape options.

- Cat is not to be removed from its carrier or Feral Cat Den for intake at any time.
- Cat will receive an in-carrier visual exam by the intake technician.
 - This will include a visual exam of the eyes, body condition, nose, obvious skin disease or wounds, and general health.
 - These conditions will be noted in the cat's record.
- Cat will receive FVRCP (if due) before it leaves the place of intake, without exception. Behavior is not an acceptable reason to fail to provide FVRCP at intake.
 - Vaccine can be given SQ as standard, if safe, or vaccine may be given IC (In Cat) avoiding the thorax (chest) area.
 - If given IC, ensure the vaccine is injected into muscle/fat and use caution to avoid bone, spine, or injuring the cat. The preferred vaccine site is the rump.
 - Vaccine can be administered through the holes of the closed carrier by using gravity to tilt the cat to one side of the carrier. Or vaccine can be administered by smooshing the cat into the carrier with a large, fluffy towel and inserting your hand into the carrier to inject. This can be performed with one or two people if required. New technicians should request a second technician to assist.
- The feral/barn cat will not receive ANY other intake medications or procedures at this time unless medically warranted (cat is sick, suffering, has wounds, etc).
 - If cat is visibly sick, proceed with standard SOPs per illness.
 - If cat is visibly wounded or in grave condition, consult with attending DVM who will determine treatment. (This may include immediate sedation for emergencies.)
 - The feral/barn cat will receive the remainder of its intake procedures when sedated for spay/neuter.
 - If cat is already spayed and neutered and will not be sedated again prior to adoption, but still requires other intake items, they should be administered now via the above methods (towel method or through the carrier method.) Microchip, flea preventative, and rabies vaccine may be administered this way.
 - Do not deworm the feral cat via oral methods through un-sedated intake as the benefit is not worth the stress or risk of bite to human.
- Once intake has been completed, cat may proceed through the shelter using the Feral Cat Housing and Handling Protocol.

Cat is fractious, but is not suspected to be feral nor proceeding to the Barn Cat Program (angry owner surrender/friendly but scared cat):

- Ensure adequate towels are available, the liberal use of Feliway, treats, and de-stressors is encouraged.
- If possible, allow cat to remain in carrier but remove the top of the carrier and cover cat with a towel to reduce stress and increase safety to the technician.
- The technician should get as many standard intake items done as is safe and humane to do. FVRCP will always be given regardless of behavior.
 - Start with the most important intake items needed and end with the least vital (FVRCP; Rabies; Visual of eyes/ears/mouth, weight, hydration, etc; microchip scan; flea preventative; Wood's Lamp; dewormer; FeLV test.)
 - The blood draw for FeLV test will be the most difficult and stressful and carriers the last significance for immediate intake purposes, so it should be attempted last as it will upset cat the most. Get the other items done before attempting blood draw.
 - If possible a topical flea preventative containing other parasiticides (gastrointestinal dewormers etc) should be administered such as Revolution, Profender or Centragard.
- Cat should not be scruffed unless there is no other option and under careful consideration, as it typically makes cat fight more and increases the risk of a bite.
- If cat is too stressed (panting, urinating, struggling excessively) intake is to stop.
- If cat becomes a bite/flight risk, intake is to stop.
- Struggling with the cat should not continue past three minutes.
- If intake must be stopped, ensure FVRCP has been administered and inform the Cat Team that intake could not be completed today. Cat should be set up in an ISO area and stress reduction techniques employed.
 - The following day, attempt intake again.
 - If intake cannot be completed within 72 hours, consult with attending DVM to request a sedated intake.

In all cases, if a technician is unable to safely and humanely intake a fractious cat, the technician is to seek assistance from a skilled handler (Cat Team.)

In all cases, if a cat is struggling and about to get loose and get off the table, do not attempt to grab and restrain the cat. LET CAT GO, then recapture using feral cat dens, towels, and the feral cat net if absolutely necessary.