



## Handling the 'challenging' cat

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# Handling the 'challenging' cat

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**ABSTRACT:** In order to work cooperatively with cats within the veterinary environment, it is important to have a correct understanding of their nature and innate behaviours. The social structure of the cat is very different to that of people and dogs and, therefore, at times can provide challenging situations for veterinary staff. This article explores the practical implication of these facts.

The cat functions efficiently as a solitary animal. However, it has the ability to form social interactions with others which are far more complex than that of a herd or pack animal.

Cats are predatory and as obligate carnivores have evolved physically to be specialist hunters – but they also have the potential to be preyed upon. It is because of this that in times of fear the cat will react defensively in order to try and escape or protect itself, in line with the 'fight or flight' response.

Such reactions may be misinterpreted as aggression, when in fact they are indicative of fear. This is very important to consider within the veterinary environment.

Cats are solitary and self-reliant and have no biological requirement for companionship like dogs or people do; so for some cats, casual low-intensity encounters with owners may be sufficient. It is because of this solitary existence that their need for survival is so strong.

Cats are small mammals and because they choose to live independently they cannot afford to get hurt. Therefore, they try to avoid physical confrontation at all costs and will generally attempt to intimidate using vocalisation and posture as much as possible.

## Body language and communication

Cats use a variety of methods to communicate – including tactile, visual, olfactory and postural cues. Such displays of elaborate body and tail posture, facial expressions and vocalisations are all used in an attempt to avoid conflict. Only

when these are not respected and the individual is unable to hide or flee, will it resort to fighting in order to defend itself.

By understanding these communicative cues, veterinary staff can recognise the signs associated with fear and, therefore, respond appropriately, leading to a vastly improved interactive experience.

Tactile communication is displayed as rubbing, grooming or kneading and indicates an affiliate friendly relationship. The neck bite/scruffing is a signal that is used only in three contexts – for transporting young, sexual mounting or as a means to dominate during a fight.

Scruffing the feline patient in the veterinary environment will resemble a display of dominance and is, therefore, not appropriate for use when trying to convey a safe, feline-friendly environment.

Body postures and facial signals can tell us a lot about a cat's mood – if it's fearful, anxious, relaxed and so on. Ear position plays a vital role in the interpretation of these moods and can enable us, and other cats, to understand calm behaviour and prevent fearful behaviour from escalating.

Erect ears show that a cat is alert and focusing on a stimulus, ears flat to the head show intimidation, especially if combined with a low body position, and ears folded back and flat indicate fear.

Visual signals are often used to diffuse a potential fight or to signal defensive/offensive aggression and may be used as a form of passive aggression. Dominant individuals will often stare at others for prolonged periods to elicit a threatening demeanour.

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Tail position is another important method of communication for the cat. Some feline tail postures have developed specifically to communicate with humans – for example the ‘vertical tail’ seen when greeting owners. The tail is held upright, sometimes with a slight kink to the tip, often quivering and is used in combination with vocalisation and rubbing.

Such behaviour signals a relaxed, friendly intention and displays clear familiarity and social bonding. In contrast to this, a ‘straight’ downward facing tail can suggest an offensive posture, and if combined with a strong wag may suggest agitation or an aroused state.

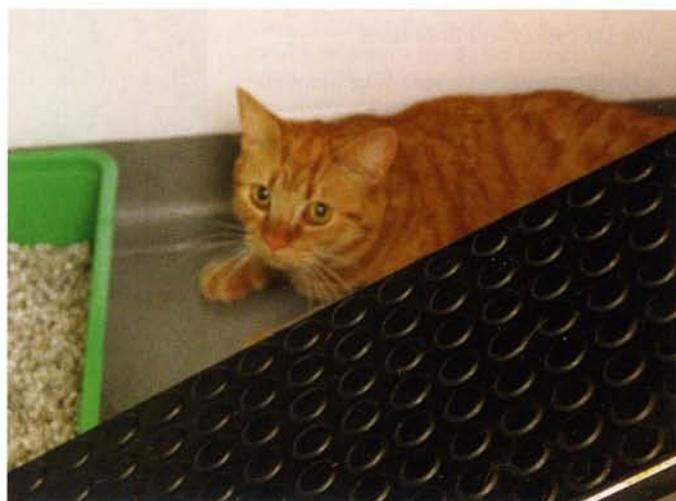
Body height and posture play a specific role in feline communication and are intended as either antagonistic displays or to inhibit aggression. Cats will alter their body ‘size’ to convey either confidence or fear (**Figure 1**).

An intimidated cat will try to make itself appear larger in front of an aggressor by fluffing up its coat – in particular the tail – and adopting an arched back. Whereas a cat on the attack will adopt an aggressive stance, lying low ready to pounce, or extending its back legs to stand at full height and displaying piloerection along its back.

The submissive/fearful cat tends to crouch low to the ground in an attempt to appear as small as possible, and in some cases may roll over and expose the stomach area in submission to the aggressor.

Finally, vocalisation may become more dramatised during times of emotional stress. Defensive aggression towards people or other cats may elicit hissing, growling and spitting and tends to increase in volume as the cat becomes more aroused.

**Figure 1.** The feline patient is displaying early signs of fear/anxiety as approached by veterinary staff. Mydriasis and mild rotation/flattening of the ears can be noted as well as a low body stance.



Cats use this communicative behaviour alongside specific body language to express their displeasure and to avoid physical conflict that may risk injury. It is only when such behaviour is ignored that a cat will engage in a physical encounter.

It is essential that veterinary staff are able to recognise in advance the signs of fear aggression to ensure appropriate and careful handling during examination and hospitalisation.

## Improving the clinical experience

In order to reduce the perceived threat of the clinic experience for the feline patient, veterinary staff should promote an empathetic feline-friendly attitude and ensure appropriate environmental adaptations are put in place.

Not only is it essential to understand how to handle the ‘challenging’ cat, but to also consider why it may be challenging and the ways in which improvements can be made to reduce the perceived threat. In many cases, the feline patient will be exhibiting fear aggression which is only natural when it is placed in an unfamiliar environment.

In many cases, the journey to the veterinary practice can cause a marked stress response as the cat is placed in carrier (which in many situations can be stressful from the outset if a chase is involved!), driven in the noisy car and then brought into the veterinary waiting room which is full of unfamiliar noises, smells and, in some cases, potential predators. The cat may then need to wait sometime before it is taken into an unfamiliar consulting room and examined.

All of these things can cause a marked arousal and anxiety levels are likely to be extremely high by the time the clinical examination is commenced. At this point the cat may now present as ‘difficult to handle’; however, rather than assuming it is because the individual is ‘always difficult’, consider carefully the journey and unfamiliar stimuli it has just experienced and appreciate just how anxious it is likely to be.

Adapting the physical environment of the veterinary practice to promote feline friendliness will help reduce feline anxiety as well as improving the clinic experience for the veterinary staff. The following is a list of a few simple modifications:

- where a separate waiting room for dogs and cats is not possible, split the existing waiting room into two areas and provide elevated shelves to keep the cat baskets off floor level
- provide clients with towels or blankets to place over the cat carriers to minimise anxiety
- provide warm, quiet consulting rooms with comfortable non-slip examination surfaces and, where possible, encourage veterinary staff to change scrub tops when switching between dog and cat consultations – which latter point is often overlooked, together with the option of creating a dedicated feline consultation room
- minimise traffic into the consulting room and be flexible with how and where examinations take place – if the cat is happiest in its carrier, then remove the lid and examine it within the ‘security’ of its box
- where hospitalisation is required, consider how to provide a stress-reducing environment – the provision of boxes or igloo beds in which they can hide, can provide fearful cats with much-needed security and may also aid staff when trying to take patients in and out of their cages
- the use of feline facial pheromones in cages, tables and blankets helps produce a calming effect
- where patients are particularly fearful, stagger procedures to allow the patient ‘time out’ between being handled
- carry out procedures away from the ward area to prevent unnecessary upset for all hospitalised individuals
- consider each patient’s history on an individual basis – some owners may explain their cat is particularly upset by the sight and sound of other cats. In these cases, it may be worth considering the most suitable place to hospitalise an individual.

▣ **Figure 2.** The towel provides a secure, yet comfortable restraint



▣ **Figure 3.** Where necessary, use a towel to gently cover the head

## Approaching the challenging cat

In some cases, despite the best efforts of veterinary staff to promote feline-friendliness, fear aggression can still occur and, therefore, it is essential that such patients are handled in an appropriate manner. The goal is to handle the patient respectfully, reducing threats and thus lowering the cat’s need to react defensively.

As mentioned previously, scruffing is an unnecessary act of dominance and will not provide a positive experience for the cat. It is important to consider how you will be perceived from the cat’s point of view and to be careful not to mimic the behaviour of a predator or an aggressive cat.

When approaching the feline patient consider your body language and tone of voice, watch how these are perceived by the patient and be prepared to modify your behaviour accordingly.

Using a calm tone of voice and slow movements, that are not indicative of fear or anxiety, will help reassure the patient. Using light upper register tones mimic that of chirruping, which cats do when they are relaxed. The use of low tones or ‘shush’/‘psst’ are not recommended as these are the equivalent to a hiss or an aggressive growl. Try to present yourself in a non-threatening manner that is not representative of an aggressor – for instance, sitting down or crouching near the floor with a relaxed stance – and try

to avoid direct facial staring which is a form of passive aggression between cats.

It is important that these principles are followed to reduce anxiety before physical contact is made.

## Handling techniques

Correct handling techniques are vital to ensure the safety of both patient and staff member, particularly when dealing with the challenging individual. Restraining cats is usually best achieved with a ‘less-is-more’ approach; and even the challenging cat can be managed with this principle.

The use of a towel is usually all that is needed to securely restrain the patient and provides protection and security for both cat and handler via a minimal and comfortable restraint. Using bags, masks and gloves is generally far more difficult and often causes unnecessary stress for all involved (**Figure 2**).

Accessing or transferring the patient from the cage to a carrier, or vice versa, may often prove difficult; but in many cases a clinical examination – and even blood sampling – can be achieved within the base of the patient’s carrier, where necessary using a towel to gently cover the head (**Figure 3**).

A towel is again very useful when the patient needs to be moved in and

▣ **Figures 4 & 5.** Lifting the patient up past the face should always be avoided.





▣ **Figures 6 & 7.** Clinical examinations, blood sampling and intravenous catheter placements are generally achievable using towel restraint.

out of its kennel, and can be carefully placed over the cat before lifting it up. Care should be taken to ensure a hand is placed lightly over the patient neck ensuring the head is always facing away from the handler. Lifting the patient up past the face should always be avoided. In some cases where igloo beds or boxes have been provided, it may be possible to move the entire item into the cat carrier (Figure 4 & 5).

Clinical examinations, blood sampling and intravenous catheter placements are generally achievable using towel restraint and providing the patient is not unduly stressed can typically be managed this way (Figure 6 & 7).

It is, however, vital that procedures are only performed if the patient is coping, because undo perseverance is not beneficial.

## Summary

Managing the challenging cat is more involved than just handling techniques and requires an in-depth knowledge of cats as a species. Providing the correct attitude and environment from the onset may, in fact, lead to a vastly improved experience for all involved. It is vital to consider the bigger picture when dealing with the fearful patient, because it may just require the simplest modifications to alter everyone's attitude. [\[1\]](#)

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