

WHAT THE BREEDER EXPECTS OF THE VETERINARIAN

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Some cat owners have discovered, to their sorrow, that while a veterinarian may be most capable with dogs, his training and experience with cats occasionally turns out to be woefully skimpy. The great number of house cats in the US is an overwhelming argument for veterinary colleges to update their curricula to include more study of the cat. If the DVM finds a case he is unable to diagnose, it would be better to simply admit that the symptoms are confusing and that he doesn't know what is wrong with the cat. He may suggest a treatment, with the caution that it would be some what in the nature of an experiment. If the owner is willing, the practitioner has protected himself, and will also usually be respected for his truthfulness.

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veterinarian in fe- it to himself, to patients to keep findings in feline tioners should go ings and seminars pool their knowl- ences. I know sev- who are doing their chosen fields ed, among other ing of greater help Cat owners become they find diver- among practition-

ers. This shows up most often between the oldtimers who "already know it all" and do not feel they have to keep up, and the younger ones who seem to be more aware of recent developments because they go to the meetings and follow the literature closely. I feel it would be a good thing if this gap in medical knowledge could be closed.

Many arguments have sprung up at breeders' club meetings on such things as what kind of shots to have the veterinarian give, and how soon after weaning they may be given. Some say mother's milk will not interfere, others say it will. There are those who prescribe pneumonitis vaccine, and others who say it is worthless, and so on.

There is, of course, danger in being too ready to use the latest thing rather than be thought an "old fogey." It is best to wait until new drugs have passed the test of time. For example, there are drugs that have become somewhat suspect, although such products may enjoy wide acceptance at first. Liver damage and sterility are side effects we can do without. Sometimes antibiotics are overprescribed, and although most veterinarians are alert to this, others might have seen cats whose resistance has been pitifully lowered by such overuse.

When the client enters a veterinary hospital, a few things are immediately apparent, and we are either happy with our choice or repelled by conditions that could and ought to be improved. A cheerful, clean waiting room is the best introduction. The latest decor is not essential, but pleasant surroundings, comfortable chairs and well-chosen colors are conducive to a relaxed attitude.

The tension of owner and animal alike may be lessened by adequate soundproofing, light, airy, well-arranged rooms, and efficient office procedure. Loud noises, confusion and unpleasant odors are just as unsettling to the cat as to the person trying to hold him. There are many well-known ways to avoid these problems, such as insulating examining rooms, waiting rooms and kennels, or separating them by a hall. Odors can be controlled—attention to this detail makes a tremendous difference in the client's and patient's attitudes. If at all possible, there should be divided waiting rooms for dogs and for cats. This can have a lot to do with the animal's behavior in the examining room.

A soft-spoken and quietly efficient manner on the part of the veterinarian and assistants, together with gentle handling, will do much to put the patient at ease. Patience not only works well with cats, but is even more necessary with hysterical or overwrought owners, so a bit of psychology is useful in handling them, too. When I thought I was going to lose a beloved mother cat, the doctor told me, with a twinkle in his eye, that she was going to recover—but that I was the one in need of a doctor!

Ideally, the veterinarian will have an intern or assistant who is well-trained in handling and caring for animals. It is not the best practice to expect the owner to help hold his animal, for both are under a strain. A fully-aroused cat will attack anything in sight; a good, experienced handler will be able to restrain the animal and avoid any unpleasant incidents.

The practitioner should keep good records, for it is very disconcerting to have him look over a cat and then ask what he gave him the last time he was brought in.

In the examining room, we expect spotless cleanliness. It always gives the cat owner confidence to see the veterinarian go over the table with disinfectant just prior to the examination, even though it has been cleaned thoroughly before the patient was brought in.

The facilities of the hospital are important. There should be isolation quarters, which are not connected with central heat or air conditioning circulating throughout the building, for cats with contagious diseases. Nursing and treatment in these rooms should be done with rigid cleanliness; a special coat and pair of shoes should be provided for the attendant in this area and not worn out of it. If possible, there should be separate soundproofed quarters for dogs and cats, for I think it would promote the tranquility so necessary for convalescence and healing.

Medication and therapy for pets should always be seasoned with love, common sense and understanding. The old saying "the operation was a success but the patient died" contains more truth than we are

perhaps aware of. Cats sometimes seem to have a way of giving up when all prognoses point to recovery; despair overtakes them and they apparently lose the will to live. A wise DVM should advise the owner to talk to, stroke and cuddle an ailing cat as well as medicate it. The cat needs to feel he is wanted and loved; this may not be scientific but it often works. Common sense would also prompt advice to make sure that the animal gets plenty of fresh air, exercise and nourishing food.

Average pet owners may be able to maintain their animals on a simple but adequate diet, and perhaps little other care. Show cats, however, require a stricter regimen: richer diet for coat, maximum daily vitamin and mineral needs, plenty of exercise, roomy and well-scrubbed cages, regular check-ups for parasites, all preventive shots with follow-up boosters, shots of normal serum before exposure at show, and regular black light inspection for fungus infections. Many veterinarians advise germicidal lights in cats' quarters.

Sometimes a veterinarian forgets to mention that grooming and play contribute to a cat's well-being, or that combing with a fine-toothed comb helps discover fleas. Stool checks should be recommended, and the necessity to free the cat of parasites should be explained. One of the best recommendations that I can give a veterinarian is that he take time out to explain fully to the owner what the cat has, what the medication should do, where the disease comes from (if known) and steps to be taken to prevent recurrence.

Some breeders have nursed and struggled with their cats through every type of disease. They have quite possibly encountered more diverse ailments in their catteries than some DVMs might deal with in a lifetime of practice. Many breeders may lack scientific training, but they certainly have had a wealth of experience. I believe it could be of great help to a young veterinarian to work with some of the breeders in his community. He should attend shows, let it be known if he is available for lectures, or volunteer to work with cats entered in shows.

All cat clubs to which I have belonged want to know the veterinarians in their area. Nothing draws all the members to a meeting like a talk by a DVM. The questions and answers usually have to be stopped with determination and perseverance by the program director. Our clubs are always happy to furnish veterinary organizations with data on our shows and breeding requirements, and information on time and place of shows.

The veterinarian stands to gain in operating to the fullest with cat fanciers. He can realize more income from large catteries, usually have access to many cats for study and observation, gain good experience, and since breeders are "joiners" of cat organizations where they meet other breeders and buyers, the word-of-mouth publicity could be very worthwhile.

As a suggestion for the future, I think the establishment of pet pharmacies would be a good idea. Perhaps these could be set up under the supervision of the veterinary associations, with each veterinarian investing in it and receiving financial return on prescriptions and other items he recommends. I think it would relieve the practicing veteri-

narian from a constant drain on his time and energies, releasing him for the more pressing duties of his profession. I have observed that most of the veterinary waiting rooms are quite filled, at least a good part of the day, making it evident that the doctor is sorely needed in the examining room. If he does not have to dispense drugs, sell pet food and kitty litter, he might have time for more research. We need the veterinarian as a trained scientist, rather than as a salesman for pet needs.

The veterinarian should consider hiring a trained lay assistant who could make house calls, give shots, make routine check-ups, take temperatures and give medication in catteries. It is almost impossible to take a large number of cats to a hospital. Some owners fear to hospitalize one of their cats because it might expose other cats waiting to be treated. Also, there is the risk, even though the cat would be isolated, of bringing a new infection back to the cattery. Of course such services would warrant a higher fee than that charged for office calls, but the convenience and safety of house call service would definitely appeal to most breeders, who I am sure would gladly pay the difference.

Often breeders must necessarily do some of their own medication, though always under the veterinarian's supervision—much as a nurse under the direction of a physician. The practitioner should recommend keeping charts and records, and for this purpose list all medicines by name.

All this care and precaution not only enable a show cat to stand the stress and strain of show work, but should also help him to withstand the many rigors of travel. Intensive care also provides him with the health and beauty designed to appeal to a judge; his fine condition might perhaps be the little bit extra which makes him win. Such wins are important—they help create a demand for the breeder's kittens and stud services, without which he cannot economically operate a cattery.

It would be good if veterinarians better understood this situation. There are DVMs who do not approve of shows and consequently have little interest in working with cattery owners. This is, of course, their privilege, but I feel that it must be a lack of information or perhaps some unpleasantness with a particular breeder that has brought them to this point of view. Most practitioners I have known who work with breeders are tops in their field—they have to be, for cattery owners have neither the time nor the money to cope with less than adequate care.

For the benefit of all concerned, I believe the veterinarian should operate on a cash basis. I have known several unfortunate cases where a DVM extended credit through kindness, and was not paid. In a large cattery the bill can easily mount up; the breeder finds himself unable to take care of it and becomes increasingly embarrassed, so much so that he can't face the veterinarian and either goes to another practitioner or is obliged to temporarily neglect having his sick cats seen. This is not meant to disparage the breeder; it is obvious that a little bill is easier to pay than a big one.

Sometimes a cattery owner's humaneness leads to unpaid bills;

he arrives at this impasse because he often will not let a kitten go until a good home is assured. Being also involved in a breeding program, his cats are likely to increase by geometric progression, so that eventually there are many more cats than were anticipated. Providing medical care for these cats becomes a problem. This is not, of course, the doctor's responsibility, but if he is willing to give a breeder special rates it can certainly ease the financial strain.

In closing I wish to convey my gratitude and appreciation to veterinarians for their splendid work. I personally have had the good fortune to meet and know some of the very best. Our need for good veterinarians will, I am sure, continue to grow as long as they are able to serve us so untiringly and so well.

