



Feral Cat Coalition

9528 Miramar Road, PMB 160
San Diego, CA 92126
(855) FCC-CATS
www.feralcat.com

Greetings!

Thank you for your interest in becoming a Feral Cat Coalition Weekly Veterinary Partner. The Feral Cat Coalition is a non-profit organization dedicated to reducing the suffering and overpopulation of feral and abandoned cats through free, humane trap-neuter-return. We greatly appreciate the time and effort our veterinarians donate to help us accomplish our mission. Please find the following documents in this packet:

- **Surgery Procedures**
- **Anesthesia Procedures**
- **Ear-Tipping Procedures**
- **Weekly Veterinary Release Form for Caretakers**
- **Pre- and Post-Surgery Instructions for Caretakers**

Our head veterinarian, Dr. Sharon Zito, is responsible for making and maintaining FCC medical protocol. Should you have any questions, please do not hesitate to contact your FCC representative. Thank you for your compassion and dedication to the feral and abandoned cats of San Diego County.

Sincerely,

The Feral Cat Coalition Board of Directors

Jim Hutzelman
Mike Fitzgerald
Amber Millen
Sheri Randle
Audrey Stratton

A free trap, spay/neuter and return program to humanely
reduce the suffering and overpopulation of feral and abandoned cats

~ALL DONATIONS ARE TAX DEDUCTIBLE~

SURGERY PROCEDURES

FCC will reimburse your veterinary clinic for minor medical and dental procedures performed on feral cats, when approved by an authorized FCC representative. Medical appointments must always be made on behalf of the public by an FCC representative. The standard reimbursement for medical care is \$75. In rare cases, additional funds may be approved. After a diagnosis is made, an authorized FCC representative should be contacted with a recommendation for treatment. Should the estimated cost of the procedure exceed \$75, the caretaker is expected to pay the difference. If the caretaker is unable to pay the difference, alternate payment arrangements may be made at the discretion of the FCC representative. FCC does not cover the cost of certain diagnostic tests, nor does it fund treatment for chronic illnesses. FCC recommends euthanasia for feral cats with certain conditions. Should you have any questions about treatment coverage, please contact your FCC representative. Thank you for your dedication to the cats!

- Give caretaker a copy of the **Pre- and Post-Surgery Instructions**.
- Have caretaker sign the release form (see **Weekly Veterinary Release Form for Caretakers**). This protects both your veterinary clinic and the Feral Cat Coalition.
- Keep each trap covered with a towel to minimize stress to feral cats. Cats may injure their faces and paws while trying to escape.
- Handle trapped cats gently, especially when placing traps on the floor; paws can sometimes be pinched between the floor and the bottom of a trap. Feral cats will be frightened; please minimize noise when handling them.
- Open trap door ONLY after cat has been anesthetized and is fully asleep (see **Anesthesia Procedures**).
- Surgery may be performed with your choice of technique and suture material. **If cat is intact, please spay or neuter it using absorbable or stainless suture. This may be the cat's only opportunity for spay/neuter surgery.**
- Tip the right ear by trimming approximately 1/4th inch straight off of the top with scissors (see **Ear Tipping Procedures**). Actual amount cut should depend on ear size.
- Administer Rabies and FVRCP vaccines, and apply Revolution parasite treatment (all provided by FCC).
- **Administer pain medication injection (Buprenorphine) to all cats.** FCC will reimburse \$1 per dose.
- Release cat to caretaker only when fully awake.

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ANESTHESIA PROCEDURES

Before anesthetizing each cat, please check for the following:

- Tipped right ear, indicating cat has already been spayed or neutered.
- General health and appearance (cats weighing less than two pounds or those that are weak or emaciated should not undergo surgery).
- Food in trap (to prevent the possibility of aspiration, cats older than four months of age that have not fasted for 12 hours prior to surgery, or kittens younger than four months of age that have not fasted for four hours prior to surgery, should be rejected for surgery).
- Gloved assistant holds trap in such a manner that allows RVT to inject anesthesia into thigh muscle of the cat. Assistant may distract the cat by alternately blowing gently in cat's face and lightly shaking the trap.
- Prepare anesthesia mixture by adding 1 cc of Xylazine and 4 cc of Ketamine to 1 bottle of dehydrated Telazol. Dosage is 0.2 cc per 10 lbs. of body weight. If the desired anesthetic affect is not achieved, $\frac{1}{4}$ of the initial dose may be administered as a bump. Subsequent bumps are generally .01 or .02 cc, given in 15 minute intervals, until anesthetic affect is achieved.
- To prevent injury or escape, anesthesia should always be administered in a small room with the door closed.

Recommended Dosage by Weight

WEIGHT (lbs.)	AMOUNT (c.c.)	WEIGHT (lbs.)	AMOUNT (c.c.)
4	0.08	11	0.22
5	0.10	12	0.24
6	0.12	12	0.26
7	0.14	14	0.28
8	0.16	15	0.30
9	0.18	16	0.32
10	0.20	17	0.34

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EAR-TIPPING PROCEDURES



- Tip point of RIGHT ear by trimming approximately 1/4 inch. Amount cut depends on ear size. This procedure is necessary to identify cats that have already been altered, and prevents unnecessary stress and administration of anesthesia if trapped again.
- Use the thumb and forefinger to pinch off the ear. Using scissors, make a straight cut across ear, as shown above.
- If bleeding occurs, use moistened styptic powder and apply pressure to ear by squeezing fingers together.

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WEEKLY VETERINARY RELEASE FORM

Caretaker's Name: _____ Phone Number: _____
Address: _____ City: _____ Zip: _____

PLEASE READ AND INITIAL THE FOLLOWING:

- _____ I am the caretaker of the cats being admitted for surgery and/or medical treatment. I understand that this service is available solely for feral and un-owned cats. I agree to release the Feral Cat Coalition, veterinarians, and others from any claims of any liability that may arise from the procedures performed on cat(s) admitted for treatment.
- _____ I certify that this cat has not eaten on the day of surgery. Cats deemed too ill for surgery or that do not meet the veterinarian's criteria for participation in this program may be rejected for surgery.
- _____ I am aware that feral cats face risks during handling, anesthesia, surgery, and post-operative recovery. The Feral Cat Coalition, veterinarians, and others, will not be held liable should a cat experience complications, injury, escape, or death. The Feral Cat Coalition, veterinarians, and others, are not responsible for additional medical treatment or aftercare of this cat.
- _____ I understand that the attending veterinarian will humanely euthanize any cat deemed to be severely ill or injured, or that has a medical condition that would make it inhumane to release it back to its colony. Every effort will be made to contact the caretaker before euthanizing a cat, but, in some situations, time constraints may prevent this courtesy.
- _____ I understand that each cat serviced by the Feral Cat Coalition and its veterinary partners will receive a mandatory ear-tip (1/4" cut from the top of the right ear), as well as a pain medication injection, Rabies and FVRCP vaccines, and an application of Revolution (internal and external parasite treatment).
- _____ Should any cat or kitten be deemed adoptable by the supervisor on duty, I agree to relinquish it for fostering and/or adoption.
- _____ I have received pre- and post-surgery instructions, and I agree to provide appropriate post-surgical care for this cat.
- _____ I agree to pay all fees for additional medical treatment requested by me.
- _____ This discharge and release of liability is absolute and complete, and covers any liability which may otherwise arise due to complications or errors by any medical personnel or others involved in the procedure on this date.
- _____ I have carefully read this release, and I fully understand and agree to it.

Caretaker Name (*please print*): _____

Caretaker Signature: _____ Date: _____

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