

## **Camp Companion Policies**

### **Cat Admissions Policy**

#### **Qualifying Cats**

Camp Companion is devoted to helping stray and feral cats that would not be sterilized if not through our program. The number of these cats is so great that caretakers must often be placed on a waiting list.

#### **Operation Catnip Program will accept:**

1. Homeless free-roaming cats
  - Unsocialized feral cats
  - Unowned strays
  - Farm Cats

Kittens that are young enough to be socialized will be offered for adoption. They will be altered before placement.

#### **Exclusion Criteria**

Although we recognize that there are many other cats that should be sterilized, we are committed to devoting our effort to those that have no other options.

#### **Operation Catnip will not accept:**

- Cats that are owned or will be adopted by the finder.
- Cats whose caretaker is unwilling to allow placement of cat in a new home or with a cat rescue group if offered. We consider these cats to be owned by the caretaker.
- Cats that are in foster care while awaiting placement in a permanent home. Cat rescue groups should seek alternative sources of veterinary care.
- Cats that may be turned into animal control facility or be euthanized. We do not wish to commit resources to sterilizing cats that are not going to be allowed to live.

### **Ear Crop**

The purpose of cropping the left ear is to easily identify the animal as having been spayed or neutered. Kittens that are being tamed for adoption will not have their ear clipped.

### **FeLV/FIV/FIP Testing Policy**

Camp Companion does not test feral or colony cats for FeLV/FIV or FIP. Although this was a difficult decision, there are several reasons why testing is not done.

#### **The financial cost of testing**

Testing costs about \$40 per cat, about as much as the rest of the clinic. Therefore, testing would double the cost of running Operation Catnip. It is found that the rate of infection with these viruses is very low (3-4% for FeLV and 2-5% for FIV).

### **Test reliability**

Mass screening of healthy cats can result in a large percentage of false positive results. Ideally, positive screening tests should be reconfirmed by another kind of test and by retesting a few months later. This is virtually impossible for feral cats. Our previous policy of euthanizing healthy positive cats undoubtedly resulted in inadvertent euthanasia of negative cats as well as those cats that were not clinically ill from the infections. There is no test that reliably identifies FIP-infected cats.

### **Exposure to Virus**

The most important reason we do not test is because a cat that is negative today could be exposed to a positive cat tomorrow. These cats live in an outdoor situation that makes the possibility of them encountering other cats very likely.

### **Review of Goals**

The goal of our program is to sterilize as many cats as possible, eventually reducing the number of cats that must live as unowned strays. Diverting resources from this goal will result in fewer cats spayed and neutered, and more kittens born into this difficult life. Since FeLV is primarily spread from infected mother cats to their kittens, FIV passes mainly among fighting tom cats through bite wounds, spaying and neutering alone will decrease the spread of these infections.

### **Unexpected Death Policy**

As with any medical procedure, cats undergoing spay and neuter surgeries are at risk for unexpected complications. The feral cats treated at the Operation Catnip Clinic pose an even greater challenge than pets treated by a veterinarian. Feral cats are of unknown age and medical condition and cannot be examined prior to anesthesia. In addition, the high stress level experienced by frightened feral cats increases their risk of anesthetic complications. Finally, the wild nature of feral cats prevents the handling and observation of the cats during the recovery period, making it difficult to recognize and treat post-operative problems.

Remarkably, the rate of unexpected death during other large scale spay/neuter clinics is very low and equivalent to that of full-service veterinary hospitals. In 1997 and 1998, there were 21 unexpected deaths in a total of 2,723 surgeries (1%).

While a certain number of complications associated with surgery is unavoidable, we constantly strive to provide the highest level of care possible. Thus, it is very important that we be made aware of any adverse event. From there, we will conduct a thorough examination of the event and make any changes necessary to prevent it from happening again, if possible.

- Caretakers should report all deaths to Camp Companion so that we may keep statistical information.