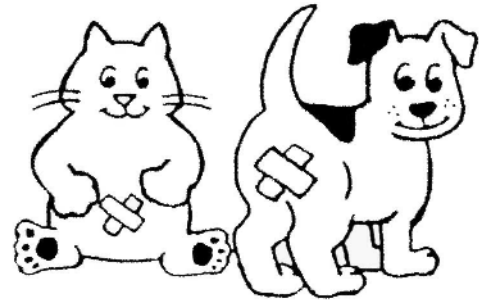


W. M. MACKIE, D.V.M.

**ANIMAL BIRTH CONTROL CLINICS
450 Arcadia Drive
San Pedro, California 90731**



Dear Colleagues:

I am writing this letter to the fine veterinarians serving North America. On behalf of feral cat colony caretakers, I ask that you please take a minute to read this letter regarding helping the hapless feral cats in your area. This group of cats and the people who care passionately about them need special consideration and untraditional efforts and skills to effect a meaningful outcome. I am happy to pass on some personal thoughts that may help the willing and sympathetic veterinarian, the feral cat caretaker, and, of course, the feral cat population in your sphere of influence.

I am a 1963 veterinary graduate of Washington State University. The transition from 13 years in general small animal medicine to a 27-year, ongoing specialization in spay/neuter, combined with my pragmatic farm/ranch upbringing, gives me a sense of duty to help relieve the social agony of the ferals as part of the overall solution to pet overpopulation.

In the early 1990s, a major humane entity with financial resources approached me for help. They encouraged a program utilizing a group of volunteers whose task it was to trap and transport members of feral cat colonies to my spay/neuter clinics. I dubbed these tireless caretakers the "Intrepid Trappers." They trapped and transported, we sterilized, and the humane group paid for the lucky felines targeted. It was a very workable triangle of effort. Appointments are just not feasible, so my clinics handle these cases on a walk-in basis. We are presented with five to fifteen ferals on a normal day. Our commitment is to do whatever needs to be done to help.

The mechanics, both physical and financial, are easily put into place after you have made the commitment in your heart to help. Veterinarians enhance their image with the concerned people who come for help, and as a result, revenue is generated that would otherwise never have been seen. Where is the balance that works? To not enter into exploratory discussions with a resolve to help simply falls short of the Hippocratic Oath we all took before graduation.

Colleagues, if, for whatever reason, you are totally uninterested in this premise, I will not try to change your mind. For those of you interested in exploring this further, please read on.

1. Doing something that makes sense and seems to be a worthy effort brings a certain energy to your practice.
2. Learning the techniques and skills to handle ferals safely and efficiently will result in financial gains sufficient to keep you satisfied.
3. Short of "round up and destroy," we veterinarians are the only ones who can intervene in pet overpopulation, and our personal commitment to help find the way can be very rewarding.
4. While you should not compromise your surgery and care, it can be hard to have a double price standard – one for the full-fare, full-service recommendations and one for the more altruistic efforts. I implore you to view the feral populace as a herd health problem. You have no control of history and no control of the future. This herd health problem requires only your surgical skill and execution of orchectomy or ovariectomy of the feline. These are simple, routine procedures; not brain surgery. While the single pet owner ideally would be offered a more encompassing approach, much of that offering can be streamlined, simplified, or eliminated entirely.

In traditional medicine, for economic parity and survival, we charge for each medical finding. I came to peace with this conundrum when I realized that a) volunteers are bringing me business that I would not otherwise have, b) my staff spends very little administrative time (phone appointments, questions, etc.), and c) the volunteers or organization is funding the service and increasing my revenue. For this presentation, what can I do for the animal in return?

The volunteers or organization need some stability in what to expect. For \$25 for males and \$35 for females, the original program came to agreement with the following services:

1. Respective castration or spay (no extra fee for estrous or up to three-week pregnancy)
2. 3-in-1 vaccine and rabies vaccination
3. Left ear clip (the international mark of a sterilized cat and a sign that says “someone cares for me – I am sterile and rabies inoculated”)
4. All ancillary drugs deemed needed on an as-needed basis:
 - a) A quick ear flush and ear mite medicine and Ivomectin
 - b) .2-.3 Droncit if tapeworm segments are seen
 - c) Anthelmintics, if appropriate
 - d) Suspect sarcoptic mange? Ivomectin (advise caretaker to hold two weeks, then return for #2 at \$10)
 - e) The occasional abscess – clean, drain, provide ventral drainage “hole” and one long-acting penicillin

Services not included, fees established:

1. \$10 – abdominal crypt (inguinal crypt N/C – just include it as part of surgery)
2. \$5 - \$15 sliding scale – advancing pregnancies of over three weeks up to term
3. \$25 – FeLV and FIV testing

You can find further information about the overall health and condition of feral cats and how volunteers are helping them in Alley Cat Allies’ “Building the Body of Scientific Evidence that TNR Works.” It summarizes four *Journal of the American Veterinary Medical Association* (JAVMA) articles on studies of feral cats and their caretakers.

Whether you plan to handle one or two a day or ten all in one day, you need to have a full discussion of the project, including all facets, and to record all agreements and procedures in writing. You are more likely to succeed with a defined plan, leaving nothing to assumption.

It would be well to have a “gatekeeper” who does most of the transport. He or she should be familiar with the hospital rules, the expected wake-up and the return-to-home area for release. The gatekeeper can also ensure that handleable, social pets are not presented for the feral program.

Aiding ferals can be done with success for the ferals, the caretakers, and you, the veterinarian. It is the right thing to do. With your help, the newly sterilized “rodent control operatives” can get on with their work without ever again having to take a “family leave” from their job.

In support and friendship, I am
Sincerely,



W. Marvin Mackie, D.V.M.
Owner/Director