PURPOSE: To provide the highest quality of care for cats housed at Texas Tech University animal facilities in order to prevent the development of disease or disorders that could compromise research studies. And to provide an environment that promotes their physical and psychological well-being.

I. PROCUREMENT

A. Cats will be purchased or loaned from USDA inspected facilities.
B. A copy of the health records for each cat will be requested from the dealer.
C. A TTU employee will pick up the cats and transport them to the Animal Facility in an environmentally controlled vehicle.

II. RECEIVING

A. Upon arrival, cats will be treated for parasites if needed.
B. A physical exam is conducted for each cat to ensure no obvious abnormalities are present. This will also include temperature and weight. The exam form is filled out and signed by the veterinarian.
C. If cats do not have a record of vaccinations then they will be vaccinated with a 4-way feline vaccine (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia, Chlamydia) and rabies. They may also be dewormed for internal parasites.
D. A USDA Record of Acquisition will be filled out for each cat and kept on file.
E. Each cat will have a photograph ID card to be mounted on the front of the kennel.
F. At the end of the study, a USDA Record of Disposition of Dogs and Cats will be filled out and kept on file.
G. Due to the social housing of cats (usually two cats/cage), those that arrive intact may need to be neutered or spayed, especially the tom cats. Tom cats fight with other males and will breed females.

III. SURGICAL PROCEDURES

A. Feline neuter
   The cat is premedicated with atropine sulfate (1cc/20 lb) IM or SQ. Ketamine (2mg/1b) and Acepromazine (0.1ml/10 lb) intravenously or Ketamine (15mg/lb) and Acepromazine (0.1ml) intramuscularly (IM) is given for induction of anesthesia. The hair is plucked from the scrotum and the perineum is scrubbed 3 times with alternating Betadine 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. Longicil (Benzathine/Procaine Penicillin G) is administered intramuscularly at a dose of 1 cc per 10 lbs.

B. Feline spay

The cat is premedicated with atropine sulfate (1cc/20 lb) IM or SQ. Ketamine (15mg/lb) and Acepromazine (0.1 ml) intramuscularly is given for induction of anesthesia. 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 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, 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 nonabsorbable (32 gage stainless steel or 2-0 polypropylene) to appose skin. Fractious cats may receive hidden absorbable suture to close the skin so that sutures do not need to be removed. Longicil (Benazthine/Procaine Penicillin G) is administered IM at a dose of 1cc per 10 lbs.

III. ANIMAL HEALTH MONITORING

A. Daily: the Principle Investigator, Graduate Students, Technician or Animal Care Personnel must observe all animals for any evidence of disease, injury, illness or a
change in behavior.

B. The “Daily Observation Record” must be completed. Record by the correct day the following information:

1. The number of animals observed.
2. The health status of the animals.
3. The ID of any animal that has evidence of disease, injury, illness or a change in behavior and any comments.
4. Initials of the observer.

C. All animal health comments must be recorded on the “ANIMAL TREATMENT/OBSERVATION RECORD”. Each animal has an individual treatment record.

D. Check for room deficiencies.

E. Record high and low temperature and humidity.

F. Check off TASK Sheet.

IV. HOUSING AND CARE

A. Cats may be kept single housed or in compatible groups in a 4’x 8’ kennel. Cats displaying aggression will not be housed together.

B. Litter boxes will be sifted daily and sanitized weekly.

C. Beds/towels will be provided for comfort and changed as needed.

D. Water bowls will be rinsed and refilled with fresh water daily.

E. Discard uneaten food; add fresh food once or twice daily.

F. Sanitize food and water bowls weekly.

G. Check feed expiration date. Replace expired feed and clean barrel in between.

H. At least once a month, remove all items and animals to sanitize the room or kennel.

V. HEALTH CARE

Everyone with access to the animal facility is responsible for informing the Clinical Veterinarian when an animal becomes ill or a change in behavior is noted. Seriously ill animals should be reported IMMEDIATELY to the veterinarian. When an investigator, technician, or animal care personnel requires veterinary assistance, they should:

A. Complete the individual’s “Animal Treatment Record” in the Notebook. Indicate the date, room number/ pen number/animal number/cage ID, the problem observed, and ensure that the name (or initials) of the person making the report is recorded.

B. Contact the Clinical Veterinarian or the ACS Facility Manager at:
Dr. Tiffanie Brooks, University Veterinarian, Animal Care Services.
806-834-8588 Office
806-239-2120 Cell Phone

Carla Grisham, Manager, Animal Care Services.
806-834-3437 Office
254-913-5156 Cell Phone

C. Provide all the above information to the individual contacted above, who will give advice and authorization for the action(s) that should be taken.