



CARE 605.01 Preventative Health Program for Cats

The intent of this standard operating procedure (SOP) is to describe preventative veterinary care of cats. This SOP is intended for use by CARE personnel tending cats. This SOP is approved by the Cornell Institutional Animal Care and Use Committee (IACUC) and the Cornell Center for Animal Resources and Education (CARE). Any exemption must be approved by the IACUC prior to its application.

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1. Introduction

Cats will be obtained from approved vendors (class A dealers such as, but not limited to, Liberty, Harlan, etc). Under approval of a facility veterinarian after review of health records a cat may be transferred from another research institution.

2. Materials

- a. Vaccines as indicated in 3.b.
- b. Dental equipment
- c. Physical exam materials (e.g., stethoscope, thermometer, etc.)
- d. Syringes, needles and blood collection tubes as appropriate.

3. Procedures

a. Incoming animals— from other institutions or cats received because of specific medical conditions of research interest.

- i. Obtain a copy of the medical records prior to shipment of the felines.
- ii. A CARE veterinarian must review the health records and approve receipt prior to shipment of the cat (s)

b. Incoming cats from any source.

- i. Review health certificate and vaccination history.
- ii. Quarantine incoming cats in isolation (i.e. isolated air flow relative to resident animals) for 2 weeks prior to introducing into an existing colony.

Note: Research related activities performed during the quarantine period are subject to approval from a CARE veterinarian.

c. Upon arrival

Perform a physical exam

- i. Collect and submit a pooled fecal sample for parasitologic exam
- ii. Provide vaccinations according to schedule below or per required need in adults

Vaccine	Age	Note
Feline Rhinotracheitis (LM)	8–10 weeks	Booster every 3 years
Calicivirus (LM)	12–14 weeks	DO NOT vaccinate
Panleukopenia (LM or K)	12 months	pregnant females
Rabies (K)	Not younger than 14 weeks. 12 months after initial vaccination	Booster every 1-3 years*.

LM = Live-modified; K = Killed; *per manufacturer's FDA labeling

d. Resident animals

- i Collect and perform a fecal exam if cats are experiencing diarrhea otherwise perform a fecal parasite exam on a biennial basis.
- ii Deworming is to be performed with any appropriate worming agent.
- iii Physical exams will be performed at least annually on all cats by a facility Veterinarian.
- iv If indicated because of a health deficiency or a PI's research protocol a Complete Blood Count (CBC) and Serum Chemistry profile will be performed at the discretion of the examining veterinarian
- v During the annual physical, the dental status will be evaluated by the veterinarian performing the physical exam and if deemed appropriate the cat's teeth will be cleaned. Consideration will be given to the PIs research and the cat's health status so as to not jeopardize either.

4. Safety

- See Sharps [SOP 711 "Sharp Precautions"](#)
- Precaution – Felines can carry zoonotic organisms. Proper personal hygiene including but not limited to hand washing should be followed.
- PPE will be determined by current CARE policy and [SOP 715](#)

5. Contingencies

- In case of injury from cats, follow [SOP 707 "Animal Related Injury"](#)
- Consult CARE veterinary staff for any animal health issues

6. References

Cornell University, Center for An. Resources & Ed.; Occupational Health & Safety,
<http://www.research.cornell.edu/care/zoonoses.html>
 (Accessed 13 Feb 09)

CARE SOP 707.01 Animal Related Injury:
<http://www.research.cornell.edu/care/documents/SOPs/CARE707.pdf>
 (Accessed 13 Feb 09)

CARE SOP 715 Personal Protective Equipment:
<http://www.research.cornell.edu/care/documents/SOPs/CARE715.pdf>
 (Accessed 13 Feb 09)

CARE - OH&S - Zoonoses:

<http://www.research.cornell.edu/care/zoonoses.html>

(Accessed 13 Feb 09)

CARE SOP 542 Maintaining Clinical Records for Animal Research Models

<http://www.research.cornell.edu/care/documents/SOPs/CARE542.pdf>

(Accessed 13 Feb 09)

CARE SOP 538 Vermin Program

<http://www.research.cornell.edu/care/documents/SOPs/CARE538.pdf>

(Accessed 13 Feb 09)

UC Davis VMTH Canine and Feline Vaccination Guidelines (Revised 12/07)

<http://www.vmth.ucdavis.edu/vmth/clientinfo/info/genmed/vaccinproto.html>

(Accessed 13 Feb 09)

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Points for discussion

3a Contradicting what was said in #1. Wording has been change to reflect consistency.

3a Do we want to check incoming cat for Bartonella felis ?
Should incoming cats be checked for FeLV and FIV ?

3 b ii I think a 3 week quarantine would be preferable. Some times respiratory viruses can incubate for long periods of time

3b iv The exact schedule for FRCP vaccines varies somewhat by opinion. My preference has always been 8, 12 and 16 weeks the reason being that one does not know exactly when the maternal antibodies will decrescendo and when the immune system will be fully competent. I think that at minimum kittens should receive two FRCP vaccines one month apart.

3c i If you have closed colony then you have broken the host parasite cycle, so the recommendation for biennial fecal parasite exams in resident cats has been removed.

Certainly with pregnant or lactating cats there can be release of larvae from muscle cysts and that can be addressed as a breeding issue. The only reason to recheck would be if you believe there has been a break in sanitation or if a study immunocompromises the cats and you think they might recrudesce with toxoplasma which even if that did happen would not likely complete the life cycle and show up in the stool.

3c ii Other worming agents have been mentioned to provide latitude in what is done. For example whip worms respond poorly to pyrantel pamoate.

3c iv What is the likelihood of keeping a cat beyond 10 to 12 years of age? If we do would we want to automatically perform a T4 ?

3c iv The recommendation for annual CBC has been removed. While yes it is possible to find abnormal laboratory results the predictive value is likely to be low (i.e. statistically speaking it is more likely to have a false positive than a true positive.)

If one wanted to do a routine annual test a UA would probably have more accurate predictive health value as the urine specific gravity is one of the first changes with renal disease.

3c v The recommendation for dental prophylaxis has been changed to a required need basis