

Kitty Up

5 steps to make your cat visits less traumatic

by Jack Sommars



For more on becoming a feline-friendly practice, go to *Trends Today* tinyurl.com/7194xgn.

The warning signs were there, but Ilona Rodan, DVM, Dipl., ABVP-Feline, refused to recognize them.

When she opened her Cat Care Clinic in Madison, Wis., in 1987, her appointments often ran 45 minutes or longer. The staff was stressed out from constantly struggling with difficult patients. At least once a month, someone—usually a new employee—was sent to the emergency room after being bitten or scratched.

“I thought we were extremely cat-friendly,” Rodan reflects. “I knew feline medicine. I had photos of cats on the walls. I did all of the standard things. But I’ve since learned that until you understand the behavior of the cat, you really don’t know what it’s like to be cat-friendly.”

Today, operating from a cat’s point of view, Rodan’s appointments usually run less than 30 minutes. It’s been years since anyone has been sent to the emergency room. Most of her patients spend their visit curled on Rodan’s lap. Three-fourths of them will even take a treat.

“My job is a lot more fun and less stressful,” she says. “I don’t fight with cats any more. It’s easier to work with people and to educate them. Clients aren’t going, ‘Poor kitty, poor kitty.’ They’re listening to me now.”

With cat visits down nationwide since 2001, including in feline hospitals, veterinarians are looking for ways to become more cat-friendly.



Your cat/dog patient ratio can be a revealing indicator as to your cat-friendliness.

In this article, Rodan and several other feline-friendly practitioners share their expertise and some tricks of the trade.

Step 1: Know thyself

The first step is to take a self-assessment, advises Elizabeth Colleran, MS, DVM, president of the American Association of Feline Practitioners (AAFP).

“If your cat visits are down, you are pulling cats out of carriers, your nurses still use scruffing as their preferred restraint, or there is no Feliway in your cat ward or room, you need to rethink your plan,” she says.

Rodan suggests that your cat/dog patient ratio can be a revealing indicator as to your cat-friendliness.

“It’s not unusual for cats to make up 15% to 40% of a hospital’s patients,” she says. “That suggests there’s a lot of potential to grow the cat part of your business.”

Client education should also be a major focus.

“We look for staff who are good communicators,” says Scott Hermanson,

business manager of Scottsdale Cat Clinic in Scottsdale, Ariz. “We think a cat-friendly practice has to really focus on educating clients about what to look for at home, the subtle signs of discomfort and disease in their cats, and why it’s important to comply with the doctor’s recommendations.”

Staff education is just as important, says Hermanson.

“Your staff needs to believe that cats can benefit from good medicine. From anecdotal evidence we hear from clients, some practices don’t necessarily see cats as being as worthy or as receptive to medical attention as dogs.”

Step 2: Make the cat carrier a friend, not an enemy

Client education begins with their first phone call, says Corinne Thomas, DVM, owner of For the Love of Cats Veterinary Clinic in Loveland, Colo.

“Our receptionist talks to clients about how to make it less stressful to get the cat into the carrier,” she says. “We suggest they log on to the CATalyst Council’s

“The Cat from Hell”

Try this exercise with your staff. Eliza Sundahl, DVM, says:

When I talk to the kids at the vet schools, I log on to YouTube and show them one of the many videos of the so-called ‘Cat from Hell.’

Just Google ‘crazy cat at the vet’ and you’ll find a bunch of them.

Typically, you’ll hear dogs barking in the background. The veterinarian or technician is struggling to get the cat out of the carrier, and the cat is clinging on for dear life.

After shaking the carrier, one veterinarian gets out a fishing net to extract the cat. Meanwhile, it is screaming, peeing and pooping everywhere.

After watching the video, I ask the students, ‘What’s wrong with this picture and how would you have handled it better?’

website (catalystcouncil.org) and watch their instructional videos. They explain step-by-step ways of getting your cat into the carrier that will make them less afraid.”

The foundation for a successful visit is changing the cat carrier from an object that is feared to that of a safe haven, a familiar place for the cat, says Rodan.

“My carriers are out in my kitchen,” she explains. “It’s not pretty, but my cats sleep in them and get treats in them.

“I tell clients to toss a kibble into the carrier every day and then walk away. So the carrier becomes a friendly place that’s familiar in one of their favorite spots, in a sunbeam, maybe.

“Making the carrier the friendly part is the first step. Because no matter how good a job we do in the hospital, if that cat is already worked up and upset, that’s going to be a real problem for everyone.”

Step 3: Make your waiting room friendly to both cats and cat clients

Rodan says the waiting room experience should appeal to the needs of both the cat and its owner.

“I’ve been to practices where they have nothing, no posters or no educational materials, about cats,” she says. “So when clients come in with their cats, they feel that they are second-class citizens and that the hospital is more concerned about dogs.”

Colleran recommends separating cats from dogs, by a separate entrance, exam room or exam times, or by other creative ways to reduce their stress.

“Some hospitals have a big waiting area with benches along the walls and everybody faces everybody else,” Rodan adds. “Why not take those benches and move them into the middle of the room and place them back-to-back? That way, one side of the room is for dogs and the other is for cats.

“You’ve made a very inexpensive change that will make it easier for the cats and their owners. Then include education materials so they feel like they’re important, too.”

Eliza Sundahl, DVM, owner of the KC Cat Clinic in Kansas City, Mo., suggests having cubby holes in which to place the carriers. That way, the cats are up off the floor and don’t have to look at the other animals in the waiting area.

Step 4: Let the cat take the lead in the exam room

“Ideally, the cat should be taken swiftly into the exam room, where there are soft resting places made of towels or other warm materials,” says Colleran. “A Feliway diffuser should be plugged in and the nurse speak in a soft voice. When the doctor arrives, the carrier door is opened and the cat is allowed to come out onto the floor, if it chooses.

“Meanwhile, the doctor asks open-ended questions and listens carefully to the client. If the patient won’t come out, the doctor takes the carrier apart to start the exam.”

Rodan says cats don’t want to attack, but are motivated by a need to protect themselves.

“They want to be safe and feel secure,” she says. “So if we try to make things more familiar for them along the way and teach them that positive things can happen, the experience will be better for everyone.

“If a cat wants to stay in the carrier, I take off the top half and have the cat face the client. He’s facing someone he knows and not having to see me and be scared.

“The cat is more comfortable in the carrier because it’s the most familiar thing in the hospital, and cats are most comfortable with what’s familiar to them.”

The Cat Practice in suburban Detroit, Mich., takes cat-friendliness to an entirely different level. They get down on the floor.

“It says a lot about how we feel and how we respect these animals,” says owner Cindy Houlihan, DVM. “Our clients appreciate it and often join me on the floor. I’ve learned to spend time with the kitty before I try to hold them. They just relax more.



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Often cat clients don't have all the care choices and options presented to them because the veterinarian mistakenly assumes the family won't be willing to do a certain level of diagnostics or treatment.

"That's also true with blood pressures," she says. "Our technicians used to go in right away and check the blood pressure on the cat. But we've found our cats are more relaxed at the end of the exam when they're sitting on my lap."

"But it takes time. We've learned not to rush our patients. We try to adapt to what they need."

Advice from a "reformed scruffer"

Sundahl says practitioners need to lower their threshold of when they should respond to a cat's fear.

"Many veterinarians don't recognize anxiety and act on it until the animal goes all the way to the far end of the spectrum of being upset and being fear-aggressive and displaying behaviors that might need sedation or some kind of heavy-handed restraint," she says.

Sundahl, a self-confessed "reformed scruffer," adds, "I am truly shocked at how much better these animals sit still for me, accept what I'm trying to do and allow me to get the job done without putting them through the restraint techniques I was using in the past."

"Everybody has their designation about certain cats that you need to be careful with because they might get upset. I've learned I was wrong about half of mine. I don't need to scruff them or use drugs," Sundahl says.

"I've changed how I approached the handling of those animals in the exam room. By being more attuned to the early signs of tension and anxiety, I'm able to manage those cats and make them more comfortable."

Sundahl and Rodan were co-chairs of the committee that recently developed the AAFP Feline-Friendly Handling Guidelines. You'll find these guidelines at catvets.com, as well as other useful cat handling tips for your staff and clients.

Step 5: Make it "one-stop shopping"

"Another thing that's important is not to take the cats back to the treatment area," says Rodan. "That requires the cat to get familiar with a new environment,

and there are all these other animals, smells and noises.

"So we actually collect lab samples in the exam room," she says. "Not only is the cat more comfortable, it increases the perception of value we provide to our clients. There's less of a chance of 'sticker shock.'"

Rodan also recommends sending the cat home whenever possible. They will feel safer in a familiar environment and more likely to eat and drink.

"Certainly, if they need intravenous fluids or monitoring every couple hours, it's better to hospitalize them," she adds. "In that case, try to make your cages feel safe for them by placing them a little higher and giving the cat a place to hide."

Step 6: Learn from your clients

Houlihan routinely asks clients how they view the way she treats them and their cats.

"We're certainly not perfect, but each day we really try to hear their needs and their concerns."

"It's amazing," she says. "They so much appreciate being asked, and they willingly tell us what we can do better."

"And when somebody expresses a concern, we stop and really try to listen, rather than simply justify what we are doing. It's important to be open and realize that maybe there is something we can do differently to make this a better experience for them."

Finally, Houlihan says to put aside your assumptions about cat owners.

"There are veterinarians who think cat families won't be willing to do a certain level of diagnostics or treatment because 'it's just a cat.'"

"Cats are sometimes seen as a lesser species, and some in our profession assume that that client won't provide the same level of care that they might for their dogs."

"But, oftentimes, clients don't have the choices and options presented to them. And when you talk to them about these choices, they are very willing to pay for that level of care."

Houlihan cites the example of a client who came in for a second opinion about a cat that was experiencing renal failure.

“Their regular veterinarian didn’t do a urinalysis,” she explains. “And when the client asked why, she was told ‘We usually don’t do that for cats because it’s tricky.’”

“He sent her home with some KD and told her there was not much else they could do.

“So we put this cat into our chronic care program and it received fluid therapy, pain management and nutrition. The client learned how to do this very easily, and the cat was very willing to have it done. The cat lived quite comfortably for a long time before passing.

“Since her veterinarian had not given her these options, this client would have otherwise just taken her cat home to die or had it euthanized.

“That’s lost income for the practice and a loss of goodwill. This client has gone around telling everyone she knows about the things they didn’t offer because they said a urinalysis is, quote, too tricky.”

Bottom line: Focus on what clients “get”

When Rodan talks to other hospitals about how they can become more cat-friendly, she often shares with them advice from a teacher during her days in veterinary school.

“He told me you can do the best surgery you can on the inside, but if you don’t make a nice incision on the outside, the client will be upset,” she recalls. “They don’t get that you’re doing good medicine or good surgery. What they get is how you treat their cat and how you treat them.” ■

Editor’s Note: What are you and your team doing to make your practice more feline-friendly? Tell us your story at trendstoday@aahanet.org.

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General Principles for Creating a Cat-Friendly Environment

Manage odors

Manage odors by cleaning surfaces, washing hands and removing lint between patients. Ventilate after all olfactory incidents (e.g., disposing the trash after anal gland expression, cleaning where another cat has walked or rubbed on furniture). Cats are macrosmatic—their sensitive sense of smell drives many of their behavioral responses. Some odors (e.g., air fresheners, disinfectants, rubbing alcohol, blood, deodorant, perfume) and unfamiliar clothing may cause anxiety or fear.

Consider using a synthetic feline facial pheromone analog

Studies show that a synthetic feline facial pheromone (FFP) analog may have calming effects in stressful environments, reducing anxiety, fear and aggression, and increasing normal grooming and food intake in caged cats. Cats may benefit from diffusers placed throughout the hospital and a spray used about 30 minutes in advance on materials used for cats to lie on, in cages, as well as on towels used for handling.

Use FFP only in addition to, and never as a substitute for, removing odors, washing, gentle handling and other provisions for creating a cat-friendly environment.

Manage visual and auditory input

Minimize visual cues that may lead to anxiety. Keep other patients away from the cat’s line of vision. When possible, provide a separate feline entrance and feline waiting room or area. Cover cat carriers with a blanket or towel. Minimize harsh lighting.

Provide a quiet environment and speak softly. Minimize noise that might startle the cat, such as phones and fans. Consider using soothing background music and acoustic dampeners.

If you have a resident cat

Be aware that it may elicit anxiety in a patient if a resident cat is seen, smelled or heard. Train staff to recognize any signs of feline stress, both in the practice cat and in the patients, and be ready to either respond or prevent access of the practice cat to patient areas.

From the AAFP and International Society of Feline Medicine (ISFM) Feline-Friendly Handling Guidelines.

For more information go to the AAFP website at www.catvets.com