



Title: Barn Cats

SOP Number: 037

Purpose: Approved cats will be used as vermin control at TTU Facilities. They do an effective job of keeping the mice and rats out of the feed supplies. The cats are vaccinated, surgically sterilized, to ensure the ultimate health and well-being of all animals, and to keep a stable population. Cats will be identified with photo, ear notch, name and description with records kept in the Animal Care Services office. Feral or other cats that are not covered under the TTU Barn Cat Program are not the responsibility of Animal Care Services. All surgical procedures will occur at TTU IACUC approved surgical facility.

RECEIVING

Friendly/tame cats will be brought to the Animal Food Sciences surgical facility by pet carrier. Non-friendly/feral cats will be captured by live trap using Have-a-heart type wire box traps baited with canned cat food. Traps may be left overnight but are checked first thing the next morning. The entire trap with cat maybe covered to reduce stress. SOP046 Animal Transportation will be followed. If cats cannot safely be handled, they will be removed from traps or cages with a cat capture bag attached to a handling pole or an EZ Nabber. These devices enable capture restraint and vaccination or injection through the bag without having to directly handle a feral cat that has not been sedated. Barn cats are not USDA covered and do not require procurement documentation.

ANIMAL NUMBERS

Animal numbers may fluctuate due to attrition. Feral cat colonies are territorial, so it is difficult for outside cats to acquire access unless there is a significant fluctuation in the population. New animals will also be trapped and spayed or neutered to help control population. Cats may be culled or rehomed if these numbers are exceeded. Unhealthy or sick animals would be the first to be culled from the group.

SHORT TERM HOUSING

Portable/temporary caging will be used to house the cats during their time at the animal facility. A litter box will be provided. A towel will be provided for comfort. Fresh food and water will be provided daily. The typical stay following spay or neuter is less than 12 hours but is up to the discretion of the TTU veterinarians on extended observation following a surgical procedure.

PRE-SURGICAL CARE.

All cats will receive preemptive pain management and evaluation before surgery. Type of analgesic will be at the discretion of the TTU veterinarian. [i.e.- Butorphanol (0.2-0.4 mg/kg) IM, Buprenorphine (0.01-0.03 mg/kg) IM or buccal, Meloxicam (0.3mg/kg) SQ, or Onsiar (2mg/kg) SQ.

Dependent on anesthesia used, the cat may be premedicated with atropine sulfate (1cc/20 lb) IM or SQ. Dexdormitor-Butorphanol-Ketamine cocktail intramuscularly (Kitty Magic-See dosing table) or Ketamine (2mg/1b) and Acepromazine (0.1ml/10 lb) intravenously or Ketamine

(15mg/lb) and Acepromazine (0.1ml) intramuscularly (IM) for induction of anesthesia. An IV catheter may be placed, and fluids administered to maintain blood pressure and to have venous access during a procedure.

SURGICAL PROCEDURE.

A. Feline neuter

The hair is plucked from the scrotum and the perineum is scrubbed 3 times with alternating Betadine or chlorhexidine and alcohol. The skin is incised cranial to caudal over the testicles at the scrotum continuing into the vaginal tunic of the testicles. An overhead technique is used by placing a curved hemostat on top of the cord and wrapping the spermatic cord over it. Direct the hemostat's tip dorsally and then ventrally around the cord opposite the testicle. Next, grasp the cord near the testicle. Transect the testicle and pull the end of the cord through the wrap. Digitally snug the knot. The incision is left open. Long acting (Penicillin (i.e.-Benzathine/Procaine Penicillin G), or Procaine Penicillin G is administered intramuscularly at a dose of 1 cc per 10 lbs; if these are unavailable, other suitable antibiotics can be used at the recommendation of the veterinarian.

B. Feline spay

The hair is clipped on the ventrum from the xiphoid to the pubis. The abdomen is scrubbed 3 times in a sterile manner alternating Betadine or chlorhexidine and alcohol. A 4-8 cm midline incision is made in the middle third of the caudal abdomen through skin and subcutaneous tissue to expose the linea alba. Grasp the linea alba, tent it outward, and make a stab incision into the abdominal cavity. Extend the linea incision cranial and caudal with Mayo scissors. Slide the ovariectomy hook against the abdominal wall, 2 to 3 cm caudal to the kidney. Exteriorize the uterine horn with the hook and identify the suspensory ligament at the cranial edge of the ovarian pedicle. Stretch or tear the suspensory ligament to allow exteriorization of the ovary using the index finger to apply caudolateral traction on the suspensory ligament while maintaining caudomedial traction on the uterine horn. Place two Carmalt forceps across the ovarian pedicle proximal to the ovary and one across the proper ligament. Remove the most proximal clamp and place a figure-8 ligature at this site using an absorbable suture (i.e., 2-0 or 3-0 polydioxanone, polyglyconate, or polyglactin 910). Direct the blunt end of the needle through the middle of the pedicle, loop the suture around one side of the pedicle, then redirect the needle through the original hole from the same direction and loop the ligature around the other half the pedicle. Securely tie the ligature. Place a circumferential ligature proximal to the first ligature, and then place a hemostat on the suspensory ligament near the ovary. Transect the ovarian pedicle distal to the clamp across the ovarian pedicle. Separate the broad ligament from the uterine horn. Clamp and ligate the broad ligament if it appears vascular. To ligate the uterus, place a figure-8 suture through the uterine body near the cervix. Place a second circumferential ligature closer to the cervix, place a Carmalt forceps distal to the ligatures, and transect between the Carmalt forceps and ligatures. Inspect the uterine stump for hemorrhage. Close the abdominal wall in three layers (fascia/linea alba, subcutaneous tissue and skin. Use absorbable suture (2-0 or 3-0 polydioxanone, polyglyconate, or polyglactin 910) for body wall and SQ tissue and non-absorbable (32 gage stainless steel or 2-0

polypropylene) to appose skin. Fractious cats may receive hidden absorbable sutures to close the skin so that sutures do not need to be removed. Long-acting Penicillin (i.e.- Benzathine/Procaine Penicillin G) or Procaine is administered IM at a dose of 1cc per 10 lbs. If these are unavailable, other suitable antibiotics can be used at the recommendation of the veterinarian.

Kitty Magic dosing chart
Dexdomitor-Opioid-Ketamine Sedation/analgesia In Cats
Dexdomitor Butorphanol- Ketamine

Cat Weight		IM Route			
Lbs	Kg	Light	Mild	Moderate	Profound/Surgery
4-7	2-3	0.012mL	0.025mL	0.05mL	0.1-0.15mL
7-9	3-4	0.025mL	0.05mL	0.1mL	0.2-0.25mL
9-13	4-6	0.05mL	0.1mL	0.2mL	0.3-0.35mL
13-15	6-7	0.1mL	0.2mL	0.3mL	0.4-0.45mL
15-18	7-8	0.15mL	0.3mL	0.4mL	0.5-0.55mL
18-22	8-10	0.2mL	0.4mL	0.5mL	0.6-0.65mL

POST-SURGICAL CARE.

If able, a patient's heart rate, body temperature and body posture will be evaluated every 2-4 hours during the first 12 hours post operatively. Because body temperature drops during any surgical procedure, a heat source will be provided to maintain temperature post operatively. After surgery, animals will be monitored closely for complications, such as respiratory arrest or hemorrhage. Based on evaluation and at the discretion of the veterinarians, cats may receive additional analgesics. Fractious cats may receive hidden absorbable sutures to close the skin so that sutures do not need to be removed. Cats with non-absorbable sutures may be maintained post operatively up to 7 days to evaluate incision site or returned to home site for unit manager evaluation. If applicable, sutures will be removed 10-14 days post-operative.

ANIMAL HEALTH MONITORING

Initially, physical exams are performed and if deemed healthy, the cats, based on any previous health records, are vaccinated for Rabies, Panleukopenia, Calicivirus, and Feline Rhinotracheitis to ensure the ultimate health and well-being of all animals. New cats may be tested for FeLV and FIV. If found positive, the animal may be euthanized or maintained, at the discretion of the veterinarian. Parasites will be controlled with topical or oral product per veterinarian's recommendation (i.e.- fluralaner/moxidectin, praziquantel, pyrantel, etc.-). Annually, every attempt is made to examine, vaccinate, and deworm each cat that is covered under the TTU Barn Cat Program. Occasionally, cats go missing or are unable to be found. Cats free roam in TTU and around facilities that participate in the Barn Cat Program. They are offered supplemental feed. In addition, water is plentiful throughout livestock facilities in buckets and troughs. Cats are observed by faculty and staff at participating facilities that participate in the Program, but daily observation records are not maintained. University

veterinarians are contacted regarding potential health problems for exam and treatment. All treatments and findings are recorded in the treatment section of the notebook maintained at the facility, or with the records kept in the ACS office. If possible, cats are vaccinated annually for Rabies, Panleukopenia, Calicivirus, Feline Rhinotracheitis, and Chlamydia, to ensure the ultimate health and well-being of all animals. They are also examined and treated for internal and external parasites with a topical product, such as Bravecto or Revolution, as needed but at minimum annually.