The background is a solid red color with a repeating pattern of black paw prints. The paw prints are scattered across the entire surface, some overlapping the text.

**The Cat Lover's
Anti-Declawing
Handbook**

Jean Hofve, DVM

The Cat Lover's Anti-Declawing Handbook

Important Stuff, please read!

This ebook was written to help cat lovers in the United States and Canada get the barbaric procedure of declawing banned by law.

Please feel free to copy and share this ebook with other cat lovers! Please keep it intact and with attribution. I am happy to give this ebook away for free, but please understand that it took hundreds of hours of research and hard work to produce, and I do my best to keep it updated. If you find it helpful, please consider donating to the Paw Project (www.pawproject.org) to support efforts to stop declawing.

This ebook does not constitute veterinary advice; readers should consult their veterinarian for specific advice concerning their cat's health. The author and the publisher shall not be liable for any loss or injury to any party resulting from reliance on any information contained in this book, or with respect to any information on any websites to which this book may refer, or be related, or link to. If you have questions about your cat's health or behavior, or if your cat has a medical issue, please consult your veterinarian.

© 2026 Jean Hofve, DVM. All rights reserved.

[Vetwise Publishing](#), Washington, USA



Morality cannot be legislated, but behavior can be regulated.
Judicial decrees may not change the heart, but they can
restrain the heartless.

~ Dr. Martin Luther King

The question is not, can they reason? Nor, can they talk? But,
can they suffer? ~ *Jeremy Bentham*

For the animal shall not be measured by man. In a
world older and more complete than ours they move finished
and complete, gifted with extensions of the senses we have
lost or never attained, living by voices we shall never
hear. They are not brethren; they are not underlings;
they are other nations, caught with ourselves in the net of
life and time, fellow prisoners of the splendor and travail of
the earth.

~ *Henry Beston*

An error does not become truth by reason of multiplied
propagation, nor does truth become error because
nobody sees it” ~ *Gandhi*

*This book is dedicated to the hundreds of millions of cats
who have suffered due to ignorance and greed... and to
the advocates who work tirelessly to make sure that the
torture stops.*

The Cat Lover's Anti-Declawing Handbook

Table of Contents

1. The What and Why of Declawing Cats
2. Declaw Surgery
3. Surgical Complications
4. Declawed vs. Normal Cats
5. Behavioral Effects of Declawing
6. Declaw Pain
7. Signs of Pain in Cats
8. All Cats Are Not the Same
9. Alternatives to Declawing
10. A Last Resort?
11. Why Declawing Must Be Made Illegal
12. The Times They Are A-Changin'
13. Advocacy Tips

Appendices

- A. A Brief History of Declawing
 - B. AVMA Policy Statement
 - C. AAFP on Declawing
 - D. AAHA Statement on Declawing
 - E. ASPCA Position Statement on Declawing Cats
 - F. WSAVA Convention for the Protection of Animals
 - G. International Society of Feline Medicine on Declawing
 - H. CVMA (Canadian Veterinary Medical Association) position statement
 - I. Veterinary Oaths and Ethics
 - J. Help for Declawed Cats
- Resources
About the Author
References

Chapter 1. The What and Why of Declawing Cats

Cats have claws; they're born with them. Claws are a natural part of being a feline. They use them to:

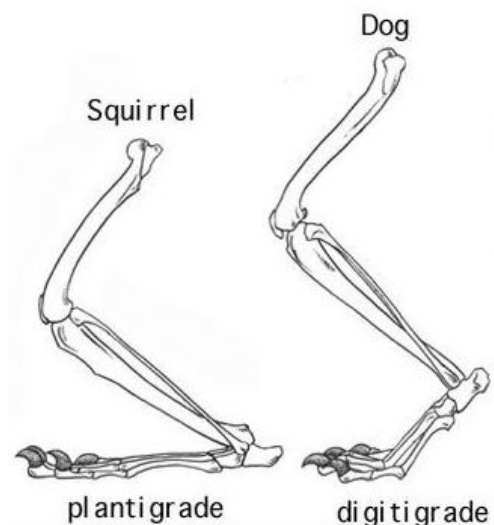
- stretch
- clean
- climb
- manipulate objects
- exercise
- mark their territory (visually and with scent glands in their paws)
- express themselves.

“The act of scratching serves many purposes; it conditions the claws by removing aged cuticle, serves as a visual and scent territorial marker, provides defense from attack, and stretches the muscles of the limbs, thorax, and back.”
American Veterinary Medical Association, Literature Review, Welfare Implications of Declawing of Domestic Cats. July 23, 2019.

First, A Bit of Anatomy

Cats, like dogs, are digitigrade; that is, they walk on their digits (toes), as shown in the illustration on the right. The wrist or heel (stifle) is elevated when they're walking. Humans are plantigrade, like the squirrel in the illustration. This is like putting your palm and fingers flat on a surface, then lifting your whole hand from the wrist. The carpus (wrist) is then able to flex with each step to absorb the shock.

There are three bones, or phalanges, in the toes. The first phalanx, which is the equal to the bones in your hand or the top of your foot, connects to the wrist or ankle. The second phalanx goes from the first knuckle to the second knuckle. The third phalanx is the bone between the last knuckle and your finger or toe tip.



In people, the nails grow from the skin overlying the bones, but in cats, the claw grows directly from the bone. Thus, to declaw a cat, the veterinarian must amputate the bone containing cells that grow the claw. The boundary between parts of the bone that do and do not grow bone is variable, and is not visible to the naked eye. Most or all of the third phalanx needs removal. doesn't it seems absurd”

Reasons for Declawing

People declaw their cats for many reasons. But the main reason is because of damage (or potential damage) to their home, their furnishings, or themselves. Reasons may include:

- To protect furniture or other property (95-99%, see below)
- They don't know that a cat needs a scratching post (48% see below)
- It takes too much (time, effort, inconvenience) to try to train the cat
- They tried to train the cat, but it didn't work
- They tried one or two alternatives, but they were too much trouble or didn't work immediately
- Their other cat is declawed and they want to "level the playing field"
- To prevent the cat from scratching them
- Their friend's or family's cat is declawed, it's what you do
- They have always had declawed cats, it's what you do
- Their veterinarian recommends it
- A family member has a medical condition that "requires" declawing the cat
- Because they just don't know any better

Property Damage

Declawing likely originated in laboratories in the 1950s and 60s. It was a quick way to protect researchers from scratches by their experimental subjects. It didn't gain traction with the public until the 1970s. At that time, several papers describing various declawing techniques appeared in veterinary journals. [See Appendix A]

Declawing was "frequently performed in cats for behavioral reasons . . . often as the only solution to scratching on objects such as chairs, couches, or draperies." [Hart 1972]

In the first internet survey looking at the effects of declawing, 80% claimed they declawed their cat due to destructive scratching. Almost 50% claimed that biting was the impetus. (Clients could choose more than one answer, so the total is more than 100%). [Bennett 1988]

In a 1991 survey of veterinarians, 229 of 230 respondents (99.5%) indicated that furniture damage was the reason for declawing. [Landsberg 1991]

Scratching household goods was the top reason for electing declawing or tendonectomy surgery in a 2001 survey. [Yeon 2000]

A 2009 survey of veterinarians in Southern California showed that 95% of clients

wanted their cats declawed due to household damage. [Southern California Veterinary Medical Association 2009]

When you think about it, doesn't it seem absurd to perform painful, irreversible, surgical alteration on an animal to protect a rug or sofa? It's clearly unnecessary. In some of the highest priced places in the world—where wealthy people own very expensive furniture and priceless wall art and Persian rugs—declawing either always was or is now illegal:

- Beverly Hills
- Iceland
- London
- Paris
- San Francisco
- Switzerland

Lots of people have faced this dilemma. Most have been able to correct scratching behavior. Some have also found creative ways to cover or repair the damage (lace, fabric, embroidery, buttons, etc.).

There are more than a dozen ways to stop problem scratching that don't involve radical, irreversible surgery. Any one—or a combination thereof—will solve the problem in virtually all cases.

We Americans are impatient (personally, I blame MTV, but that's just me!). We're conditioned to expect instant results. Declawing is the perfect "quick fix" for a society that wants to get its way, right now. But cats should not have to pay the price for our own human failings.

Human Health

In recent years, a whole host of excuses for declawing have cropped up around human health risks. Susceptibility to "cat-scratch disease" (bartonellosis, a bacterial infection) is a particular favorite. Veterinarians cite the "need" to have cats declawed in the homes of people who:

- have an immunodeficiency disease
- have thin skin
- had organ transplants
- are taking corticosteroids
- are taking blood thinners
- are taking other drugs that affect the immune system
- have small children

These are *completely bogus* arguments. There are people with medical conditions, and small children, in every one of the dozens of countries, including the entire EU, where declawing is already illegal.

Here are the facts:

- "Cat scratch disease" is transmitted by fleas infected with Bartonella bacteria. Dogs are actually more susceptible to the disease. Dogs carry more zoonotic (transmissible to human) species of Bartonella (5) than cats (only 2). Cats are usually asymptomatic carriers. Both cats and dogs are major reservoirs of Bartonella. But getting 'Cat Scratch Fever' from a cat scratch is quite uncommon. It is primarily a vector-borne disease. [Chomel 2004]
- "Getting rid of fleas on your cat will also keep you and your family members from acquiring the infection [bartonellosis]." [American Academy of Family Physicians]
- For those cats where declawing is being considered to prevent injuries, a well-known veterinary behaviorist notes the hind claws and teeth are likely to do as much or more damage. [Landsberg 2009] There are people with medical conditions, and small children, in every one of the dozens of countries, including the entire EU, where declawing is already illegal.
- Many pets, including dogs, rabbits, rodents, reptiles, and birds, have claws and can deliver some pretty bad scratches—but only cats have been singled out for radical surgery to solve a behavior problem.
- From Johns Hopkins University: "You need not declaw the cat" in homes with HIV+ patients. [Bartlett 2001]
- From the U.S. National Institutes of Health: "For people with weak immune systems... avoid rough play with cats that could lead to scratches or bites." [NIH]
- "Do not tease or provoke a cat. Most scratches and bites come from cats that are provoked." [American Academy of Family Physicians]
- The U.S. Centers for Disease Control (CDC) does not recommend declawing cats of HIV+ or immune-compromised individuals, but suggests
 - keeping claws trimmed,
 - keeping the cat indoors,
 - adequate flea control,
 - adopting a cat over 1 year of age
 - avoiding rough playas the best ways of preventing cat-scratch disease and other infections that could occur from scratches. [CDC]

- A paper on disease risk in veterinary workers concluded, “it is important to remember that declawing is not an effective means of disease prevention.” [Weese 2002]
- Children grow up, but when they go off to college, the cat will still be declawed. And that now-elderly cat will be arthritic and in pain. Isn't it better to teach young kids not to harass the cat?

"Preventing Euthanasia and Relinquishment"

Declawing veterinarians believe that declawing “saves homes” or “saves lives.” What is the evidence for this claim? It comes from a 1991 opinion survey. 102 Canadian veterinarians guessed how many of their clients would get rid of their cat if it couldn't be declawed. That guess (56%) is pure conjecture. It was completely contradicted later research. Nevertheless, the paper's misleading title— “Declawing controversial but still saves pets”—was eagerly adopted as the veterinary profession's primary justification for declawing. [Landsberg 1991]

What most veterinarians don't know is that a follow-up survey was also conducted. But it was published in a different journal. The news journal was a publication not generally known or read by veterinarians. The news did not reach the same audience.

The new survey asked those same veterinarians' own clients. But only 4% said they would have actually gotten rid of the cat. [Landsberg 1991b]. Clients may claim that it's “declaw, dump, or die” for the cat who cannot be declawed. But this is more of a manipulation than a serious threat.

Veterinarians claim that there will be a massive wave of cats being surrendered to shelters if declawing is illegal. It will cost municipalities a lot of money to deal with the influx, they say. Zillions of cats will become homeless--they will be exiled or abandoned by people who can't even be bothered to bring them to a shelter.

There is *no* evidence that declawing causes increased surrender or euthanasia of cats. In fact, evidence and experience prove that the opposite is true!
Relinquishment rates go down in areas where declawing is illegal.

Declawed Cats at Higher Risk of Relinquishment

A study on risk factors for relinquishment to shelters was done. At first, declawing appeared to reduce the risk of relinquishment. But a more realistic and statistically powerful multivariate analysis was also done. It showed that declawed cats were almost twice as likely to be relinquished to a shelter (Odds Ratio 1.89, Confidence Interval 1.00 to 3.58). [Patronek 1996]

Experts believe that the same people who were so intolerant of their scratching that they declawed their cat, will also be intolerant of any other unwanted

behavior. If another behavior issue develops, like litter box avoidance, they will then get rid of the cat. They will likely use the most convenient means, whether relinquishment, abandonment, or euthanasia. [Overall 2003, Patronek 2001]

“For example, if owners with a low tolerance for behavior problems are more likely to declaw their cats to begin with, and also more likely to relinquish their cats if they do begin to exhibit inappropriate elimination, then this could explain the apparent higher incidence of inappropriate elimination in declawed relinquished cats.” [Patronek 2001]

Another risk for declawed cats is that, despite veterinarians’ precautions about keeping declawed indoors, clients let their declawed cats out just as much as they do declawed cats (41% of declawed cats [Landsberg 1991b]. Another survey found that 31% declawed and 41% non-declawed went outside [Clancy 2003]). Fifteen percent of surveyed households had lost a pet. Sixteen percent of lost cats were never recovered. Only 2% of cats were found at a shelter. [ASPCA 2012]

Declaw proponents claim that a legal ban on declawing would result in abrupt, massive relinquishment. This would burden shelters and cost millions of dollars. But the figures they use are not valid. They were based on 2.1 cats per cat-owning home. They estimated that 25% of those cats are declawed. They then assumed that half of those cats would have been relinquished if declawing were not an option. Remember that only 4% of people said they would actually get rid of the cat if they couldn't declaw. The 50% number is a fantasy.

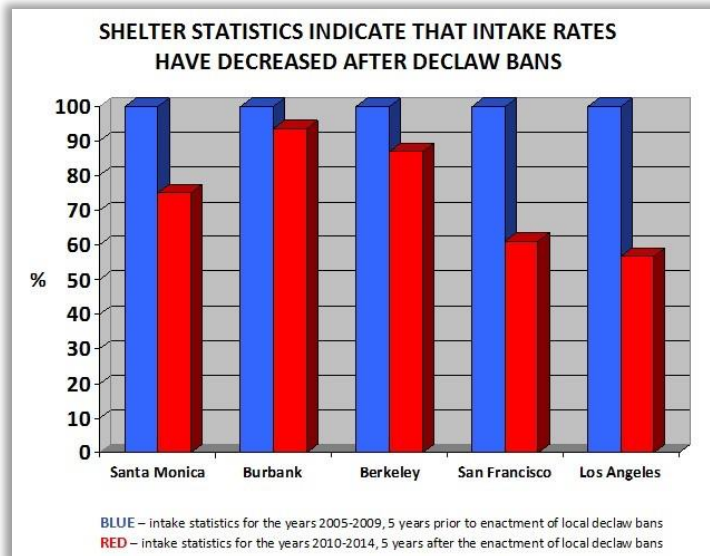
In my experience, a large majority (75-90%) of people requesting declawing will change their minds when they are educated according to AVMA guidelines. When clients are told the truth, they decline the surgery.

Even where declawing is banned, there are already-declawed cats available for adoption from hundreds of shelters and rescues.

Declaw Bans Result in Less Relinquishment, Not More

The “massive relinquishment” argument has also been dealt a death-blow by factual data. Where declaw bans were passed, the rate of cats coming into shelters consistently went *down* (see chart below). Declawing bans did not cause any increase in relinquishments. Unpublished data specifically show that the surrender of declawed cats to shelters went down where bans were in place. [Hofve 2010, 2016] The

Data for five cities where declawing was banned in 2009, were compared to the five years before and after the bans went into effect. The result was a consistent decrease in the numbers of cats entering shelters. [The Paw Project, 2016]



Data for five cities where declawing was banned in 2009 for the five years before and after the bans went into effect, show a consistent decrease in the numbers of cats entering shelters. [The Paw Project, 2016] A similar survey in British Columbia, Canada, found that the number of cats relinquished due to destructive scratching was the same or less. But they *did* find that a decrease in the number of cats brought in for euthanasia. [Ellis 2022]

In Denver, Colorado, relinquishments decreased and adoptions increased after implementation of a declaw ban. [Bowles 2022]

Declaw proponents also point out that a large majority of cats entering shelters do not get adopted, but instead are euthanized. This is true, and tragic. However, it has nothing to do with the declaw status of any of those cats. Since declawed cats are frequently found in shelters, it is clear that declawing does **not** protect all cats from surrender or abandonment.

My cat Perry Christmas was living on the streets for months before he was rescued. He was emaciated and lost the tips of his ears to frostbite. He always had litter box issues, which were probably why he lost his home in the first place. But he stayed with me the rest of his life.

Declawed Cats in Shelters

Anti-declaw advocates who are involved with shelters, trap-neuter-release programs, or rescues have a totally different perspective on declawing than veterinarians. These advocates are adamantly opposed to declawing because they see the damage and death it causes.

Every day, there are more than a thousand declawed cats available for adoption in U.S. shelters. For those cats, declawing was clearly **not** enough to keep them in their homes.

A huge but unrecognized problem is that not all declawed cats going to shelters survive to adoption. Many shelters and rescues won't accept declawed cats at all. Behavior problems like inappropriate elimination and aggression make many cats unadoptable. These cats will be euthanized—as 71% of all shelter cats are. The problems associated with declawing are also the main reasons for relinquishment [Salman 2000]. Declawed cats surrendered to shelters for behavior problems will most likely be euthanized.

“For example, if owners with a low tolerance for behavior problems are more likely to declaw their cats to begin with, and also more likely to relinquish their cats if they do begin to exhibit inappropriate elimination, then this could explain the apparent higher incidence of inappropriate elimination in declawed relinquished cats. [Patronek 2001]

Senior Cats Are Disproportionately Affected

A completely unacknowledged issue with relinquished declawed cats is that they are disproportionately older.

- In December 2016, of 126,590 adoptable cats on Petfinder.com, 5% were seniors. But of 2,818 declawed cats, 27% were seniors.
- In January 2020, there were 113,971 adoptable cats, of which 6% were seniors. But of 1,372 declawed cats, 34% were seniors.
- As of April 2024, there are 109,300 cats available for adoption; less than 1% are seniors. But of 650 declawed cats, 39% are seniors.

It is a wonderful thing that there are less than half as many declawed cats in shelters than there were not so many years ago. Perhaps declawing bans in two of the most populous states (New York state and major cities in California) can be credited for that!

But for *older* declawed cats, the situation has gotten worse!

This is a serious wake-up call! Veterinarians have no way of knowing what happens to every cat they ever declawed. But we know that most cats are declawed before they're 1 year old. Yet, years later, it appears that a quarter of those cats are NOT still in their homes. Many of the behavioral problems associated with declawing may not arise for years. Arthritis and claw regrowth often don't arise until many years after declawing. [Gaynor 2005] Are pain-related behavior issues the reason so many elderly declawed cats lose their homes?

A group of anti-declaw activists tracked more than 2,500 declawed cats between June 16, 2016, and December 1, 2016, who were exiled, abandoned, or dumped. They were all found outdoors; many in bad shape. These are just the cats who were found and rescued. How many cats died after being dumped is unknowable.

Few studies on declawing have looked beyond 5 years post-declaw. *The high risk of relinquishment for senior declawed cats may surprise most veterinarians. A serious look at this issue is urgently needed.*

When Declawing is Required to Rent

Another argument says that veterinarians must be able to declaw cats, or else people won't be able to find housing.

It's true that many uninformed landlords require cats to be declawed as a condition of rental. It can be hard to find a place that allows pets. Many cats fall victim to this unfair requirement. Landlords need to know the truth about declawing. This requirement may result in far worse property damage as well as legal liability.

Currently, there is no federal law regarding declawing, and there is unlikely to be, since veterinary medicine is regulated at the state level. However, a resolution (H. Res. 985) was introduced in the U.S. House of Representatives in January 2026 expressing opposition to elective cat declawing. The resolution has 17 co-sponsors and was referred to the Agriculture committee, but no action has been taken. As a resolution it would be symbolic and have no force of law. However, passing it would be an important statement to the veterinary community.

In federally-subsidized housing, residents may have pets. Any restrictions on pet ownership must be reasonable and compliant with state and local anti-cruelty laws. [24 CFR 960.707] California and Rhode Island have laws specifically prohibiting landlords from requiring declawing as a condition of rental.

First, there are some simple rules for cats in rental properties. If tenants do these simple things, the risks of cat-induced property damage are greatly reduced:

- Spay/neuter cats
- Keep cats indoors
- Provide adequate scratching surfaces
- Maintain clean litter boxes

For landlords who require declawing, here is some advice from a veterinarian and an attorney:

Declawing is excruciatingly painful for the cat. It involves ten separate amputations of the cat's toes at the third joint. In other words, this invasive surgery amputates functioning bones. Declawing severs not only the cat's claws, but also the attached nerves, bones, tendons, ligaments, blood vessels, and connective tissue. The surgery carries significant risks of lifetime physical, psychological, and behavioral consequences. Adult cats have an increased risk of medical and behavior complications; the older the cat, the worse the risk. Landlords may not realize how traumatic this procedure is.

Declawed cats can cause far worse property damage than clawed cats. Approximately 15% of cats develop litter box aversion after declawing, likely due to intermittent or chronic pain. Declawed cats are twice as likely to avoid the litter box as clawed cats. Cat urine can penetrate and damage floors, floorboards, sub-floors, carpet, drywall, baseboards, woodwork, and furniture, creating long-lingering urine smells, and major property damage. Landlords will reduce damage to their property by *not* requiring declawing.

Up to 18% of cats become biters after being declawed. Increased aggression can result from chronic pain. Because aggressive biting is a known consequence of declawing, requiring the surgery may invite litigation, should a visitor get bitten. Cat bites are more dangerous, and much more likely to become infected, than cat scratches. Landlords can protect themselves from potential liability by not requiring declawing.

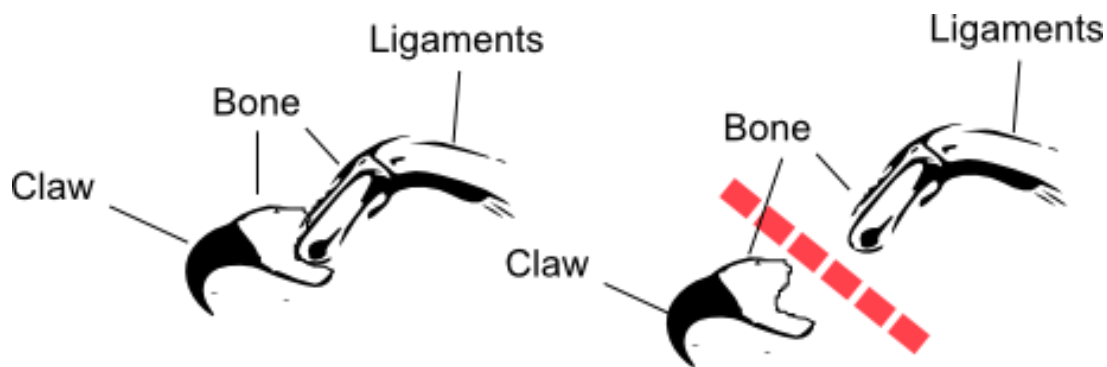
There are many humane alternatives to declawing for preventing scratching damage. Cats can wear [Soft Claws](#) or [Soft Paws](#) (soft vinyl nail caps). Their nails can be trimmed frequently to keep claws blunt and unlikely to snag carpet or leave deep scratch marks. Scratching posts, vinyl carpet runners, double-sided sticky tape can reduce or eliminate scratch damage. There are more than a dozen humane, non-surgical solutions to cat scratching.

Cat declawing is considered animal cruelty in the U.S. and Canada. Eight California cities outlawed it—San Francisco, Los Angeles, Berkeley, Santa Monica, Beverly Hills, Culver City, Burbank, and West Hollywood—as well as Denver, Colorado, St. Louis, Missouri, Austin, Texas, Pittsburgh, Pennsylvania, and Madison, Wisconsin. Other city, state, and county governments are considering similar legislation. Declawing is illegal in the entire state of New York, as well as 8 out of 10 Canadian provinces. These laws apply to *everyone* who participates in the illegal declawing of a cat in any of those jurisdictions. Landlords who require declawing could be criminally liable under such laws.

Of course, if declawing is legally banned in a city, county, or state, the affected lease clauses (if the lease was properly written) would become void and unenforceable.

Chapter 2. Declaw Surgery

Declawing, which is rightly described as “de-toeing” when the same procedure is done to chickens, is the amputation of each front toe at the third joint (hind foot declaws are not commonly done but would be equivalent). This is necessary because, unlike a fingernail, the claw grows from the third toe bone.



The cat's three toe bones (phalanges) before and after declawing.

Pre-Op: For declaw surgery, the cat is pre-medicated with a sedative and (hopefully) pain medications. General anesthesia is induced, and the toes are prepared with antiseptic soap and/or alcohol; the fur is usually not clipped. If scalpel or guillotine nail clipper is used, a tourniquet will be placed on the leg and tightened to prevent excessive bleeding. The tourniquet should be placed below the elbow, because putting it above the elbow, though more convenient, can cause radial nerve damage, which may be irreversible. The only solution to that is to amputate the entire leg, from shoulder to toes. [Harasen 2009]

Scalpel (Blade) Technique: The surgeon grips the tip of the claw with a hemostat (small clamp), and uses a small scalpel to carve all the way around the third phalanx, cutting through the skin and severing tendons, nerves, and blood vessels and removing the entire third phalanx through the equivalent of humans' last knuckle. [Clark 2014]

Resco or Guillotine Nail Trimmer Technique: A sanitized guillotine-type (Resco) dog nail clipper is used to cut through the bone behind the claw, the last or third phalanx (toe bone). A scalpel may or may not be used to remove the last piece of bone. If this piece is not removed, the claw may regrow. Vets who use the shortcut Resco technique are not likely to go to the trouble of removing the bone fragment.

It is not possible to see which type of cells are being cut—claw-growing, or not. But if every last claw-growing cell is *not* removed, the claw *will* regrow. There are known cases where this has taken 15 years to be noticeable as lameness, a "mass" growing on the paw, or a draining abscess tract.

Deliberately leaving fragments behind creates other problems as well. Bone fragments can cause infection. They can become displaced between the 2nd toe bone and the

pad, where they cause pain with every step.

However, if the fragment is removed, tendon contraction may occur, causing lameness. The treatment for that is another surgery to cut the flexor tendon that is causing the tension under each toe. [Cooper 2005]

The current thinking is that it is below the standard of practice to leave any fragments behind. However, many veterinarians continue to do so. It's quicker and easier to ignore the fragment than to painstakingly remove it.

Laser Technique: The mechanics of the surgery are similar to the scalpel technique. But the laser cauterizes the blood vessels by burning them as they are cut. It is a difficult technique to master. There is a steep learning curve, and complications still arise. Besides normal surgical risks, severe burns to surrounding tissue and bone can occur. The main advantage of lasers is a reduction in bleeding. In the hands of a competent surgeon, there may also be less tissue damage. [Clark 2016]

But--contrary to claims--using a laser does not reduce pain. Laser declawing has not been shown to be less painful after one or two days post-op. We know that the pain persists for much, much longer than that. [Holmberg 2006, Mison 2002] Lasers do not affect longer-term pain.

Incisions from any technique are closed with sutures or surgical glue, or they may rely solely on bandages to control bleeding. [Martinez 1993] Too much glue can ball up and cause constant irritation.

Tight bandages restrict the normal response of the tissue to swell, causing intense pressure and pain. If they are too tight, more serious damage can occur.

Most cats are only declawed on the front paws. But according to a recent study, 25% of declawed cats are four-paw declawed. [Martell-Moran 2017]

Cats may go home the same day, or they may be kept for one or two nights. It depends on how much of the recovery process the clinic is willing to allow the client to see. It can be a horrific ordeal, especially if post-operative pain management is inadequate.

Chapter 3. Surgical Complications

Multiple studies have looked at the complications of declaw surgery. There are many. How often they occur is a matter of debate; most veterinarians will say they rarely if ever see any problems. But the data say otherwise.

Most recently, A study published in August 2025 reports the chronic pain, heightened sensitivity, and impaired mobility suffered by declawed cats. The damaged nervous system actually amplifies painful stimuli, regardless of surgical technique. It's even worse for overweight cats (more than 60% of the feline population). The authors call for a global ban of the procedure. [LaChance 2025]

Abscesses and claw regrowth can occur from days to weeks to many years after surgery. Chronic or intermittent lameness may develop. Long-term studies have been lacking.

One study followed cats for only five months after surgery; nearly 1/3 of cats developed complications. Both full declaw and tendonectomy surgeries were included in the analysis. Digital tendonectomy cuts the tendons that extend the toes. It's sometimes promoted as an "alternative" to declawing. However, tendonectomized cats require constant maintenance and frequent nail clipping to prevent injury. Many, if not most, of these cats are eventually declawed.

Biting and urinating outside the litterbox were the most common behavior problems reported, occurring in 33% of cats.²⁰

The full list of reported complications is a long and scary one:

1. Pain
2. Hemorrhage (bleeding)
3. Lacerated paw pads
4. Swelling
5. Reluctance to bear weight on affected limbs
6. Neuropraxia (transient motor paralysis)
7. Radial nerve damage (usually due to tourniquet)
8. Lameness
9. Infection
10. Abscess
11. Tissue necrosis



12. Wound dehiscence (re-opening of surgical site)
13. Incomplete healing
14. Protrusion and/or necrosis of 2nd phalanx (middle finger bone) through the pad and skin.
15. Claw regrowth (known to occur up to 15 years post-declaw)
16. Scurs (growth of deformed claw segments)
17. Retention of flexor process of 3rd phalanx (the Resco technique does this on purpose)
18. Chronic draining tracts
19. Self-mutilation
20. Dermatitis
21. Lethargy
22. Carpal hyperextension (palmigrade stance, dropped carpus, walking on wrists)
23. Chronic intermittent lameness
24. Chronic pain syndrome
25. Flexor tendon contracture
26. Aggression
27. Cystitis (bladder infection associated with stress)
28. House-soiling not associated with cystitis
29. Laser burns
30. Cancer (osteosarcoma)



Draining abscess 8 years after declawing

Reported medical post-op complication rates include:

- 24% [Jankowski 1998]
- 53% [Martinez 1993]
- 1.4% [Pollari 1996]
- 82.5% for blade and 51.5% for shear (guillotine) technique [Tobias 2006]
- 80% [Yeon 2000].

The highest complication rates were probably due to the inexperience of student surgeons at veterinary teaching hospitals.

Surgical Skills?

The rate and severity of complications varies with the ability of the surgeon. An inexperienced surgeon—or one who only does a few declaws a year—may not have the necessary level of skill.



A 2014 study noted:

“There appears to be a discrepancy between the popularity of the onychectomy procedure and the emphasis placed on relevant instruction in veterinary schools in the USA. The lack of formal instruction in onychectomy potentially has far-reaching effects. The obvious concern would be poor surgical technique that could increase the prevalence of short and long term complications. In addition to surgical technique, there would also be concern for the lack of instruction of anesthetic and analgesic techniques appropriate for what most veterinarians consider a procedure that results in severe pain.” [Lockhart 2014]

There is an acknowledged gap between the "ideal" and the "typical" conditions. Veterinarians defend declawing based on ideal conditions for every surgery. But that is *not* the norm. Typical or deficient techniques, which cause more pain and complications, are the rule. [Gordon-Evans 2005]

Declawing *isn't even taught* in most U.S. veterinary schools. [Lockhart 2014, Martell-Moran 2024] Yet new vets are expected to be able to declaw immediately in their first job. Veterinarians typically say they have never seen problems from declaws they did themselves. But every vet can tell you about the botched ones they've seen that were declawed by "*somebody else*."

Lasers make the situation even more challenging. A vet with a new laser and one or two weekend courses under his belt is going to make a lot of mistakes. The laser, like any cutting torch, is not very forgiving. If a surgeon slips with the scalpel, she can always glue or suture it back together. Aim a surgical laser at something, and it fries. Soft tissue vaporizes instantly; bone burns.



Practitioners who use lasers believe that their patients have fewer complications and less pain. However, research does not support this belief.

The results of a sloppy declaw. Cuts to the paw pads are extremely painful and take a long time to heal.

Lasers cut tissue (as well as burn it). This still causes pain. Studies have found that there was no difference in discomfort between laser and scalpel techniques after 1-2 days. [Holmberg 2006, Mison 2002] Proper use of a laser results in less bleeding and swelling immediately post-op, but there is little evidence that it is significantly less painful or causes fewer long-term complications.

Lameness

Lameness is a frequently cited complication of declawing. Significant lameness has been documented for:

- >3 days (Landsberg 1991, Yeon 2001)
- >1 week [Martinez 1993]
- \geq 8 days [Holmberg 2006]
- >12 days [Romans 2005]
- 180 days [Jankowski 1998]
- 96 months (8 years) [Tobias 1994]

Is pain or lameness even noticeable by clients? Bilateral (both sides) lameness may not be obvious as lameness at all. Even if they do notice a problem, will clients report it to their veterinarian? Clients who have been forewarned to expect “soreness” for a week or two may not report even serious lameness. In an average 10-15-minute annual exam, clients may fail to mention if the cat has had occasional signs of pain or lameness.

There is undoubtedly significant underreporting in the literature. With regard to declawing complications, “absence of evidence is not evidence of absence.”

Pressure Necrosis

Even something as seemingly benign, like bandages, are tricky—and potentially dangerous. If they’re too tight, pressure necrosis may occur, resulting in severe injuries, like the kitten in the photo to the right.

In the worst cases, tissue may be so damaged that further amputation higher up the paw or leg may become necessary.





Cats for whom declaw surgery went very, very wrong. They will live with these injuries for the rest of their lives. (Ryder recently died.)

Chapter 4. Declawed vs. Normal Cats

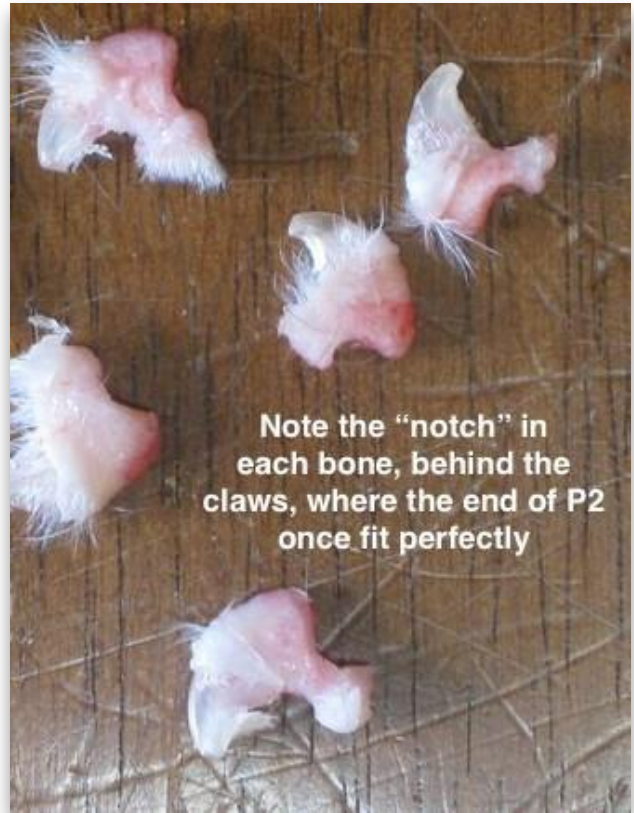
Declawing changes the conformation and weight-bearing characteristics of a cat's paws. These changes are obvious if you know what you're looking at.

A Little Anatomy

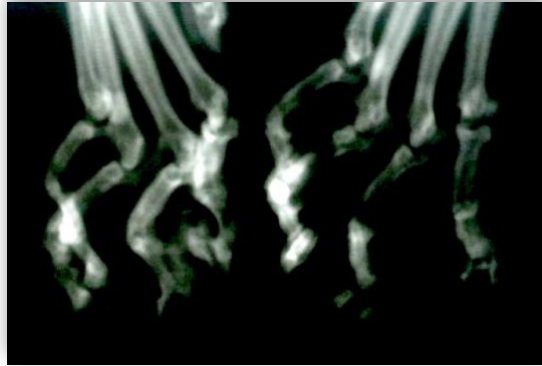
In the normal paw, the cat's body weight falls across the joint between P2 and P3. P2 fits into a notch at the back of P3, where the bone is cushioned by tendons and other soft tissue as well as the paw pad under each toe. In the photo at right, you can see the shape of the notch, which is lined, like the end of P2, with smooth, slightly springy cartilage, to create a joint where the movement and pressure can be easily absorbed.

When P3 is removed, P2 becomes directly weight bearing. It doesn't have the right shape or structure to do that. The cat's weight is now concentrated on the tiny end of P2, instead of being distributed across the joint and properly supported.

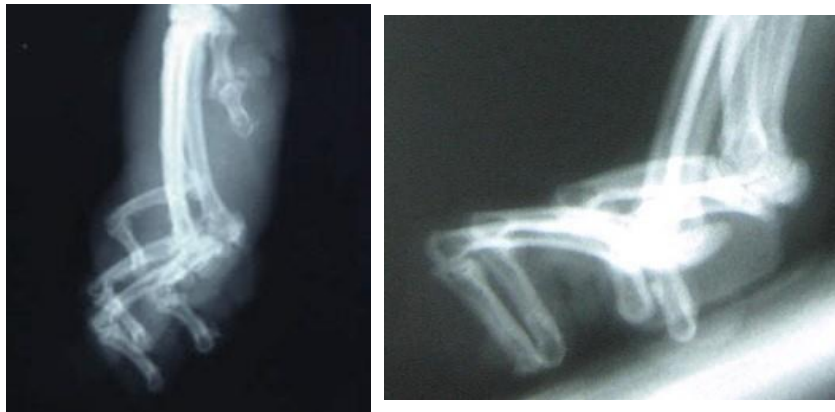
Normally, the angle between P1 and P2 is relatively shallow; i.e., greater than 90° . After declawing, however, that angle tends to narrow, in some cases to 90° or less, due to contraction of the superficial flexor tendon. When cut, this tendon shrinks as it heals and pulls backwards on P2. The effects of this tension can be seen in the following radiographs.



Normal Paws



Declawed Paws



Radiographs of 3 declawed cats. The one on the right, with the most extreme angle contraction between P1 and P2, was visibly lame. (Photo credit: K. Linn)

During my years of veterinary practice in feline-only clinics, I noticed that the paws of older cats (who came in for dental or other procedures) who had been declawed many years earlier were stiff. The joints were “frozen” by tendon contraction and arthritis, so that the toes could no longer be straightened out or even moved at all.

Similar to the changes seen on radiographs, the shape of the paws go from smooth, rounded toes to a more angular shape; sometimes vertical or even beyond vertical as the angle between P1 and P2 becomes more acute.



Normal

Declawed



Changes in the Toes and Pads

The change in focus of weight from the base of the amputated P3 to the much smaller surface of the distal P2 actually alters the shape of the paw pads. These changes are easily observed in declawed cats.

Normal Paw Pads: uniform oval shape



Declawed Paw Pads: rounded, irregular shape



You can see how the pointy, bare ends of the P2 bones are forcing the pads to remodel to try to cushion them. In the cat on the right, there is a callous or scar from P2 trying to push through the pad.

Declawing even changes the way the toes move, because the surgery severs tendons and ligaments, which have a relatively poor blood supply so they heal very slowly. Scar tissue also forms, which eventually shortens the tendons and ligaments and affects range of motion. [Velnar 2009]



When a clawed cat extends its toes, they are evenly spaced.



These declawed cats' toes are partly extended; note how the toes aren't spaced evenly (the middle two seem "stuck together"). The toes are also developing a blocky, "clubbed" appearance because the two remaining toe bones don't meet at a normal angle.

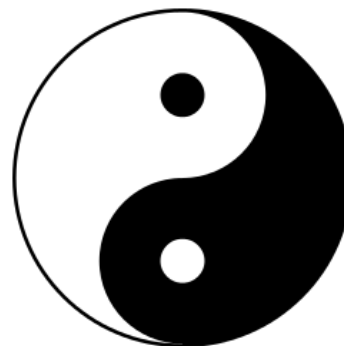


A Holistic Point of View

Acupuncture, an aspect of Traditional Chinese Medicine (TCM), has gotten a lot of study in the U.S. There are several programs that teach veterinarians the fundamentals of acupuncture, and it's even taught to students at the Colorado State University School of Veterinary Medicine and Bioscience and used in their clinical training. It's been proven effective for anesthesia, neuromuscular conditions, gastrointestinal problems, pain management, and more. [UC Davis]

The basis of acupuncture is the concept of energy meridians that run through the body and affect different organ systems. The energy within the system, also called life energy, vital force, and many other names, is Qi (pronounced “chee”). Everything is balanced through the principles of Yin and Yang.

In the symbol on the right, white represents Yang, and the qualities of light, fire, sun, action, positive, overt, and masculine; and black represents Yin and the qualities of darkness, hidden, moon, cold, concealed, and feminine. But there is always a little bit of Yin within the Yang, and Yang within the Yin.



Also in TCM, there are Five Elements: fire, earth, metal, water, and wood. Each organ in the body is either Yin or Yang, and is also associated with an element.

When energies become imbalanced, disease can result. The acupuncturist uses needles (or heat or pressure) to draw energy from meridians that are in excess, and flow energy to those that are deficient. [Schwartz 1996]

There are twelve primary meridians in TCM; they are paired as one Yin and one Yang organ. For example, in the fire element, the Yin organ is the lung and the Yang organ is the large intestine. All kinds of imbalances can occur, and this is a vast oversimplification, but there’s a point to be made here.

Every meridian has a beginning and an end point. Additionally, they also have “Ting” points are where the energy is closest to the surface of the body. These Ting points form a bridge between the yin and yang channels, creating a completely interconnected network of energy throughout the body,

Ting points are located at the base of the nails (or claws, in the case of cats and dogs)... and they are amputated when cats are declawed.

In an accidental or necessary single amputation, the body can compensate; it can re-adjust the flows to a relatively normal state. But a cat’s entire energy system is disrupted the amputation of many Ting points at once. [Zidonis 2017] The flow between Yin and Yang, and among the meridians, is instantly disconnected when the toes are severed. Energetically for the cat, this is permanently devastating.

Chapter 5. Behavioral Effects of Declawing

Most studies on declawing have been very short-term (hours to days). While not many studies followed cats long enough, or were thorough enough, to fully evaluate post-surgical behavior, the following studies reported one or more behavioral complications at some point after surgery.

1. "Significant increases in the odds of back pain (odds ratio [OR] 2.9), periuria/perichezia (OR 7.2), biting (OR 4.5) and barbering (OR 3.06) occurred in declawed compared with control cats." This study of 274 cats used control groups, with declawed and non-declawed, age-matched, owned and shelter cats. [Martell-Moran 2017]
2. "Results of the study reported here supported the hypothesis that onychectomy is associated with an increase in house soiling behavior of cats." [Gerard 2016] This was a cross-sectional survey of a non-random sample of households with cats. It compared the behavior of 455 cats, of which 66.8% were declawed. While the sample was definitely skewed, the analysis appears to be quite good. Being declawed was an independent risk factor for house soiling.
3. "Feline onychectomy is also associated with adverse social behavior, such as inappropriate urination and biting in some cats." [Ellison 2003]
4. "[A] common concern is behavioral changes, which may include decreased activity, decreased appetite, or increased aggression. [Gaynor 2005]
5. [Out of 39 cats] "six cats that underwent onychectomy would not use the litterbox (house soiling)... and 7 cats had an increase in biting habits or intensity of biting following onychectomy." *That is, 33% of cats developed behavior problems (house soiling or biting) after being declawed.* [Yeon 2000]
6. A review of the veterinary literature on declawing found evidence of behavior problems after surgery. Declawed cats were almost as likely to bite as unneutered cats. [Patronek 2001]
7. "Short-term complications included... changes in behavior, such as inappropriate urination..." [Jankowski 1998]
8. "Among relinquished cats, 25 of 84 (29.8%) declawed cats had daily or weekly inappropriate elimination... and 16 (19%) of declawed cats were aggressive toward people on a daily or weekly basis... After adjustment for other variables, being declawed... [were] associated with an increased risk for relinquishment."). *Inappropriate elimination was far*

more common in declawed (52.4%) as intact cats (29.1%); and declawed cats were nearly twice as likely to be relinquished. (Biting was reported for approximately 12% of declawed cats; house soiling was reported for approximately 25% of declawed cats versus approximately 15% of sexually intact cats. [Patronek 1996]

9. “Three behavioral changes (house-soiling, no longer covering stools, and disliking paws being handled) developed after declawing... 4% reported a possible increase in biting or harder biting following declawing.” [Landsberg 1991]
10. An internet survey found that declawed cats were more likely to jump on tables and counters, and also house-soiled more than non-declawed cats (25% vs.15%). [Morgan 1989]
11. “After declawing, one cat (4%) began to defecate outside the litter pan and three (12%) began to bite... 54% of the cats with behavior problems were declawed.” *More than half of cats with reported behavior problems were declawed, yet only about 25% of all cats are declawed.* [Bennett 1988]

Recent research on individual declawed cats, including radiographs, was described by a Utah veterinarian, who thus far has found that:

- 66% of declawed cats had bone fragments left behind. These fragments feel to the cat like pebbles in your shoe. They can also cause nails to regrow under the skin, which can then form abscesses (only if one of them is the growth center).
 - Osteomyelitis (painful bone infection) was seen in 30% of declawed cats.
 - 15% of declawed cats displayed litter box avoidance.
 - 36% of declawed cats were aggressive, with a tendency to bite with little provocation or warning.
 - Bladder inflammation and lower urinary tract disease were very common in declawed cats. [Singer 2016]

A 2015 report cites “Postsurgical conditions that cause pain or discomfort while urinating or defecating, such as onychectomy or tendonectomy” as a medical cause of inappropriate urination. [Curtis 2015]

Horrifying Findings

Let's talk in a little more depth about the first two studies on the above list.

1. The Martell-Moran study found the following problems to be more common in declawed than clawed cats:

- Back pain (OR 2.9) This isn't a great metric, since many things can cause back pain, but it was significant.
- Periuria/perichezia (OR 7.2) Periuria is the technical term for house soiling, also known as inappropriate urination, or peeing outside the litterbox. Perichezia means pooping outside the litterbox.
- Biting (OR 4.5) This is actual biting: teeth contacting human skin.
- Increased aggression but not actual biting; lunging, attempting to bite, or other unprovoked attacks. (OR 3, range 1.06 to 8.59)
- Barbering (OR 3.06) Excessive grooming or even pulling out their fur. Grooming is a self-comforting behavior, and over-grooming is common in stressed cats.

Wait, what is OR? OR stands for "odds ratio." It's the odds (likelihood) that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure. For example, an OR of 3 means that the outcome is three times more likely to occur.

This study of 274 cats used control groups, with declawed and non-declawed, age-matched, owned and shelter cats. When faced with this excellent controlled study, the AVMA removed from its declaw policy the claim that there is no evidence of behavior problems "when compared to a control group."

According to this case-controlled, blinded study: declawed cats are:

- **Three** times more likely to have back pain
- **Seven** times more likely to not use the litterbox
- **Four and a half** times more likely to bite
- **Three** times more likely to be aggressive (but not bite)
- **Three** times more likely to barber

This study also compared declawed cats as to whether or not they had x-ray (radiographic) or physical evidence of bony fragments. Shockingly, 63% of cats did. Leftover pieces of P3 are most common with the guillotine technique, which surveys suggest is used by only about 30% of veterinarians, as opposed to scalpel or laser techniques.

Nevertheless, the authors asserted that even using "optimal" surgical technique does not eliminate the risk of adverse behavior after declawing.

2. The Gerard study was a cross-sectional survey of households with cats. [Gerard 2016] They compared the behavior of 455 cats; 66.8% were declawed. While the sample was definitely skewed (it's hard to get people to take such surveys), the analysis appears to be valid. Being declawed was an independent risk factor for house soiling; but being declawed by either guillotine or scalpel was even worse. Cats declawed by guillotine or scalpel were more likely to house soil than cats declawed by laser. But laser only reduced, but did not eliminate, house soiling behavior. The authors also reported that declawed cats in households with

3-5 cats were over three times more likely to house soil than declawed cats in any smaller households. So, the idea of declawing all cats in the home to "level the playing field" is just nonsense.

What have we learned? We can safely conclude that some cats, maybe quite a lot of cats, develop a behavior problem after declawing. I'd say that's "scientific evidence" of adverse behavioral abnormalities. It took years, but the AVMA finally changed their policy statement, greatly simplifying it, but not changing the underlying policy that it's just fine for veterinarians to declaw. [See Appendix B]

Some veterinarians try to minimize behavior changes. They point out the fact that most cats continue to make "scratching motions," somehow inferring from this that the cat feels fine and there is no pain. "Declawed cats will continue to "scratch" the furniture, indicating that their motivation to engage in this normal marking behavior has not been suppressed by the consequences of onychectomy." [Bennett 1998]

But this is a false conclusion. What this behavior really shows is how strong the scratching instinct is, and how necessary scratching is to the well-being of the cat. It doesn't mean the cat "doesn't know" it is declawed, but simply indicates the hardwired compulsion for the cat to perform these motions. Some scent is still left by what's left of the paws, so marking behavior is still getting some reward, and cats will continue to do it, declawed or not. [Cozzi 2013]

But all of that is mostly irrelevant to the discussion. Potential behavior changes are far from the worst thing about declawing.

Because the very worst thing about declawing is something we know that every declawed cat experiences: **pain.**

Who Is Mutilating All These Cats?

What could possibly account for the fact that twice as many cats had fragments than veterinarians who use the guillotine technique?

How about... *money*?

Guillotine declawing takes less time, and a \$10 tool can be used forever with occasional \$2 replacement blades. People often shop around for the clinic who has the cheapest price. Apparently, many people choose clinics that use guillotine rather than laser or scalpel.

This may also account for why the surgeons who use the costlier techniques say they hardly do any declaws anymore; and why so many cats are four-paw declawed—25% in this study.

These butchers are apparently happy to take all the business they can get, and keep their mouths shut about it.

Chapter 6. Declaw Pain

Cats are notorious for hiding pain. They are incredibly stoic. Many studies have sought signs or ways to assess pain in cats, looking at everything from blood cortisol levels (high cortisol indicates stress), blood pressure, posture, and behavior. None has proven consistently accurate. [Benson 1991; Cambridge 2000; Smith 1996; Taylor 2004]

This obviously works to the great disadvantage of cats. When I was a senior in surgery rotation in veterinary school, a fellow student asked, **“Why don’t we declaw dogs?” The answer? “Because they scream.”**

Yes, dogs are much more demonstrative of pain. They may not always scream, but they certainly whine, growl, and otherwise unmistakably communicate their state of body and mind. Cats *don’t* scream. It’s not easy to know how much pain they’re in. Most veterinarians in practice today were not taught how to recognize feline pain; their clients are much less able to do so.

It’s hard to tell what cats are feeling. Signs of pain are subtle, often deceptive. For example, if a declawed cat is painful on both (or all) paws, there may not be a noticeable limp. The cat’s gait will be different, but that may not be obvious. If the altered gait persists, human family members will come to see it as normal. Even if the cat does limp once in a while, is that something that will be mentioned in the cat’s next 15-minute annual exam?

Many veterinarians, particularly those who have testified against proposed declaw bans, claim that they use excellent surgical technique and perfect multi-modal pain management. That’s great—but it’s *not* standard. It’s not mandatory. Good veterinarians provide what is today considered adequate pain management, deficient though it is, but even this is far from universal.

As of 2002, “An accurate estimate of the number of US veterinarians that aggressively treat pain in small animals is not currently available. Anecdotal evidence from talking with practitioners, new graduates, and students would suggest that the percentage is fairly low. [Hellyer 2002]

A study from 2006 found that 12% of veterinarians were still not using *any* analgesics for *any* surgery. [Hewson 2006]

In a survey ten years later, the vast majority (82%) of veterinarians provided just 3-7 days’ worth of pain medications for clients to give at home—even though a previous study demonstrated that cats were painful for *at least 12 days* post-op (the entire term of the study). [Romans 2005]

Horrifyingly, 1.1% of practitioners *do not give any pain meds at all*, before, during or after surgery; and 6.6% of practices (163 individual clinics) do not send ANY pain control with clients to give to the cats at home. [Ruch-Gallie 2016]

It is important to note that this survey was conducted among members of the Veterinary Information Network, an online bulletin board and resource for veterinarians. It costs a fair amount of money to belong to it. Only about 1/4 of practicing veterinarians are members; and those who are, are the ones who are interested in keeping up with the profession, and in doing excellent medicine and surgery, according to modern practices. Unfortunately, a great many veterinarians fall far below this standard.

The real issue with declawing is pain.

Declawing is an excruciatingly painful orthopedic amputation; a radical surgical solution to a behavior problem. It is very rarely a medical problem (in my entire career, I therapeutically declawed exactly *one* cat). In fact, the AVMA and other professional organizations are quite definite in saying declawing has “no medical benefit” to the cat. In any case, the language of declaw bans provides an exemption for true medical conditions of the cat (NOT of any person).

Amputating the ends of fingers or toes is so excruciatingly painful that it was once used as a technique of torture. [Dodman 1999] Today, it remains the primary test of the effectiveness of veterinary pain medications.

Physical recovery takes a few weeks, but even after the surgical wounds have healed, there are other long-term physical and psychological effects.

Patients may experience both adaptive and maladaptive pain. As an example, a cat undergoing onychectomy (de-clawing) experiences inflammatory pain with the potential to develop long-term neuropathic or central pain if the pain is inadequately managed during the perioperative and healing periods. – American Animal Hospital Association/American Association of Feline Practitioners 2007 Pain Management Guidelines for Dogs and Cats.

Veterinarians contend that, done properly and with adequate pain management, cats do just fine with having their toes amputated. But what constitutes “proper” technique and “adequate” pain medications are the subject of much debate.

Many veterinarians feel that laser declawing is the least damaging declawing technique. Some veterinarians who testify against declaw bans insist that laser is the standard, and that “everybody” is using it. That is false.

A large survey of veterinarians found that 29% use guillotine nail trimmers; 70% use scalpel disarticulation; and only 36% use a laser. (Respondents could choose more than one answer, so the total is not 100%.) [Ruch-Gallie 2016]

Research, however, suggests that there is little if any difference in pain and long-term complications between laser and other techniques. [Holmberg 2006; Mison 2002]

On the effects of declawing, Professor Narda Robinson at Colorado State University says, "The ensuing neuropathic pain and degenerative changes may plague [cats] for life." [Robinson 2012]

Claw Regrowth

One common long-term complication of onychectomy is claw regrowth. [Landsberg 1991c] A recent study found that claw regrowth was more common with use of a [guillotine] nail clipper than with use of a scalpel or laser (15.4% vs. 6.5% and 3.4%); but claw regrowth occurred *regardless of technique*. [Clark 2014] This is the so-called "pebble in the shoe" issue. ***All the time that claw is growing it is causing pain.*** I know of at least two cats who suffered with this for 15 years before anyone noticed. One was a veterinarian's own cat.

This is what a veterinarian found inside a draining "mass" on a cat's paw: 16 claw fragments. The cat had been declawed *nine* years before.



Lameness

In one study, twelve cats (13.6%) were classified as mildly lame at the long-term recheck [Clark 2014]

Another study found that lameness occurred more frequently in cats with [scalpel] disarticulation amputation (14/87, 16%) than in cats with bony [guillotine] amputation (4/80, 5%), possibly due to greater soft tissue trauma. Dehiscence (re-opening of incisions) occurred in 22% and 12% of cats, respectively. [Clark 2014]

Other researchers documented that “43 cats showed lameness that persisted from 1-54 days. Long term follow up was done for 121/163 cats; one cat showed prolonged lameness (96 months). [Tobias 1994]

A study done at a university found “...there is an exceptionally high complication rate, 50% in the immediate postoperative period (during hospitalization period) and 19.8% in the late postoperative period (the period following hospital discharge).” [Tobias 1994]

One case report’s authors suggest that tendon contracture, a long-known but recently documented declaw complication, may have been seen previously but classified as “long-term” lameness. [Clark 2014]

A recent study of post-surgery problems also reported the highest rates of pain-related complications: up to 23% of cats with ongoing lameness, and 42.3% of cats showing signs of pain when their paws were handled. Clients also reported long-term behavioral changes in cats following declawing (house soiling); resistance to paws being handled; or increased incidence or severity of biting) compared with the same cats’ behavior before the procedure. [Clark 2014]

The newest study (2016) on medically unnecessary surgeries, concluded that there is clear evidence of pain and postoperative complications with declawing. [Mills 2016]

“...the pain caused by this procedure often lasts long after the surgery is over. It can last the life of the cat, and even cause worse behavior problems than the one it supposedly set out to solve, destructive scratching, such as litter box avoidance and biting. After all, declawed cats come into animal shelters all the time, and are also trapped in feral cat colonies. – Dr. Marty Becker [www.drmartybecker.com]

Dropped (Hyperextended) Carpus

Cats, being digitigrade, toe-walking animals, have their locomotion seriously challenged by declawing. Not only are 1/3 of their toe bones suddenly gone, but the wounds left behind are painful for weeks or months regardless of pain management protocols.

One result is that cats immediately shift their weight back; not only more onto their hind legs, but also backwards on their front paws, away from the toes and onto the carpus (wrist) and the large carpal paw pad. This was true in every one of the newly declawed cats studied [Romans 2005], and is most likely true for all cats. This change in weight distribution may not return to normal for a good six months.

In some cases, the backward pressure is so persistent that the wrist joints lose elasticity and start to sag. Under the load, the carpus drops, and the cat may end up essentially walking on its wrists. No one has studied whether or not this is painful, but it certainly looks uncomfortable.



Surgical Pain

Obviously, surgical incisions involve a significant amount of pain. Each incision hurts independently; 10 incisions are far more painful than just one. Orthopedic surgeries (those involving the musculoskeletal system) are considered particularly painful in humans. Declawing is orthopedic surgery, and as one researcher states, "...orthopedic procedures involving the fingers and toes of humans are associated with severe postoperative pain...." [Benson 1991]

Incisions take 7-10 days for initial healing. It takes about 6 months for an incision to completely heal, which is also about how long it takes cats to settle into a new "normal" gait. [Romans 2005]

Unfortunately, too many veterinarians profess to believe that declawing is "no more painful than neutering." About 29% of veterinarians think declawing is only slightly painful, if at all; only 40% of veterinarians who declaw perceived it as very painful. [Ruch-Gallie 2016] Yet they acknowledge that orthopedic surgery causes extreme pain.

Not only are veterinarians under-treating pain, but some clinics offer pain medication for declawing as an *option* (for an extra fee), which clients may decline. Given the clear statements of multiple veterinary organizations, including the AVMA, AAFP, and AAHA, that pain management is mandatory, allowing an

option for *no pain medication* is unethical and unconscionable. [See Appendices B-D]

According to some pain management guidelines, spays and neuters cause “mild to moderate” pain, while declawing is just two notches up, in the “moderate to severe and severe” pain category. [Hunton]

Neuropathic (Wind-Up) Pain

A different type of pain can occur when nerves are severed, as they are in the declaw procedure. According to Robin Downing, DVM, one of the foremost veterinary pain specialists in the world, “With nerve damage, there are changes that occur in the transmission of signals along the nerve fibers,” she explained. “The damaged nerves can set up a pain syndrome that is self-perpetuating. This means that the toes can become hypersensitive, or may even develop the sensations that humans with neuropathic pain experience.” [See interview at <https://www.drmartybecker.com>] Neuropathic, or maladaptive, pain results from damage to or dysfunction of the peripheral or central nervous system, rather than stimulation of pain receptors. The pain is out of proportion to the injury itself, and makes the central nervous system (brain and spinal cord) extra-sensitive. It originates in the nervous system itself, and is typically unresponsive to painkillers [Lemke 2004] Different medications may be required. Again, 10 (or 18) individual incisions greatly magnify the pain.

Central Sensitization

We used to think the brain and spinal cord were locked in by adulthood, but we now know they can change, an ability known as neuroplasticity. Recent evidence shows that declawing may permanently alter how pain is processed, an effect known as central sensitization. In this state, the central nervous system becomes hypersensitive, amplifying pain signals and lowering the threshold so that even normal sensations may be perceived as painful. [LaChance 2025] Because this change occurs within the central nervous system, its effects are not limited to the paws. The body's entire pain-processing system becomes more sensitive, so discomfort may be amplified throughout the body.

Emotional Pain

There is a difference between pain and suffering. Pain is defined strictly as a physical event. But suffering involves an emotional response to pain. Emotional pain can be extremely stressful, and is equally deserving of treatment. [Fraser 1989; Hellyer 2002; McMillan 2002] Just a trip to the veterinary clinic can cause stress and emotional pain. Now, imagine also being left there, handled by strangers, drugged, and waking up groggy with bandaged paws, and in too many cases, poorly managed physical pain. That cat is suffering.

Pain Management

Many acute and chronic declaw complications are attributable to inadequate analgesia before, during, and immediately after the surgery. The AVMA's policy on declawing states, "multi-modal perioperative pain management must be utilized." [Appendix B] (It should be noted that this is a way wimpier statement than it had been prior to 2019.) Veterinarians' perception and treatment of pain in animals has come a long way in the last 20 years, and even more in the last decade, but there is still a long way to go.

Unfortunately, this is an area where AVMA's guidelines are commonly ignored. Cats' own stoic nature makes this easy to do. It has long been acknowledged that pain in animals is difficult to assess, and cats take this opacity to the extreme. [Benson 1991, Cambridge 2000]

Pain management in animals is still in its infancy. Twenty years ago, giving pain medications to any animal for any condition, including surgery, was extremely uncommon. While the subject of pain has gotten a lot more attention in recent years, not all veterinarians acknowledge it, much less do anything about it.

Most troubling, perhaps, are the veterinarians who think declawing isn't painful at all, or that the pain is "trivial." [Curcio 2006; Ruch-Gallie 2016]

Nevertheless, declawing, like other orthopedic procedures, is far more painful than other surgeries like spaying and neutering. The American Association of Feline Practitioners' policy on declawing states:

“Physically, regardless of the method used, **onychectomy (declawing) causes a higher level of pain than spays and neuters**. Patients may experience both adaptive and maladaptive pain; in addition to inflammatory pain, there is the potential to develop long-term neuropathic or central pain if the pain is inadequately managed during the perioperative and healing periods.” [AAFP 2007] (Note that this statement is absent from current recommendations.)

Pain management specialists emphasize the necessity of “effective, multi-modal peri-operative pain management” for pain of declawing—a procedure that has long served as the animal model for testing of analgesic effectiveness. [Hellyer 2007] This view is trickling down through the ranks of everyday practitioners, but truly adequate analgesia for an appropriate amount of time appears to be extremely rare, even today.

A 2000 survey found that 30% gave no pain medication at all to cats undergoing declawing, while a large majority of the rest used butorphanol, which is poorly effective and short-acting (90 minutes-2 hours). [Wagner 2000; Lascelles 2004; Gordon 2004; Robertson 2003]

A 2001 survey of Canadian veterinarians found that 85% of pets received pre-op analgesics and 30-98% received post-op pain meds; but up to 12% of veterinarians used no analgesia for any surgery. [Hewson 2001]

A similar survey of U.S. veterinarians, published around the same time, found that 30% used no pain meds at all for declawing; of those who did, 70% used primarily butorphanol (which was later determined to be effective for only 60-90 minutes, and completely inadequate for pain control in cats). [Wagner 2000]

Still today, by their own admission, even the most conscientious veterinarians do not themselves provide adequate pain management. In a recent survey, the vast majority (82%) of veterinarians provided just 3-7 days' worth of pain medications for clients to give at home [Ruch-Gallie 2016]—even though a previous study demonstrated that cats were painful for *at least 12 days* post-op (the entire term of the study). [Romans 2005] Horrifyingly, 1.1% of practitioners do not give any pain meds at all, before, during or after surgery; and 6.6% of practices (163 individual clinics) do not send ANY pain control with clients to give to the cats at home. [Ruch-Gallie 2016]

Even though these days most veterinarians say they use “opiates” for pain control, this may still mean only butorphanol, which is not much better than nothing at all. [Ruch-Gallie 2016]

“Cats most definitely can suffer pain after having their toes amputated — the appropriate description for the procedure. Unfortunately... **a huge percent of cats do not receive appropriate post-operative pain management. If post-op pain is not managed aggressively and comprehensively, the pain can become chronic.** Because the nerves to the toes are actually cut, the pain can become what in people is called ‘neuropathic’ pain. People with neuropathic pain report various sensations in the affected area of the body — they may feel tingling, burning, electrical pain, throbbing, and more.” – Robin Downing, DVM, Certified Veterinary Pain Practitioner and founder of the International Veterinary Association of Pain Management. (Emphasis added)

Chronic Pain

Chronic pain is pain of long duration. It may “be present in the absence of ongoing clinical disease, persisting beyond the expected course of an acute disease process – **such as neuropathic pain following onychectomy**, limb or tail amputation. As cats live longer there has been an increased recognition of chronic pain associated with certain conditions, which has a negative impact on quality of life (QoL).” [Mathews, WSAVA]

A Special Case: Chronic Pain Syndrome of Onychectomy

A highly respected veterinary pain specialist finds that “Feline patients who have had onychectomy (declaw) may experience chronic pain. [Clients] fear that the cat is still in pain, especially in the fore paws, because it seems to walk very lightly on those feet, as if walking on nails or glass.

“Another common concern with this syndrome is behavioral changes, which may include decreased activity, decreased appetite, or increased aggression... which can occur days to months to years after declawing.” [Gaynor 2005]

Yet this very real syndrome remains largely unacknowledged within the veterinary profession.

Chronic Pain → Chronic Stress

Chronic stress in cats has been more or less unrecognized by the veterinary profession, although you have to be *willfully* blind not to know it's there. But veterinarians need to see the *science*, darn it!

Over the years, many studies have tried to find a way to quantify any stress in cats, let alone chronic stress. Heart rate, respiratory rate, and behavior have all been assessed, with no consistent results. The most promising measurement was serum cortisol—the level of the primary stress hormone circulating in the body. However, taking blood from a cat is itself stressful, making serum cortisol unreliable. Saliva, urine, and feces have also been measured, but they can only reflect the last 24 hours.

Cue the cat lovers at my *alma mater*, Colorado State University. They decided to measure cortisol in body parts that don't change so quickly: the fur and the claws. Since these are slow-growing, they can provide a good estimate of stress over a much longer period of time—weeks to months. Fifty cats were included in the study. The researchers also evaluated medical and behavioral questionnaires where the cat belonged to a single household (some were "community cats").

Claw analysis found several statistical associations: age, chronic illness, unkempt fur, and—*whoa!*—being front declawed. Multivariate analysis confirmed three factors that correlated with high levels of cortisol: unkempt fur, litter box issues, and being front declawed. Fur was a less reliable indicator; although in a four-paw declawed cat, there's not much else to go on. [Contreras 2020]

I'm sure the researchers were as surprised as anyone else at the solid association of high stress hormone with declawing (although they made no further mention of it).

That is damning evidence in anyone's science book.

Phantom Pain

An issue that has not been addressed by the veterinary profession is that of phantom pain. Of course, it's impossible to know what cats are feeling with any certainty. But we know from human studies that 100% of amputees experience phantom sensations, and that about 80% of those sensations are painful. Some go away eventually, but most persist for years. [Makin 2013]

Cats have the same pain receptors, neural paths, and processing centers as humans or any other mammal. It is likely—virtually certain—that they also

experience painful phantom sensations at least occasionally, and possibly for the rest of their lives. Multiply that by 10 (or 18 if all four paws are declawed) separate amputations, and that is why we believe that all declawed cats are painful at times, and some cats may be painful all the time.

Behaviorist Dr. Karen Overall has said, “There are also SA [sensory afferent] cells in the soft tissue at the bases of claws that signal the degree of extension and sideways displacement of the claw. This feature has been totally ignored when the subject of onychectomy [declawing] arises, yet certainly the presence of these cells could be one of the mechanisms for persistent discomfort of ‘phantom pain’ that some declawed cats appear to have. No population-specific prevalence data exist for this condition.” [Overall 1997]

What Can We Conclude?

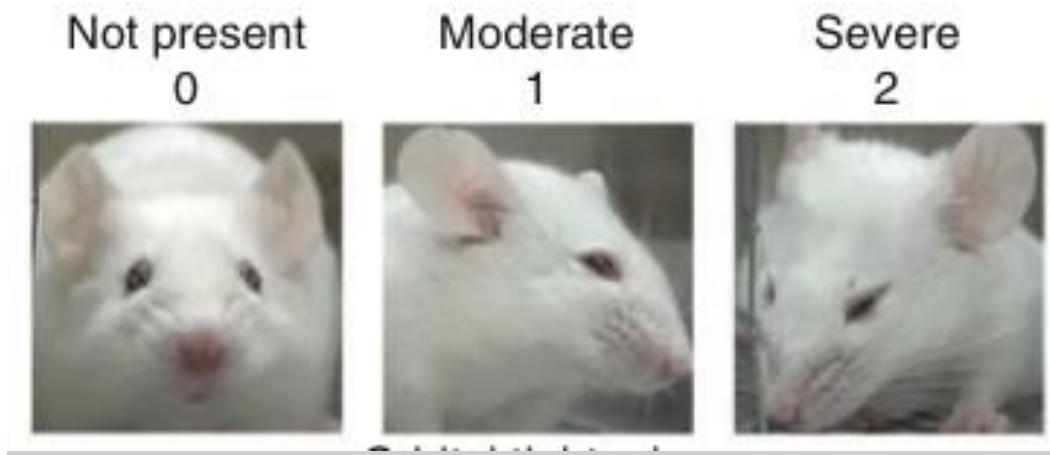
To put these all this in perspective, there are about 76.6 million pet cats in the U.S. At least 20% are declawed (estimates range from 20-45%), which is 15.3 million cats. If even only 5% have long-term painful complications (and the number is likely far higher), that’s 800,000 cats with *known* chronic pain, obvious pain. Now research shows that declawed cats in general are absolutely, positively, chronically stressed. Fifteen million cats. **How many is too many to suffer?**

Clearly, veterinarians as a profession have failed to keep up with modern medicine, failed to govern themselves, and failed to understand the universal, serious, and potentially lifetime pain they are causing cats by declawing. Sadly, there is no mechanism to enforce changes within in the profession. Therefore, **legislation is necessary to stop the cruel and unnecessary practice of declawing.**

Chapter 7 – Signs of Pain in Cats

As previously mentioned, it's extremely difficult to tell when a cat is in pain. But it's not impossible.

In animal studies there is something called the "[Mouse Grimace Scale](#)," used by researchers to assess pain. In the following photos, "0" is normal, "1" is moderate pain, and "3" is severe pain. [Matsumiya 2012]



There is a similar "[Rabbit Grimace Scale](#)." [Hampshire 2015]



The most obvious sign is that the eyes are squinted. In addition, the ears may be turned and the whiskers clumped or pulled back or pushed forward when the mouse is experiencing pain.

Grimace scales have been developed for many species over the last decade. However, there is finally an official Feline Grimace Scale. [McReynolds 2019]



Now, look at the following photos of declawed cats. Most of these were shelter cats; these pictures were taken order to attract adopters. Do you notice any similarities between these cats and the faces of known pain?

Keep in mind that these are the *best* and most appealing photos the shelter staff could capture.

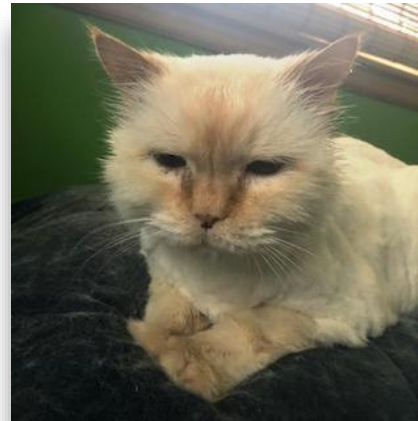


Two unhappy declawed seniors in shelters.

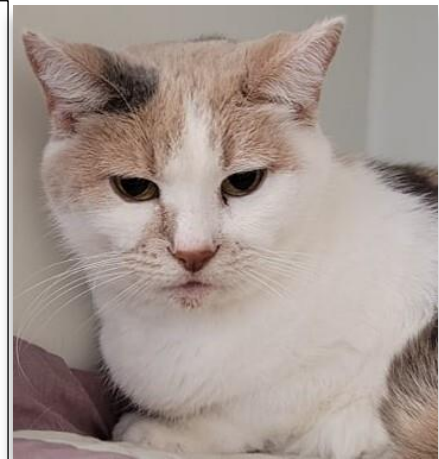


This cat's wrists are collapsing from the chronic shift of weight backward off his painful toes.





These sad, confused cats have no idea what they did to deserve such pain; or why they were taken from their homes and locked in a cage. Thousands of cats just like them will spend a terrifying 72 hours alone in a cage, followed by death on a cold metal table, with (maybe) someone with a kind voice whispering in their ear, "Sorry, kitty."



Other signs of pain include:

- Lameness (note that if both or all paws hurt, the cat may not appear to limp)
- Holding up one paw
- Shifting weight from side to side
- Grimacing (squinted eyes, whiskers pulled back close to the head)
- Shifting weight backward on paws, away from the toes
- Shifting body weight toward the hind legs
- Dropped carpus (hyperflexion of the wrist resulting from weight shift)
- Sitting so that the toes overhang an edge to reduce pressure
- Walking gingerly, as if on nails or glass
- Reluctance to have paws handled
- Chewing at paws, especially the toe ends
- Joints within paws cannot be moved (bent or straightened)
- Growling, hissing, or spitting
- Reduced activity

- Changes in urination/defecation habits
- Decrease or loss of appetite
- Increased aggression
- Quiet/loss of curiosity
- Hiding
- Lack of agility/jumping
- Excessive licking
- Stiff posture/gait
- Guarding behavior
- Stops grooming/matted fur
- Tail flicking
- Weight loss

One study found that animals may actually be much more painful than even a vigilant observer would guess. Videos showed a big difference in behavior when a person was in the room versus when they were alone. [Hardie 1997]

Your declawed cat may not only be hiding her pain, she may be specifically hiding it *from you!*

Mushu, a rescued Abyssinian cat, showing multiple signs of pain.



Chapter 8. All Cats Are Not the Same

There are some 38 feline species in the world, including the domestic cat. Many are rare, and some are so incredibly elusive they're almost never seen and little is known about them.

My mammalogy professor was fond of saying that if you “undress” any cat, they are virtually identical across all sizes and species. Sure, there are a few functional adaptations here and there, like the non-retractable claws and large nose of the cheetah, but as the saying goes, “A cat’s a cat, and that’s that.”

Strange, then, that different species of cats are considered completely different when it comes to veterinary medicine.

On the website of the American Veterinary Medical Association (AVMA), we find two separate policy statements about declawing.

The first says that declawing may “sometimes” be justified, even though it is not medically necessary for the cat, and gives specific criteria (that most veterinarians completely ignore, since policy is not enforced) about prerequisites and informed consent.

However, the AVMA also makes this policy statement:

“The AVMA condemns declawing captive exotic and other wild indigenous cats for nonmedical reasons.”

While AVMA did not provide its reasoning within the policy statement, it put out a press release (dated 1/15/13), that stated: “Concerns that **pain and suffering associated with declawing may be exacerbated** in wild and exotic felines prompted the Executive Board to revise the Association’s position on the matter from opposition to condemnation.” (Emphasis added.)

While “condemning” declawing of wild and exotic cats, the AVMA sees absolutely nothing wrong with declawing domestic pet cats. However, it is very difficult to see what, exactly, the difference is that makes one type of cat okay to declaw, and the other not. The AVMA does not say why they made this distinction.

The considerations that seem to get mentioned most in discussions around this issue are size and weight. Certainly, the suffering of declawed big cats is obvious. For example, see this short video from The Paw Project: [Kona – crippled by declawing](#).

However, all cats — large and small — are built exactly the same, with identical proportions, and they're built to carry about 60% of their weight on their front paws. A 400-lb. tiger puts 240 lb. of weight on his front feet, while a 10-lb. cat puts 6 lbs. on his — but it's the same 60% of total body weight. [Verdugo 2013]

Researchers looked specifically at the effects of declawing on cats of all sizes. They found that some muscles were lighter and less powerful in declawed than clawed cats. Other muscles did not make up for these deficiencies. They concluded that “declawing has a substantial effect on the muscular capabilities of cats.” [Martens 2023]

If, as the AVMA itself admits, there is “pain and suffering associated with declawing” for one cat, then there is pain and suffering for *all cats*.

To illustrate the absurdity of the distinction AVMA is trying to make between exotic and domestic cats, let's look at some of the actual species involved, and how they compare size-wise to the normal house cat, which averages 8-10 pounds, and up to 15-20 pounds for larger breeds (although veterinarians estimate that more than 53% of pet cats are overweight). Unfortunately, because 20-25% of U.S. cats are declawed, millions of declawed American cats are putting far too many pounds per square inch on their truncated paws.

There are 38 species of cat in the world that are covered under these two broad policies. There are the familiar “big” cats: lions, tigers, cheetahs, leopards, jaguars, cougars, snow leopards, and clouded leopards. There are a few medium-sized cats, like bobcats, ocelots, servals, and lynx.

But the majority of cat species for whom declawing is *condemned* by the AVMA includes cats much closer to our own domestic cats in size and weight; many are even smaller.

- *African Golden Cats*, which live in the rainforests of Western and Central Africa, weigh between 12 to 35 lbs.
- *Andean Mountain Cats*, which live high above treeline in the Andes of South America, are similar in size to a domestic cat, about 12 lbs.
- *Asian (Asiatic) Golden cats* are found in Southeastern Asia. They can weigh up to 35 pounds, but more typical weights are a little less than 30 lbs. for a male, and about 17 lbs. for a female.
- *Bobcats* roam much of North America; their weight ranges from 9 to 40 pounds, with an average for females of 15 pounds.
- The highly endangered *Bornean Bay Cat* lives only in Borneo, and is tiny: only 6-9 pounds.
- The smallest African wildcat, the *Black-Footed Cat*, is also petite: less than 6 pounds.
- *Canadian lynx*, which are found in the northern states and have been reintroduced in Colorado, weigh in at 22-44 pounds.

- *Caracals*, golden cats with black-tufted ears, weigh between 15 and 35 pounds.
- The *Colocolo* is a small, stocky, spotted and striped cat of South America; it weighs around 6-7 pounds.
- *Fishing cats*, which live throughout Southeast Asia, weigh 11-35 pounds.
- *Flat-Headed Cats* are found only in Sumatra, Borneo, and Malaysia. Like their big cousin, the cheetah, their claws do not fully retract. They are very small: only 3-6 pounds.
- *Geoffroy's Cat* lives in South America. Its average weight is 4-11 pounds, with a record of 17 lbs.
- *Iriomote* cats are found exclusively on the Japanese island of, logically, Iriomote. Considered a subspecies of the leopard cat, these critically endangered cats weigh between 6 and 11 pounds.
- The Central and South American *Jaguarundi* has a solid-color coat in either grayish or reddish hue, and weighs between 7-20 pounds.
- The *Jungle Cat* is found from the Nile River valley to China. It averages about 18 pounds, with a range of 6-35 pounds. Cats living further south, toward the tropics, tend to be smaller.
- The *Kodkod* or güiña is the smallest cat in the Americas, living only in Chile, and weighing up to 5.5 lbs.
- *Leopard Cats* live in South and East Asia. Northern cats weigh up to 16 pounds, while those in the southern reaches of its range are more petite at just 1-8 pounds.
- The beautiful *Marbled Cat*, another Southeast Asian inhabitant, weighs from 4 to 11 lbs.
- *Margays*, from South America, look similar to Ocelots, but smaller: only 5-9 pounds.
- *Pallas's Cats* are found in Central Asia; despite their stocky appearance (due to thick fur), they weigh only 5-10 pounds.
- *Pampas Cats*, named after the South American prairies of Chile and Argentina, look much like Andean Mountain Cats and are of similar size, about 12 lbs.
- The diminutive *Rusty-Spotted Cat*, found only in India and Sri Lanka, is the smallest wild cat in the world: just 2-3.5 pounds.

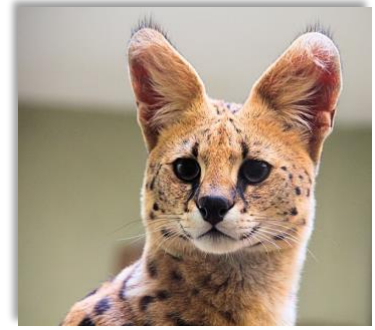


Geoffroy's Cat



Pallas's Cat

- *Sand Cats*, desert dwellers of Arabia and Northern Africa, weigh only 3-7 lbs.
- *Servals*, lithe African cats, weigh 15-40 pounds. They're notable for being part of the ancestry of the domestic breed Savannah cat.
- The *Panatanal Cat* is similar to the Colocolo and some consider it a subspecies. It is found on the western Andean slope, and is around the same weight, 6-7 pounds.
- South American mountain-dwelling *Tigrillas* (also called Oncillas or tiger cats) are longer but lighter than domestic cats: just 3-7 pounds.
- The *Wildcat* (*Felis silvestris silvestris*—European; *Felis silvestris lybica*—African) is found in Europe, Africa, and parts of Asia. This cat is the direct ancestor of our domestic pet cats. These still-wild relatives of our kitty cats weigh 5-11 pounds.



Serval

According to AVMA, none of these cats should be declawed, because declawing causes pain and suffering.*

The closest relative and immediate ancestor of the domestic cat is the African Wild Cat. Where they co-exist, the two have interbred extensively. [Driscoll 2007] The same is true of Scottish Wildcats, a critically endangered species [Beaumont 2001], and European Wildcats [Oliviera 2015], which also interbreed with feral domestic cats.

So, AVMA, which descendants of such interbreeding can be declawed, and for which is the pain and suffering is so great that you condemn it?

There is absolutely no justification for AVMA's conflicting standards.

Obviously, the double standard being applied only by the veterinary profession, led by the AVMA, is nothing but smoke and mirrors. By its own logic, AVMA should condemn declawing of *all* cats, regardless of size, species, lifestyle, or any other made-up distinctions.

* It should be noted that declawing of *all exotic carnivores*, including felines, canines, and bears, was banned in 2006 for all zoos, exhibitions, laboratories, and other institutions licensed or governed by the USDA's Animal Welfare Act. [USDA]

Chapter 9. Alternatives to Declawing

All reasons for non-medical declawing have non-surgical alternatives.

There are many humane choices will still protect both human and feline health, as well as sofas and Persian rugs:

1. Scratching posts, mats, corrugated cardboard, logs, softwood boards, sisal rope
2. Training (yes, cats CAN be trained!)
3. Regular claw-trimming
4. Rotary sanders (Peticure, Dremel)
5. Nail caps (SoftPaws, Soft Claws)
6. Pheromone spray (Feliway®) [Pereira 2023]
7. Emery scratchers of all sizes and shapes
8. Double-sided sticky tape (Sticky Paws)
9. Furniture protectors (corner guards, tailored slipcovers, towels, throws)
10. Scratching mats that can be applied to walls, carpets, furniture corners, or other surface.
11. Homemade or commercial pet repellent sprays
12. Ultrasonic cat repellent
13. Access restriction (upside-down vinyl rug runner, clear tarp, aluminum foil)
14. Remote aversive devices (ScatMat, Ssscat)
15. Furniture covers (blankets, towels—anything loose will not be appealing to your cat!)
16. Those who absolutely refuse to have a clawed cat can easily adopt an already-declawed cat (there are thousands in shelters and rescues across the U.S. and Canada).
17. Re-home the cat.

*Note: Most of these alternatives are **not necessary forever**. They are only needed until the cat becomes accustomed to using whatever suitable scratching surfaces are provided.*

Re-homing a cat is not the worst thing that can happen. The risk of serious pain for the rest of a cat's life must be taken into account. Right now there are more than 550 declawed cats sitting in shelters and rescues in the U.S. and Canada. Almost 40% of these cats are seniors over 7 years old. Older cats develop often behavior problems due to aging issues like obesity and arthritis that often lead to relinquishment. *Declawing isn't saving declawed cats' lives, and it's not keeping them in their homes.*

Re-homing should be considered a valid option, preferable to and not the equivalent of death.

Up to 10% of shelter adoptions fail; and about 4% of cat owners say they would get rid of their cat if it couldn't be declawed. Not every cat is a perfect match; there are plenty of incompatible adoptions. If the cat is not suitable for the preferred lifestyle of the household, and if re-homing is necessary to save a cat from a potential lifetime of pain, then re-homing may be the best alternative for that cat.

If you have a cat and you're in the market for new furniture, chairs and sofas with a wood or rattan frame or arms, or microfiber upholstery, are far less likely to attract a cat's territorial attention.

How to Train a Cat

The principles of training any animal are simple:

- Determine what's reinforcing the undesirable behavior
- Remove that reinforcement
- Positively reinforce an alternate appropriate behavior instead
- Never use punishment

Training a cat not to claw certain objects has actually been studied. The most successful strategies include:

- Providing alternative surfaces (flat surfaces and sisal rope posts and trees are preferred by cats)
- Adding more scratching surfaces
- Apply attractant (e.g., rub with catnip)
- Rewarding the use of appropriate objects
- Restrict access to unwanted items

Punishment—such as yelling, making a loud noise, swatting the cat, or using a squirt bottle—only frightens the animal and erodes the human-animal bond. According to behavior experts, “Punishment has been shown to increase the likelihood of aggressive behavior in many species [Azrin 1968].” Punishment can lead the cat to develop a negative association with the person implementing it. It can also make the cat feel unsafe in the environment where punishment is used.

Plus, punishment doesn't work! Yelling and hitting were found to *increase* unwanted scratching. Providing enrichment and positive reinforcement were far more successful. [Cisneros 2022]

Using these simple principles leads to a better understanding of why animals behave as they do and leads to a better relationship with the animal. [AVSAB]

The bottom line is that, with a little effort, patience, and time, one or more of these alternatives will work for any cat; making it unnecessary and inhumane to use radical, irreversible surgery to solve a behavior problem. If scratching simply cannot be tolerated, the cat needs to be re-homed, not abandoned on the street (like my cat Perry Christmas!), relinquished, or killed.

The question isn't "declaw or death," it is "declaw or humane alternatives to declaw." This false dichotomy is veterinarians' primary excuse for declawing—but it's completely invalid.

One More Thought about "Declaw or Death"

A good friend and tireless anti-declaw activist, Annie Bruce (author of [Cat Be Good: A Commonsense Approach to Training Your Cat](#)), has been a controversial figure. She always insisted that cats are better off euthanized than declawed. Of course, I was horrified at that idea, and strongly disagreed with her!

But over the years, I've become convinced by the abundant research on chronic and pathological pain that every declawed cat is hurting at least some of the time, and some cats are painful every with every step they take. Pain has a severe deleterious effect on quality of life. There is no way to identify cats that may become chronically painful ahead of time; with every declaw, that chance is present. But veterinarians understand the idea of "quality of life," and when it is so low that euthanasia is the better option.

Veterinarians often comment, "If I had to be declawed or be killed (or even be homeless) I'd sure take declawing!" That's a very human perspective. But would a cat really make that choice?

If I were a cat, with no concept of death, nor any emotional attachment about it, and someone offered me a choice between "18 years of pain" or "go to sleep and never wake up," I'm pretty sure I'd choose sleep.

Chapter 10 - A Last Resort?

“Declawing should only be used as a last resort.”

That is what the American Veterinary Medical Association (AVMA), American Association of Feline Practitioners, the American Animal Hospital Association, and other organizations have said about declawing. Most veterinarians will tell you the very same thing—with a straight face—even though they are likely to be doing the exact opposite themselves. (See Appendices for full statements from these organizations.)

Here’s a summary of the argument:

“Given clear evidence of pain and postoperative complications with declawing, this procedure should be considered as a last resort after all other behavior modifying measures have been attempted and when the only other alternative is relinquishment or euthanasia.” [See Appendix B]

Declawing as a “last resort” means that the veterinarian has counseled the client on all available humane alternatives (there are well over a dozen), and that the client has made a good-faith effort to try every one, singly and together, and that no matter what, the cat will just not stop clawing the sofa. To do all of that, of course, would take weeks if not months.

When a veterinarian declaws an 8-week old kitten (who only just figured out he *has* claws a couple of weeks ago), it’s obvious that not a single alternative has been tried, let alone been given time to either succeed or fail.

All cats have the instinct to scratch, but not all cats – not even a majority of cats – develop “problem” scratching behavior significant enough to warrant any kind of intervention. Hundreds of millions of cats have been declawed to “prevent” a problem that probably would never have occurred.

Multiple phone surveys of veterinarians have proven that most clinics will happily schedule declaw surgery at the first request, without any counseling at all, even for new clients. Oh, they may require a pre-op examination (they should!), but it’s a rare one that will name even two or three alternatives before proceeding with the irreversible amputation of 10 or 18 toe bones. [Shepler 2016]

Failure to Teach

Veterinarians have failed miserably when it comes to client education, not to mention veterinary ethics. If a suitable surface is provided, a cat will naturally choose that surface to scratch because it fulfills this strong instinct; or the cat can be guided to use it. However, leaving the decision of where to scratch up to the cat may cause damage that annoys the client and results in the cat being

declawed—all preventable with 30 seconds of client education, a handout, or a free cardboard scratcher at the first kitten or new cat visit.

It is amazing (and somewhat horrifying) that, as recently as 2012, nearly half of cat guardians (48%) *did not know* they were supposed to provide an acceptable scratching surface for their cat. It's even more amazing (and horrifying) that this was a big improvement over the previous survey. [American Pet Products Association, 2012]

Unfortunately, too many people who do provide a scratching surface opt for rickety, carpet-covered posts. These are not as attractive to cats as sisal rope, or even the *back* of the carpet, which provides superior resistance for their claws. Veterinarians clearly need to do a much better job of educating clients in order to prevent unnecessary surgery.

Questionable Ethics

Some veterinarians advertise discounts or “package deals” on spay/neuter plus declawing. One veterinarian, who wrote to a declawing opponent, said that he not only recommends but *demand*s that every one of his feline patients be declawed. Another confessed that he makes \$75,000 a year from declawing. Such blatant promotion and intimidation around declawing is far from the spirit of AVMA's guidelines, and reinforces the unfortunate idea that declawing is done purely for profit. Then again, it often is.

Kittens are commonly declawed long before they could possibly develop a scratching problem. A 1991 survey found that 70% of cats were declawed between 2 weeks and 12 months of age. [Landsberg 1991] The situation has only gotten worse; a 2009 survey found that 76% of cats were declawed at less than 8 months of age. [SCVMA 2009] Many veterinarians will *only* declaw kittens under 1 year of age!

Preventive declawing is a blatant, direct violation of veterinary ethics. Even the loosest definition of “last resort” surely does not include surgical intervention for a problem that does not exist, may never arise, and for which so many humane, non-surgical alternatives are readily available.

Veterinarians want policies that allow the decision to amputate cats' toes to remain between “veterinarian and client.” But such policies are useless and change nothing.

Performing multiple painful, irreversible amputations as a “quick fix” to a behavior issue is not good medicine and must be stopped.

Rusty Skills?

Other surveys have found that many veterinarians don't do as many declaws as they used to; some claim they only do one or two a year.

The question then becomes, if you do so few, how do you maintain your surgical skill? If I only did something once or twice a year, I probably wouldn't be very good at it, even if I previously did it quite well. I spayed and neutered thousands of cats when I was in active practice, but I wouldn't want to try it now, after many years of retirement. Surgery is NOT like riding a bicycle!

The Case of the Dying Declaw?

Another story you'll hear from veterinarians is, "Hardly anyone does declaws any more. No need to outlaw it, it will fade away all on its own."

However, this rosy outlook is countered by the facts: *declawed cats as a percentage of the cat population has remained steady at 20-25% for decades.* [Lockhart 2014, Mills 2016]

A survey of Southern California veterinarians found that 86% of hospitals perform declawing, although the average number of declaw surgeries was estimated to be only 14 per year. It costs money to be a member of the surveying association. High-volume, low-quality veterinarians are probably not members. And they aren't answering surveys. [SCVMA 2009]

There are about 80 million pet cats in the U.S., and estimates of how many of them are declawed range from 20-45% (16-36 million cats). Clearly, a lot of veterinarians are declawing a lot of cats! [Cloutier 2005]

A 2013 survey of veterinary practices in the Athens, Georgia area found that all but one performed declawing. On the question of alternatives, 85% of surveyed clinics agreed with the statement, "We explain alternatives to declawing to clients, but are willing to declaw cats without any attempts by the client to try alternatives." [Moesta 2013]

In a 2016 telephone survey of 110 New Jersey veterinary practices, it was found that 88% (97 clinics) still declaw. Of those, 72% performed multiple declaws each month, which means a minimum of 24 per year. This same 72%, or 70 practices out of 97, stated they perform declaws "routinely", "commonly", or "frequently"—far more than the estimated 9 per year.

There is no evidence that declawing is becoming less popular.

According to a 2016 study, declawing is at least maintaining itself in the population and may be making inroads in younger and younger kittens. For those veterinarians seeing fewer and fewer declaw clients, those cats may be declawed elsewhere, likely with the quickest (guillotine) surgical technique and the cheapest pain medications. [Mills 2016]

Despite all the wishful thinking, the prevalence of declawing today **is the same** as it has been all along. “[T]he percentage of cats that are declawed has apparently not changed in the past decade despite the growing controversy surrounding the procedure. Almost 21% of cats seen in veterinary hospitals near Raleigh, NC were declawed.” [Lockhart 2014]

Most declaws are done on kittens under a year old, as young as 8 weeks old, often along with spaying/neutering. Declawing is being used to **prevent** a problem, not solve one. According to a 2014 survey, “veterinary clinics offer declawing of kittens in conjunction with spaying or neutering **as a preventive measure** when scratching behavior is not yet a concern.” [Mills 2016]

Let's say it one more time: **Declawing is not being used as a last resort.** Don't let anyone tell you otherwise.

Chapter 11. Why Declawing Must Be Made Illegal

1. It's unnecessary.
2. It's cruel.

Chapter 12. The Times They Are a-Changin'

When the first edition of this e-book was published in January 2017, the veterinary profession was united in its stance that declawing should be "safe and legal" and a "last resort." They stuck to the claim that declawing saves cats' lives and homes. Of course, declawing is *not safe*. It's usually used as a first, not last, resort. And it saves neither homes nor lives. Just the opposite is true!

West Hollywood, California, was the first city in the U.S. to ban declawing in 2002. When it started looking like other cities might follow, in 2009 the California Veterinary Medical Association got the state legislature to prohibit cities from "interfering" with the practices of any profession governed by a state board. This included doctors, pharmacists... and veterinarians. The saving grace was that the law did not take effect until 2010. So, in 2009, the Paw Project coordinated an effort—in which I proudly took part—to pass as many local bans as possible. Seven more cities did so: Berkeley, Beverly Hills, Burbank, Culver City, Los Angeles, San Francisco, and Santa Monica.

In New York and New Jersey, bills banning declawing were considered by those states' legislatures in 2015 and 2016. The New York bill was crushed by the veterinary lobbying group (New York Veterinary Medical Association) early on in both years, but in 2016, the New Jersey bill passed the full Assembly and the Senate Committee before defeat in the full senate. The bills have been reintroduced there and in several other states.

New York finally became the first state to ban declawing in 2019. Maryland became the second in 2022.

Virginia passed a declaw ban in 2024, but because it contains an exemption for *human* health, it is essentially worthless. Anyone who wants to declaw their cat can simply get a note from their doctor. Most physicians are clueless and will readily write such a note. The exemption also makes the ban virtually unenforceable.

Massachusetts and Rhode Island became the latest states to completely ban declawing in 2025.

California passed a declaw ban that was signed by Governor Newsom. It passed the state Assembly 74-0 and the Senate 36-0. Newsom was mayor of San Francisco when it passed its declaw ban in 2009. It went into effect on January 1, 2026.

In 2017, Denver, Colorado, became the first city outside California to ban declawing. It is now banned in:

- St. Louis, Missouri (both city and county)
- Austin, Texas

- Pittsburgh and Allentown, Pennsylvania
- Madison, Wisconsin
- Tacoma, Washington
- Volusia County, Florida

At the Denver council meeting, the Colorado Veterinary Medical Association president seemed embarrassed to be there. He completely dropped all previous pro-declawing arguments, saying only that "we strongly oppose declawing but we also strongly oppose this law." He then compared the complexity and emotional trauma involved in *deciding to have an abortion*, to deciding to declaw your cat. OMG. (Note: when speaking to legislators, it is a *very bad idea* to compare animals to people!)

Major defections among veterinary associations are also happening:

- As of 2021, the Feline Veterinary Medical Association (FVMA) [formerly called American Association of Feline Practitioners (AAFP)] does not allow its certified Fear-Free or Cat Friendly practices to offer declawing. (See Appendix C)
- The Canadian Veterinary Medical Association (CVMA) updated its policy to oppose "partial digital amputation," as it calls declawing. (See Appendix H)
- Nine out of 10 Canadian provinces ban declawing (all except Ontario).
- The International Society of Feline Medicine (ISFM) considers the declawing of cats for anything other than genuine therapeutic medical reasons to be an act of mutilation. (See Appendix G)
- The ever-waffling American Veterinary Medical Association updated its policy in 2025 to "strongly discourage" declawing while continuing to oppose legislation against it. (See Appendix B)

Declaw bans have been or are actively being considered in many states.

VCA Canada, a corporate owner of 93 veterinary hospitals, banned declawing in 2019. Its U.S. counterpart, which owns more than 800 clinics, announced on February 21, 2020, that it would also stop declawing.

In January 2020, Banfield Pet Hospital changed its policy to disallow declawing except as "medically necessary as part of a comprehensive treatment plan to relieve pet pain or illness." Banfield owns more than 1,000 veterinary clinics.

As of 2025, these organizations and companies have stopped declawing and/or prohibited it in their practices.

| | | | |
|---|---|---|--|
| <p>VCA Canada May 16, 2018. "The Canadian Veterinary Medical Association has deemed the practice of elective declawing inhumane, and we wholeheartedly agree. I am proud to announce that going forward, elective declaws will no longer be performed in any VCA Canada Hospital." - Dr. Danny Joffe, National Medical Director of General Practice of VCA Canada. 2018</p> | <p>VCA "At all VCA Animal Hospitals, we will no longer perform elective declawing effective today, February 21, 2020. At the core of this policy is our firm belief that every pet owner has the responsibility of providing a safe and supportive home for their animal that enables appropriate expression of natural behaviors and fully integrates them into the home and family. Every medical procedure supported by our veterinary practices has been put in place with the health and wellbeing of pets in mind and, based on this, we do not support the elective declawing of any animal in our veterinary practices." Email from VCA to all their vet practices. 2020</p> | <p>Banfield.com Every medical procedure supported by our practice has been put in place with the health and wellness of pets in mind and, based on this we do not support the elective declawing (removal of normal digits) of any animal. Current evidence does not support the use of elective declawing surgery as an alternative to relinquishment, abandonment, or euthanasia. Banfield statement when they banned declawing in Jan. 2020. 2020</p> | <p>American Association of Feline Practitioners (AAFP) "As we continue to amplify our mission to support high standards of practice, continuing education, and evidence based medicine, we are proud to announce the end of elective declawing procedures in our Cat Friendly Practices®. Guided by evidence-based information and the pursuit of leading the feline veterinary community, it is the AAFP's mission to improve the health and welfare of cats. We need to set the standard. This decision reflects our commitment to cats and we are grateful to be able to take this step towards improving feline welfare. Now is the time. Let's end this unnecessary elective procedure, educate the public about the negative effects of declawing, defend the welfare of domestic cats, and stand proud as veterinary professionals." Email from AAFP to all their members & Cat Friendly Practices in Dec. 2020. 2021</p> |
| <p>MissionVetPartners.com "While we have never mandated any medical protocols, we believe that in this instance it is shortsighted and we feel compelled to take a stance in order to ensure that we abide by one of our core values: to do the right thing. Your comments and the research on your website have prompted us to escalate this to our medical advisory board. On Wednesday, we met to discuss MVP taking an active position on declawing. On Thursday, we again reviewed the current positions of leading associations to develop our own recommendation and position. We agree with the American Association of Feline Practitioners and believe that anychotomy, as an elective procedure, should not be permitted. I wanted to let you know that by unanimous consent of our medical advisory board we have adopted the AAFP position on prohibiting elective declaws in all MVP clinics." March 2021 email from Dr. John Tolmidge, Chief Veterinary Officer at MVP to the Exec. Director of City the Kitty nonprofit. 2021</p> | <p>FearFreePets.com "In times where the emotional wellbeing of pets has become ever more important, Fear Free has made the decision to align with key industry leaders and organizations and phase out the practice of feline declawing in Fear Free Certified Practices. Given the negative impact this procedure has on our feline companions many of which are linked to a decline in emotional wellbeing, it is only appropriate that Fear Free and its certified practices commit to eliminating feline declawing as an elective procedure. We're giving cats a voice." Email from Fear Free Pets to all their practices in May 2021. 2021</p> | <p>PetSmart Veterinary Services "PetSmart Veterinary Services is in alignment with the American Association of Feline Practitioners (AAFP) 2017 Declawing Position. We look to the AAFP as the medical experts in the health and happiness of our feline family members." Dr. Jennifer Bruns, DVM, MPVM, PetSmart Veterinary Services Vice President of Business Development and Quality Email to the Pres. of City the Kitty nonprofit on Aug. 3, 2022. 2022</p> | <p>BondVet BondVet.com does not offer declawing in any of their full service veterinary clinics. 2022</p> |
| <p>petco + vetco total care Petco's Vetco clinics do not perform declawing. 2022</p> | <p>ETHOS VETERINARY HEALTH Ethos opposes declawing as an elective procedure and we are supportive of the AAHA and AAFP position statements on declawing. Our hospitals do not perform this procedure unless medical necessary for conditions such as a chronic nail infection or tumor. Ethos opposes declawing as scratching is a normal feline behavior. Additionally, declawing is an amputation of the third bone in each toe and there are inherent risks and complications with declawing that increase with age such as acute pain, infection, nerve trauma, as well as long term complications like lameness, behavioral problems, and chronic neuropathic pain. 2022 National Veterinary Associates (NVA) purchased Ethos in Aug. 2021. NVA still allows declawing in their practices. The Reimann family owns JAB Investors which owns NVA.</p> | <p>M. Modern Animal "We do not offer declawing. Modern Animal strongly opposes declawing as an elective procedure. Scratching is a normal and essential feline behavior and this procedure can result in chronic pain, infections as well as behavioral problems. We may perform a single declaw removal when medically/therapeutically necessary." Note to City the Kitty on Dec. 27, 2022 2022</p> | <p>PetVet Care CENTERS "As a company, we do not mandate how doctors practice medicine, but we do expect that ethical decisions are made every day with the patient's best interest at heart according to the Veterinarian's Oath." PetVet Care Centers does not allow declawing in their vet clinics unless it's for a medical reason for a cat like a tumor or injury. April 2025 CitytheKitty.org</p> |

There are still major players tacitly supporting declawing, including the American Animal Hospital Association (AAHA) and the American Society for the Prevention of Cruelty to Animals (ASPCA).

ASPCA "strongly opposes" declawing. but still support the procedure after "all behavioral and environmental alternatives have been fully explored, have proven to be ineffective, and the cat is at grave risk of euthanasia." Fully explored? How about, at least tried? They don't even consider the possibility of re-homing the cat, which is a very reasonable option.

ASPCA's policy statement has been used in several states to stop anti-declaw legislation. Better they should just shut up than deliver such a gift to declawing veterinarians.

ASPCA has many problems, chief among them being that they don't really care very

much about stopping animal cruelty, particularly declawing.

AAHA also “strongly opposes” declawing except when “medically necessary.” It demands adequate pain management—but doesn’t specify what that means.

There isn’t a single published pain management protocol extending beyond a week, despite evidence that pain continues long after that.

AAHA is in a unique position. It’s all well and good for veterinary associations to come out against declawing. But other U.S. groups do not have any enforcement powers. AAHA does. Accreditation by AAHA is a real feather in a veterinary practice’s cap. Only 12-15% of veterinary practices in the US and Canada are “AAHA-accredited.” To become accredited, a practice must meet 50 mandatory standards plus an on-site inspection:

“Practices that choose to pursue accreditation are evaluated on stringent quality standards that encompass all aspects of veterinary medicine—from pain management and patient care to team training and medical recordkeeping—and are continuously updated to keep accredited practice teams at the forefront of the profession.”

In 2025, the sky fell... I mean, AAHA changed its stance. Sort of. Its new position is that accredited practices are “expected to forgo” performing or referring nontherapeutic procedures such as feline declawing unless “a clear medical indication exists.”

However, this is not a prohibition. These expectations are part of AAHA’s accreditation standards, which are flexible and based on a point system. In practice, hospitals can still meet accreditation requirements while continuing to declaw. In other words, AAHA discourages declawing—but allows it “at the discretion of the veterinarian,” a common loophole in policies structured to stop short of prohibition.

Despite all the changes in so many declawing policies, a survey of Michigan veterinary practices found that 94% still declaw cats. [Shepler 2021]

Big forces are moving. The tide is turning. We are getting closer. Keep going, my friends!

Chapter 13 – Advocacy Tips

They say you catch more flies with honey than with vinegar... meaning it pays to be nice when you're trying to win someone over to your point of view.

Saying, "Veterinarians who declaw are horrible people that are just in it for the money," is not going to convert many veterinarians. Yet I hear that all the time, especially from anti-declaw advocates in other countries where declawing is not done.

And with rare exceptions, it's just not true. Here's the thing about veterinarians:

- Most veterinarians went from high school to college to vet school without a break. They never had a long-term full-time job, or lived in any reality that didn't include homework and tests. Their worldview is just different.
- Because veterinary students are generally naïve and idealistic, they believe what their professors tell them.
- For 40+ years, veterinary students have been told that declawing is perfectly fine; it doesn't harm the cat; it doesn't cause that much pain; their behavior doesn't change; cats recover completely in a couple weeks; and of course, cats never have another problem related to being declawed.
- Once they graduate and go into practice, then the AVMA, veterinary conferences, continuing education sources, and veterinary journals keep pounding the same message: declawing is great, no problems, saves cats.

These are deeply ingrained beliefs.

The human brain tends to see only evidence that supports its deeply held pre-existing beliefs. They do not see, understand, or accept contrary ideas. It's called "cognitive bias;" or as some refer to it, the "law of attraction."

During our senior year of veterinary school, we were required to watch videos of the surgeries we would be performing the next day. No problem, I've never been bothered by blood and guts.

But one of the films was about declawing... close-up, graphic, and... nauseating. As I watched the scalpel carve away the cat's toe, I thought, "This is the most barbaric, disgusting thing I have ever seen!" I had to flee to the restroom to vomit.

I did not understand why none of my fellow students had a reaction even remotely like mine. Now I understand that they were young, naïve, and less able to think independently. They completely bought what teachers were selling, as they always had. My years of real-life experience *before* going to vet school at the age of 36 gave me a very different perspective.

Always question authority!

People get very upset when their beliefs are challenged. You only have to look at American politics to understand that! Certainly, during the hearings on the 2009 California declaw bans, there was a lot of yelling and screaming coming from both sides! Of course, the rage didn't help either side. What *did* work was presenting rational, easily understood facts in a professional manner.

Veterinarians who declaw truly (if misguidedly) believe that:

- If they don't, cats will be relinquished, abandoned, or euthanized.
- Declawing provides more homes for cats with people who would not have a cat otherwise.
- They do it the "right way," and if they don't declaw, someone else will that may have lower standards of care.

Veterinarians are not bad people; they are just misinformed on this subject. They believe the erroneous information they've been told in and since school. Some anti-declawing advocates believe that veterinarians are obtusely, deliberately uninformed. That may be a bit of a stretch. I do think that the profession as a whole has been unwilling to examine the potential harm caused by declawing. And I do think that the veterinary associations who defend declawing *are* operating out of greed to protect the income of their members, as well as their freedom to practice however they please.

Every day on the internet (especially Facebook!), you can see people defending having declawed their cats, or saying that they're going to declaw, and they immediately get cyber-bullied with "What kind of idiot are you?" or "That's the stupidest thing I ever heard!" Again, this attitude is not likely to win hearts and minds. People make decisions from emotion, and only later justify their decisions with facts. Emotions can be guided to a good or a bad result.

Here are some methods of persuasion that work.

1. K.I.S.S. Keep it simple, stupid! Make your points short, clear, and easy to understand.
2. Don't compare animals to people. It's offensive to many.
3. Don't get mad, don't yell, don't be righteous, don't act like you think the other side is stupid and you're so obviously right. (Even when you are.) It will just make the other side mad, and worse, make a poor impression on decision-makers.
4. Find common ground; agree where you can: "Everyone here just wants to do what's best for cats."
5. Be personal. Say I, not we, unless the "we" is justified in that situation; i.e., you are officially representing an organization.
6. Use words like "help" and "please" to make your argument more appealing.

7. Empathize. Develop rapport. If you're talking in person, nod, and make eye contact. Use basic NLP techniques if you know them.
8. Focus on a positive outcome.
 - a. If talking to veterinarians, say, "Cats will be healthier, clients will be happier." Many veterinarians who have stopped declawing find that when they start explaining the truth about declawing and why they don't do it, it creates trust. Clients are grateful, and become more closely bonded to the practice. In other words, it's good for business.
 - b. If talking to legislators, emphasize that they have the chance to correct a longstanding error, to stop animal cruelty, to make the world a better place.
 - c. If talking to someone who is thinking about declawing their cat, explain that the most recent research has revealed problems that were not recognized before. Ask if they can name five alternatives to declawing. When they can't, give them the information—in a kind, helpful way.
9. Be confident. **Know your stuff.** This is *critical* when testifying before any kind of legislative person or group.
10. Back up your position with multiple sources of information that undermine their belief system. (Use the references from this ebook!)
11. Avoid absolutes: "all, every, never, always." Hedging with "may" or "might" or "could" helps soften resistance.
12. Use the element of surprise if you can. Throw in a fact or two that are not generally known (but of course, make sure you can prove it!)
13. Recognize that even if your opponent doesn't accept your argument, it doesn't mean you lost the debate. You've planted a seed. A build-up of information contrary to a belief will eventually reach a tipping point. Maybe the next person they talk to will be the one that changes their mind, but your input was an absolutely necessary step.

We are all passionate about this cause. Personally, nothing else in the world outrages me more than declawing. But what good does that do? Being angry raises blood pressure, sends adrenaline and all kinds of other nasty chemicals coursing through your body, and shortens your lifespan.

Now, sometimes anger, especially justifiable anger that motivates you to positive action, is fine. Flashes of anger due to a temporary situation ("That idiot cut me off!) are normal. But we can and should get over it. Wallowing in rage is not going to save a single cat.

The veterinary profession is not an immovable object. Stubborn yes; hopeless, no. We are right, and we must be the implacable, forward moving, irresistible force. Remember what King Arthur said in *Camelot* – right IS might!

APPENDIX A – A Brief History of Declawing

Declawing (more accurately described as “partial paw amputation”) is thought to have been “invented” in the 1950s [Misener 1952, Misener 1961], but it did not become common until the 1970s.

Some have suggested that dog fighters declawed cats to be used as bait, to protect the dog from being scratched. I don’t buy this theory at all. Criminals are lazy. (I was a deputy sheriff, so I speak from experience!) It is much quicker and easier to simply tape cats’ feet together and throw them in the pit. They’re unlikely to take the time, effort, or physical risk to pull 18 claws out of an awake, adult cat.

Opposition to declawing has been there all along. Even in 1971, researchers note that “onychectomy (declawing) of the cat is a controversial subject among veterinarians and breeders”.¹ Veterinarians are supposed to be in the business of helping animals; to waffle and stall and make excuses does not put the profession in a very flattering light.

Many processes, procedures, and therapies that were promoted in the past are now considered inhumane. California’s passage of Proposition 2 in 2008 to improve the welfare of farm animals (which outlawed practices that are still defended by the veterinary profession) is just one example.

In one experiment, Japanese researchers declawed all four paws of 14 “laboratory kittens” by ligation—tying a very tight suture around the last joint of each toe to stop blood flow and kill the tissue. It took 2 weeks for the claws and attached bones to fall off. Ligation (a common method of castration of farm animals such as piglets) is known to be extremely painful.²

A veterinarian declawed four litters (total 12 kittens) from 2 to 5 days old, with no anesthesia and no pain control. He said, “Those declawed at 5 days of age were a little more active and difficult to restrain.” Claw regrowth occurred in the first litter 2 years later.³

Seventy kittens, 3-10 days old, were used for another experiment. All the kittens in one litter, declawed at one day of age, were killed by their mother the same night. To solve this dilemma, the authors suggested that cats should be watched more closely, and kittens not declawed until age 3 days.⁴

As of 1979, one clinic had been using their own method of declawing for 8 years; and had declawed “300 domestic cats and on all four feet of 50 exotic cats.”⁵

Today, declawing by ligation or declawing days-old kittens is unthinkable.

Declawing exotic cats is illegal (banned by the U.S. Department of Agriculture in 2006 under the Animal Welfare Act), and “condemned” by the AVMA.

As a society, we are becoming less tolerant of unnecessary animal suffering. The veterinary profession is slow to change, and is seriously lagging behind public opinion. It's left up to the rest of us to abolish its most egregious errors.

¹ Sis RF, Herron MA. Onychectomy of newborn kitten. *Feline Practice*. 1971; Nov-Dec: 31-32.

² Kokue E, Nagano K. Declawing the laboratory kitten by ligation. *Jikken Dobutsu*. 1973 Apr;22(2):149-50.

³ Staples GE. Declawing neonatal kittens. *Veterinary Medicine Small Animal Clinics*. 1978 Jul;73(7):895-6.

⁴ Sis, *Ibid*.

⁵ Peddie JF. A technique of onychectomy for exotic felidae. *Veterinary Medicine Small Animal Clinics*. 1979 Sep;74(9):1347-51.

APPENDIX B – American Veterinary Medical Association (AVMA) Policy on Declawing (As of July 2025)

The AVMA strongly discourages veterinarians from performing onychectomy, tenectomy, or any other surgical procedure intended to prevent the normal use of the animal's claws that is not medically necessary. Scratching is a normal behavior of cats that conditions the claws, serves as a visual and scent territorial marker, allows for self defense, and provides healthy muscle engagement through stretching. The amputation or other surgical alteration of the distal digits is an acutely painful procedure and may result in chronic pain, maladaptive behavior, disability, and significant mutilation. Onychectomy is a surgical amputation and, if performed, multi-modal perioperative pain management must be utilized.

The AVMA respects the veterinarian's right to use professional judgment when deciding what is necessary and appropriate to best protect their individual patients' health and welfare. It is incumbent upon veterinarians to counsel owners about the natural scratching behavior of cats, effective alternatives to surgery, as well as the details of the procedure itself and known short and long-term complications.

AVMA Policy on Declawing (*before 2019 update*)

Declawing of Domestic Cats

The AVMA strongly encourages client education prior to consideration of onychectomy (declawing). It is the obligation of the veterinarian to provide cat owners with a complete education with regard to the normal scratching behavior of cats, the procedure itself, as well as potential risks to the patient. Onychectomy is an amputation and should be regarded as a major surgery. The decision to declaw a cat should be made by the owners in consultation with their veterinarian. Declawing of domestic cats should be considered only after attempts have been made to prevent the cat from using its claws destructively or when its clawing presents an above normal health risk for its owner(s).

The following points are the foundation for full understanding and disclosure regarding declawing:

- Surgical declawing is not a medically necessary procedure for the cat in most cases. While rare in occurrence, there are inherent risks and complications with any surgical procedure including, but not limited to, anesthetic

complications, hemorrhage, infection and pain. If surgical onychectomy is performed, appropriate use of safe and effective anesthetics and perioperative analgesics for an appropriate length of time are imperative. Pain management is necessary (not elective) and required for this procedure. Multimodal pain management is recommended, and there should be a written aftercare plan. The surgical alternative of tendonectomy is not recommended.

- Scratching is a normal feline behavior, is a means for cats to mark their territory both visually and with scent, and is used for claw conditioning ("husk" removal) and stretching activity.
- Owners should provide suitable implements for normal scratching behavior. Examples are scratching posts, cardboard boxes, lumber or logs, and carpet or fabric remnants affixed to stationary objects. Implements should be tall or long enough to allow full stretching, and be firmly anchored to provide necessary resistance to scratching. Cats should be positively reinforced in the use of these implements.
- Appropriate claw care (consisting of trimming the claws every 1 to 2 weeks) should be provided to prevent injury or damage to household items.
- Temporary synthetic nail caps are available as an alternative to onychectomy to prevent human injury or damage to property. Plastic nail caps are usually applied every 4 to 6 weeks.
- Declawed cats should be housed indoors and allowed outside only under direct supervision.
- Scientific data do indicate that cats that have destructive scratching behavior are more likely to be euthanatized, or more readily relinquished, released, or abandoned, thereby contributing to the homeless cat population. Where scratching behavior is an issue as to whether or not a particular cat can remain as an acceptable household pet in a particular home, surgical onychectomy may be considered.
- There is no scientific evidence that declawing leads to behavioral abnormalities when the behavior of declawed cats is compared with that of cats in control groups.

APPENDIX C - FVMA Declawing Policy

Summary of Declawing Position Statement

The Feline Veterinary Medical Association strongly opposes declawing (onychectomy) as an elective procedure. It is the obligation of veterinarians to provide cat owners with alternatives to declawing. If owners are considering declawing, they must be provided with complete education about feline declawing.

The following points are the foundation of the position statement:

- Feline declawing is an ethically controversial procedure.
- Declawing is NOT a medically necessary procedure for cats in most instances.
- Scratching is a normal feline behavior--both inherited and learned. Cat owners should be educated on feline scratching behaviors. Veterinarians should provide behavioral recommendations that allow cats to express these behaviors and reduce those undesirable to the client.
- Declawing is an amputation of the third phalanx (P3).
- It is the veterinarian's obligation to educate cat owners and provide them with alternatives to declawing.
- Veterinarians should counsel cat owners on alternatives for declawing such as:
 - providing cats with scratching posts/pads
 - regularly trimming the claws to prevent injury or damage to household items
 - considering temporary synthetic nail caps
 - using synthetic facial pheromone sprays and/or diffusers to help relieve anxiety or stress
 - providing appropriate feline environmental enrichment
- There are inherent risks and complications with declawing that increase with age such as acute pain, infection, nerve trauma, as well as long term complications like lameness, behavioral problems, and chronic neuropathic pain.

This position statement has been updated from: 2015 Declawing Statement, 2007 Declawing Statement

AAFP Full Position Statement

Declawing

The American Association of Feline Practitioners (AAFP) strongly opposes declawing (onychectomy) as an elective procedure. It is the obligation of veterinarians to provide cat owners with alternatives to declawing. If owners are considering declawing, they must be provided with complete education about feline declawing, including the anatomic details of what a declaw entails (ie, amputation of the third phalanx [P3]) and the importance of proper pain management. In addition, alternatives to surgery and the risks and benefits of surgery need to be discussed.

It is important that owners understand that scratching is a normal feline behavior; it is both inherited and learned. 1 The primary reason for scratching is to maintain the necessary claw motion used in hunting AAFP Position Statement Declawing and climbing. 2 In addition, it is done to re-establish claw sharpness via 'husk' (or 'sheath') removal and to stretch the body. Finally, it is an important means of visual and olfactory communication. Scratching can be directed to areas that owners consider appropriate. The following steps should be taken to prevent destructive scratching and are alternatives to declawing.

Veterinarians should counsel owners to do the following:

- Provide suitable implements ('scratchers') for normal scratching behavior. Examples are scratching posts or pads, cardboard boxes, and lumber (timber) or logs. Scratchers may be vertical or horizontal. They should be tall or long enough to allow full stretching and stable enough so they do not move or fall over. Scratching materials preferred by cats include wood, sisal rope, carpet, cardboard and rough fabric. In one study, carpet-covered vertical scratchers were preferred.³ Owners may need to experiment with a variety of textures and types of scratchers to determine one or more that their cat prefers.⁴
- Stringent attention must be given to both location and suitability, otherwise the cat may choose other areas/objects that are desirable to them, but not to the owner.⁵ Because cats often stretch and scratch upon awakening, a scratcher should be placed next to where the cat sleeps. It may also be effective to place a scratcher near the cat's preferred, yet undesirable scratching object (eg, the corner of a couch). In addition, access to the 'undesired' object needs to be temporarily denied by removing or covering/protecting it with a material that is aversive to the cat (eg, double-sided sticky tape, loose fabric, foil or plastic).³ Kittens and cats can be trained to use scratchers by enticing the cat to the item with catnip, treats or toys, and by rewarding behavior near or on the scratcher. If the cat scratches elsewhere, the cat should be picked up gently and taken to the scratcher, and rewarded. Cats should be positively reinforced and never punished.⁶
- Provide appropriate claw care by regularly trimming the claws to prevent injury or damage to household items. Proper feline nail trimmers should be used to prevent splintering of the nails. Nail trimming frequency depends on

the cat's lifestyle. Kittens, indoor-only and older cats will need more regular nail trims, whereas outdoor cats may naturally wear their nails and require less frequent trimming. Trim nails in a calm environment and provide positive reinforcement for the cat.⁶

- Consider temporary synthetic nail caps, which are available as an alternative to onychectomy (or surgical declawing). These caps are glued over the nails to help prevent human injury or damage to property. Nail caps usually need to be reapplied every 4–6 weeks.⁷
- Consider using synthetic facial pheromone sprays and/or diffusers to help relieve anxiety or stress.⁸ Application of synthetic feline interdigital semiochemical [e.g., Felway®] on the desired scratcher has been shown to induce scratching behavior on an appropriate target.² In addition, deterrent materials (eg, doublesided sticky tape, foil, plastic) may be placed on the undesired scratching object.
- Provide appropriate feline environmental enrichment, which must be implemented for successful behavioral modification.⁹ Repetitive or increases in scratching behavior of indoor cats may be related to anxiety, stress, attention seeking, or lack of perceived security in their environment.^{2,5} Anxiety can be exacerbated by owner punishment, thus driving the cat to increase scratching behavior in the same or other locations.⁵

The surgical alternative of deep digital flexor tendonectomy can cause deleterious results due to the overgrowth of nails, the need for more extensive claw care required of the owner, and the development of chronic discomfort in some patients. Consequently, deep digital flexor tendonectomy is not recommended.

Onychectomy is not a medically necessary procedure for the cat in most instances. There are inherent risks and complications with this surgical procedure that increase with age.¹⁰ These include, but are not limited to, the following: acute pain, hemorrhage, swelling, infection and nerve trauma.¹¹ Long-term complications include lameness, chronic draining tracts, retained P3 material leading to claw regrowth, development of palmigrade stance, behavioral problems¹¹ and chronic neuropathic pain. Fewer than half of veterinary schools in the USA include a mandatory lecture or laboratory to teach this surgery. Lack of formal training in the procedure could lead to inferior surgical technique, thereby increasing the likelihood of both long- and short-term complications.

Regardless of the method used, onychectomy causes a significant level of pain. Patients may experience both adaptive and maladaptive pain. In addition to inflammatory pain, the cat may develop long-term neuropathic or central pain if its pain is inadequately managed during the perioperative and healing periods.

In human medicine, the reasons for phalanx amputation include 'tumors, malformations that affect function, infection, severe post-traumatic vascular damage or gangrene. Removal of the nail is done for ingrown toenail or

paronychia' (A Hugo, 2014, personal communication). Similar medical conditions in a cat might indicate the need for a specific phalanx to be removed. This would not support the amputation of normal digits.^{10,12}

While it has been suggested that onychectomy is acceptable to prevent spread of zoonotic disease(s) to immune-compromised people,¹⁰ current research demonstrates the greater value of proper hygiene and parasite control in the prevention of most common zoonoses. In households where cats come into contact with immune-compromised individuals, extensive education about zoonotic disease potential should be discussed and documented in the medical record. Of note, the Centers for Disease Control and Prevention does not advise declawing cats owned by HIV-infected persons; rather, these individuals 'should avoid rough play with cats and situations in which scratches are likely.'¹³

Because property destruction and human injury occur less commonly from the claws on the rear feet, four-paw declaws are not recommended.

There is no current peer-reviewed data definitively proving that cats with destructive behavior are more likely to be euthanized, abandoned or relinquished. The decision of whether or not to declaw should not be impacted by these considerations.

If surgical onychectomy is performed, the appropriate use of safe and effective anesthetic agents and perioperative analgesic medications is imperative. The AAFP believes that a multimodal pain management strategy of sufficient dose (potency) and duration is required for feline onychectomy. Such a protocol will lead to reduced patient stress, less pain, and reduced patient morbidity and mortality.^{14,15} Because one of their primary means of defense has been removed, declawed cats should be housed indoors and properly supervised for their protection when outside.

The AAFP reviews scientific data and supports controlled scientific studies that provide insight into all aspects of feline medicine. The AAFP recognizes that feline onychectomy is an ethically controversial procedure. It has been considered for prohibition in some US states and cities and all but one of 10 Canadian provinces. It is currently prohibited in the European Union (including the United Kingdom), 16 Australia, Brazil, Israel and some other countries, as well as several cities in California.

AAFP Declawing Policy – References

- 1 Canadian Veterinary Medical Association. Scratching behaviour is normal in cats. www.canadianveterinarians.net/documents/scratching-behaviour-is-normal-in-cats (2012, accessed June 9, 2015).
- 2 Cozzi A, Lecuelle CL, Monneret P, et al. Induction of scratching behaviour in cats: efficacy of synthetic feline interdigital semiochemical. *J Feline Med Surg* 2013; 15: 872–878.

- 3 Moesta A. Feline scratching of furniture: impact, owner attempts to prevent it and attitudes towards declawing – a survey of cat owners and veterinarians. MSc thesis, Graduate Faculty, The University of Georgia, USA, 2012.
- 4 American Veterinary Medical Association. Declawing of domestic cats. www.avma.org/KB/Policies/Pages/Declawing-of-DomesticCats.aspx (accessed June 9, 2015).
- 5 Mengoli M, Mariti C, Cozzi A, et al. Scratching behaviour and its features: a questionnaire-based study in an Italian sample of domestic cats. *J Feline Med Surg* 2013; 15: 886–892.
- 6 Rodan I, Simpson W, Monroe-Aldridge P, et al; American Association of Feline Practitioners. Positive reinforcement of cats. www.catveterinarians.com/guidelines/positionstatements/positive-reinforcement (2012, accessed June 9, 2015).
- 7 Soft Paws Brochure, Soft Paws, Inc. Lafayette, LA, USA, www.softpaws.com.
- 8 Feliway Brochure, Ceva Animal Health, LLC, 8735 Rosehill Road, Suite 300 Lenexa, KS 66215, USA, www.feliway.com.
- 9 Ellis A, van Haften K, Protopopova A, et al. Effect of a provincial feline onychectomy ban on cat intake and euthanasia in a British Columbia animal shelter system. *J Feline Med Surg*. 2022 Aug;24(8):739-744.
- 10 Ellis SL, Rodan I, Carney HC, et al. AAFP and ISFM feline environmental needs guidelines. *J Feline Med Surg* 2013; 15: 219–230.
- 11 Lockhart LE, Motsinger-Reif AA, Simpson WM, et al. Prevalence of onychectomy in cats presented for veterinary care near Raleigh, NC and educational attitudes toward the procedure. *Vet Anaesth Analg* 2014; 41: 48–53.
- 12 Curcio K, Bidwell LA, Bohart GV, et al. Evaluation of signs of postoperative pain and complications after forelimb onychectomy in cats receiving buprenorphine alone or with bupivacaine administered as a four-point regional nerve block. *J Am Vet Med Assoc* 2006; 228: 65–68.
- 13 American Veterinary Medical Association. Welfare implications of declawing of domestic cats. Literature review. April 9, 2009. [www.avma.org/KB/Resources/Literature Reviews/Pages/Welfare-Implications-of-Declawing-of-Domestic-Cats-Backgrounder.aspx](http://www.avma.org/KB/Resources/Literature%20Reviews/Pages/Welfare-Implications-of-Declawing-of-Domestic-Cats-Backgrounder.aspx) (2009, accessed June 9, 2015).
- 14 Panel on Opportunistic Infections in HIV Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America, pp J1-J3,

aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf (2013, accessed June 9, 2015).

15 Hellyer P, Rodan I, Brunt J, et al; American Animal Hospital Association; American Association of Feline Practitioners; AAHA/AAFP Pain Management Guidelines Task Force Members. AAHA/AAFP Pain Management Guidelines for Dogs and Cats. *J Am Anim Hosp Assoc* 2007; 43: 235–248.

16 Epstein ME, Rodan I, Griffenhagen G, et al. 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats. *J Feline Med Surg* 2015; 3: 251–272.

17 Federation of Veterinarians of Europe. Surgery for cosmetic and other non-curative purposes. European Convention for the Protection of Pet Animals. www.fve.org/uploads/publications/docs/fve_00_066_cosmetic_surgery.pdf (2001, accessed June 9, 2015).

From time to time the AAFP will respond to emerging new knowledge or issues that are of concern to veterinary professionals caring for cats. Our position statements, which represent the views of the association, are available at: www.catveterinarians.com/guidelines/position-statements Submitted by: Nancy Suska DVM, Gerry Beekman DVM, Paula Monroe DVM, Carlye Rose DVM, DABVP (Feline; Canine & Feline), CVA This Position Statement is an update on the AAFP's earlier Position Statement on declawing, dated November 2007.

APPENDIX D – AAHA Statement on Declawing

The American Animal Hospital Association strongly opposes the elective declawing of domestic cats and believes it is veterinarians' obligation to provide educational tools and guidance for effective alternative training programs for owners.

Background:

Scratching is a normal feline behavior. Cats scratch to

- Condition their claws by removing old nail sheaths
- Stretch and exercise their bodies
- Communicate visually and through scent left behind from glands in their paws

Veterinarians and cat owners must work together to establish appropriate scratching behaviors by:

- Providing suitable implements for normal scratching behavior, such as scratching posts (many varieties available), cardboard, wood, carpet, or fabric remnants affixed to stationary objects. Implements should be tall or long enough to allow full stretching and be firmly anchored to provide necessary resistance to scratching.
- Making appropriate scratching objects more attractive than furniture, which often includes placement near the current object being used and in favorite resting areas.
- Training cats through positive reinforcement to use appropriate scratching sites by employing treats, catnip, verbal praise, and/or hormone attractants.
- Trimming cats' nails often.
- Considering artificial nail caps.
- Avoiding rough play; owners should not use their own body parts (feet, hands) as play toys.
- Using furniture protectors as needed to deter unwanted scratching.

Veterinarians are strongly encouraged to fully educate owners as to why declawing cats is no longer supported. The following points are integral to understanding why declawing is no longer viewed as a reasonable procedure:

Declawing is not just removal of the claw; it is an amputation of the third bone in each toe.

- There are inherent risks and complications with any surgical procedure including, but not limited to anesthetic complications, analgesic side effects, hemorrhage, infection, and pain.

- The US Centers for Disease Control and Prevention does not list declawing as a means of preventing disease in either healthy or immunocompromised individuals.

Recent retrospective studies have found significant increase (three to seven times more likely) of the following in declawed compared to non-declawed cats: chronic back pain, inappropriate urination, biting, and overgrooming.

This statement does not apply to claw removal when medically necessary to treat conditions such as tumors or chronic infections. If declawing is performed, the procedure must follow current best practices for amputation, including multimodal pain control before, during, and after for an appropriate length of time after surgery.

Resources:

- [Pain and Adverse Behavior in Declawed Cats,” *Journal of Feline Medicine and Surgery*, 2017](#)
- [Long-Term Pain in Cats,” *Journal of Feline Medicine and Surgery*, 2010](#)

Adopted by the American Animal Hospital Association Board of Directors October 2003. Revised October 2009 and August 2015. Last revised June 2021.

APPENDIX E – ASPCA Position Statement on Declawing Cats

The ASPCA is strongly opposed to declawing cats for the convenience of their owners or to prevent damage to household property. The only circumstances in which the procedure should be considered are those in which all behavioral and environmental alternatives have been fully explored, have proven to be ineffective, and the cat is at grave risk of euthanasia.

Cats' claws are a vital part of their arsenal for both offense and defense. They use them to capture prey and to settle disputes with or escape from other animals or people who are hurting or threatening them.

As part of their daily rituals, cats instinctually pull the claws on their front paws through surfaces that offer resistance. They do this to mark their territory, exercise muscles normally used in hunting, relieve stress and remove worn sheaths from their nails.

Declawing of cats, or onychectomy, is the amputation of the last digital bone, including the nail bed and claw, on each front toe. If the surgery is performed correctly and the entire nail bed is removed, the claw cannot regrow. The surgery involves the risk of anesthesia, excessive bleeding and postoperative complications, including infection, and is accompanied by pain that may last from several days to much longer unless appropriate pain control is provided.

A variety of alternatives exist to manage natural scratching behavior and to prevent injury from cat scratches. These include having a cat's nails trimmed regularly in order to blunt the tips, providing scratching pads, posts and other appealing structures for the cat to use and employing behavior modification techniques to induce the cat to use them, using deterrents such as double-sided tape (e.g., Sticky Paws®) to protect furnishings, and covering the claws with soft temporary pads (e.g., Soft Claws®). Owners should also be familiar with cat behavior and proper handling techniques to avoid being scratched.

Because declawing has not been proven an effective method for improving other behavioral issues, including aggression towards people or other cats, it should never be used as a behavioral remedy or as a preventative measure. Behavior concerns should be discussed with trained behavioral experts, who can recommend techniques that are effective in managing feline behavior issues.

We do not consider the potential for exposure to zoonotic diseases from cat scratches (including in households with immune compromised people) a valid justification for declawing a resident cat. Notably, in providing recommendations for reducing the zoonotic risk associated with pet bites and other exposure to pet saliva, urine and feces, the Centers for Disease Control and Prevention and the U.S. Public Health Service suggest simple measures such as sanitation, hygiene, careful selection of pets and changes in animal contact. These recommendations do not include declawing.

Legislation to make declawing illegal, while well-intentioned, can be problematic, because, in rare cases, the procedure may be justifiable as a last resort to prevent euthanasia. There is also no meaningful way to enforce a law that includes this exception.

Therefore, we believe that is the responsibility of veterinarians to inform their clients of alternative, nonsurgical methods to address destructive clawing, including referral to an animal behaviorist. Prior to surgery performed to prevent euthanasia, the veterinarian should thoroughly explain the pain, permanence, and complications of the procedure to the owner. Veterinarians should decline to perform declaw procedures except in the rare instance where all other humane alternatives have been exhausted.

APPENDIX F – WSAVA on Declawing

World Small Animal Veterinary Association (WSAVA)

Convention for the Protection of Companion Animals

Cosmetic and convenience surgeries

Cosmetic or convenience surgeries, such as ear cropping, tail docking, declawing or debarking surgeries, are usually performed for aesthetic reasons, to follow certain breed standards or for the convenience of the owner. Occasionally, certain surgeries, such as tail docking, are necessary procedures to treat medical conditions.

Aside from medically necessary procedures, these surgeries may benefit the pet owner in terms of the convenience of keeping these animals and may reduce the risk of relinquishment. However, the risk to the animals will include acute and chronic pain, infection and discomfort from the surgical procedure, as well as limiting their ability to perform natural behaviours which may result in problems such as behavioural frustration or aggression. For example, the tail is a key body part in dogs for communicating with other dogs, and its removal may increase miscommunication (Mellor, 2018). Furthermore, many of the unwanted behaviours that drive these surgeries, such as excessive barking, actually indicate that a welfare problem exists and stopping an animal from communicating its distress may worsen the welfare situation. For natural behaviours such as cats scratching, declawing to protect furniture etc. can result in chronic pain and behavioural frustration that will negatively affect welfare. Many problematic behaviours may be resolved with training or using other humane aids, and by education of owners to ensure that they have reasonable expectations of their pet's behaviour. Behavioural problems also benefit from the judicious use of medication as well and behaviour modification and environmental management.

From a utilitarian standpoint, it is frequently argued that there is little benefit in such procedures for the animal compared with the risks, behavioural frustration and pain that the animal will endure. This argument is also widely used as a justification to ban the practice of such surgeries, and even in countries where such surgeries are not illegal, many veterinarians will not perform them on ethical and welfare grounds, arguing the procedures cause more harm than benefit to the animal.

From an animal rights' perspective, these convenience surgeries invade the animals' bodily integrity and so are not ethically acceptable. On the other hand, from a relational viewpoint, these surgeries may be acceptable if the pet owner is willing to take the risks of the procedure so that in the long run it strengthens the human-animal bond and the owner is willing to care for the animal. A contractarian

view will also accept these surgeries as the procedures do not infringe on the moral duty to other people. These surgeries are possibly performed because veterinarians take a contractarian ethical standpoint, valuing the relationship with the client and the client's wishes over the animal welfare effects.

APPENDIX G –ISFM on Declawing

International Cat Care (iCatCare)

International Society of Feline Medicine

International Cat Care (iCatCare) and its veterinary division the International Society of Feline Medicine (ISFM) consider the declawing of cats for anything other than genuine therapeutic medical reasons to be an act of mutilation and to be unethical.

iCatCare and ISFM support the World Small Animal Veterinary Association (WSAVA) Code of Conduct in calling for legislation to be passed wherever possible to prohibit the performance of non-therapeutic surgical procedures, including declawing.

Background to the position:

- Scratching is a normal feline behaviour and is associated with territorial marking as well as conditioning of the claws and digits. Claws are also an important means of defence against attack from other animals.
- Declawing may lead to acute and chronic pain, lameness, and other surgical complications. Recent evidence suggests declawed cats are more likely to suffer back pain (possibly secondary to altered weight bearing from the declawing) and behavioural changes such as increased biting behaviour, inappropriate urination or defecation, over-grooming and aggression.
- Owners can provide appropriate resources within the home environment (such as scratching posts, cardboard boxes, etc.) and encourage cats to use these for scratching
- Positive reinforcement (use of treats, catnip, synthetic scratching pheromone etc.) can be used to encourage scratching on appropriate rather than inappropriate resources
- Provision of access outdoors may help to reduce scratching behaviour within the home environment
- Regular trimming of the claws will help to minimise any household damage and the risks of human scratch injuries
- If there are additional concerns, it may be possible to use temporary synthetic nail caps that are replaced on a regular basis

Even if future improvements in surgical techniques can negate some of the adverse effects associated with declawing, iCatCare and ISFM believe this procedure is

unethical other than if required to manage a medical condition and **should be banned.**

Research published in the *Journal of Feline Medicine and Surgery*, concludes that declawing increases the risk of long-term or persistent pain, manifesting as unwanted behaviours such as inappropriate elimination (soiling/urinating outside of the litter box) and aggression/biting. This is not only detrimental to the cat (pain is a major welfare issue and these behaviours are common reasons for relinquishment of cats to rehoming organisations) but also has health implications for their human companions, as cat bites can be serious.

The article is currently free to read [here](#).

APPENDIX H – CVMA (CANADIAN VETERINARY MEDICAL ASSOCIATION)

PARTIAL DIGITAL AMPUTATION (ONYCHECTOMY OR DECLAWING) OF THE DOMESTIC FELID - POSITION STATEMENT

March 16, 2017

Position

The Canadian Veterinary Medical Association (CVMA) opposes elective and non-therapeutic Partial Digital Amputation (PDA), commonly known as declawing or onychectomy, of domestic cats.

Summary

- Scratching is a normal behaviour in cats.
- The CVMA views non-therapeutic PDA as ethically unacceptable when performed without comprehensive client education including a thorough review of available alternatives, as the surgery has the potential to cause unnecessary and avoidable pain and alternatives to PDA are available.
- Veterinarians should educate clients about strategies that provide alternatives to PDA.

Background

1. Scratching is a normal feline behaviour. It is a means for cats to mark their territory both visually and with scent, and assists with nail conditioning and whole body stretching. Nails are used by cats to assist with balance, climbing, and self-defence.
2. Partial digital amputation (PDA) is the surgical removal of the third phalanx of each digit. Non-therapeutic PDA is generally performed for the convenience of the owner to eliminate the ability of a cat to cause damage from scratching. The surgery typically involves the digits of the front paws, although surgery on the digits of all four paws is sometimes undertaken.
3. Veterinarians strive to use their scientific knowledge to promote animal health and welfare and relieve animal suffering in keeping with the principles of veterinary medical ethics (1). With or without concrete scientific evidence, ethical consideration has to be given to the welfare of the animal. Veterinarians need to consider what advantages non-medically driven PDA's offer to the feline. Viable alternatives to PDAs exist. Therefore from an ethical viewpoint, the CVMA views this surgery as unacceptable as it offers no advantage to the feline and the lack of scientific evidence leaves us unable to predict the likelihood of long-term behavioural and physical negative side effects.

4. The CVMA recognizes that appropriate medical therapy may necessitate surgery, including PDA (2). Medically necessary PDA surgery may include, but is not restricted to, biopsy of a nail or phalanx or surgery to treat: neoplasia of nail bed or phalanges, severe or irreversible trauma, immune-mediated disease affecting nail bed, paronychia (inflammation or infection), onychodystrophy (abnormal formation), onychogryphosis (hypertrophy and abnormal curvature), onychomadesis (sloughing), onychomalacia (softening), onychomycosis (fungal infection), or onychoschizia (splitting) (3).
5. Surgical amputation of the third phalanx of the digit alters the expression of normal behaviours in cats, causes avoidable short-term acute pain, and has the potential to cause chronic pain and negative long-term orthopedic consequences (2,4-7).
6. As with any surgery, PDA can result in complications due to adverse reactions to anesthetics, hemorrhage, infection, and lack of effective perioperative pain management.
7. Since the third phalanx is removed by PDA, cats must thereafter bear their weight on the second phalanx. This fact has implicated PDA as a cause of lameness. It is recognized, however, that lameness is difficult to diagnose and detect (5). For this and other reasons the long term orthopedic effects of PDA are poorly understood.
8. A recent long-term study assessed cats six months after PDA (6,7). No significant differences were found between cats that had undergone bilateral forelimb onychectomy with successful outcomes and cats that had not. Specifically no differences were noted in peak vertical force and vertical impulse, the most commonly evaluated parameters in kinetic gait analysis, when measured at least 6 months after surgery. Since the original study only considered cats with successful surgical outcomes, the results likely have limited application and generalizability.
9. Both acute and chronic pain in felines can result in an increase in behaviours such as inappropriate elimination, excessive vocalization and increased aggression. The CVMA believes that current studies on long-term behavioural effects as a result of PDA are insufficient to draw firm conclusions about its role in causing chronic pain. The CVMA will therefore continue to review new studies as they are published (8,9).
10. It has been suggested that PDA be performed on cats in order to decrease the health risk to immunocompromised humans. The U.S. Centers for Disease Control and Prevention does not list PDA as a means of preventing disease in either healthy or immunocompromised individuals (10).
11. There are currently no peer-reviewed studies that identify a higher rate of relinquishment of cats with intact claws *versus* cats that have undergone PDA, including in countries in which PDAs have been banned. Partial digital amputation is not considered to be a justifiable alternative to relinquishment (11).
12. Tendonectomy is not an acceptable alternative to PDA because it causes similar pain post-surgery (8) and could lead to increased complications if the nails are not properly maintained.

13. Veterinarians should educate their clients about reasonable and effective alternatives to PDA including providing advice on the design and location of scratching posts and other suitable scratching materials and approaches aimed at preventing aggressive play behaviours.
14. Other strategies that offer alternatives to PDA include:
 - feline pheromone sprays to redirect the cat to more desirable scratching materials;
 - double-sided tape to deter cats from scratching the edges of furniture;
 - regular nail trimming (recommended every two weeks);
 - artificial nail covers;
 - environmental enrichment and appropriate daily play to decrease feline aggression;
 - avoidance of hand/foot play which can lead the cat to see these human parts as prey;
 - the application of basic principles of reinforcement of desirable behaviour, including the use of catnip, treats, and verbal praise.
15. Partial digital amputation procedures are currently banned in several countries and/or regions including the United Kingdom (e.g., Ireland, England), Europe, and Australia.
16. In the current absence of a legislated ban on PDA surgery in Canadian jurisdictions, the CVMA, though opposed to elective and non-therapeutic PDA, supports the actions of provincial veterinary governing bodies that require that veterinarians, as a minimum, provide clients with information regarding PDA surgery, potential side-effects, and alternatives that is sufficient for owners to give informed consent (12).
17. Veterinarians have the right to refuse to perform non-therapeutic PDA surgery. If alternatives fail to alleviate undesirable scratching behaviours, veterinarians have the right and responsibility to use professional judgement for a humane and ethical outcome.

References

1. CVMA Veterinarians Oath. 2004. Available from: <https://www.canadianveterinarians.net/about/veterinary-oath> Last accessed September 30, 2016.
2. Mills KE, von Keyserlingk MA, Niel L. A review of medically unnecessary surgeries in dogs and cats. *J Am Vet Med Assoc* 2016;248:162-171.
3. Verde M. 2005. Canine and Feline Nail Diseases. Proceedings of the NAVC. Available from: <http://www.ivis.org/proceedings/navc/2005/SAE/110.pdf?LA=1> Last accessed August 2, 2016.
4. Robinson DA, Romans CW, Gordon-Evans WJ, et al. Evaluation of short-term limb function following unilateral carbon dioxide laser or scalpel onychectomy in cats. *J Am Vet Med Assoc* 2007;230:353–358.
5. Stamper C. Osteoarthritis in Cats: A More Common Disease Than You Might Expect. Available

from: <http://www.fda.gov/AnimalVeterinary/ResourcesforYou/AnimalHealthLiteracy/ucm382772.htm> Last accessed March 30 2016.

6. Romans CW, Conzemius MG, Horstman CL, Gordon WJ, Evans RB. Use of pressure platform gait analysis in cats with and without bilateral ocycheotomy. *Am J Vet Res* 2004;65:1276-1278.
7. Schnabl E, Bockstahler B. Systematic review of ground reaction force measurement in cats. *Vet J* 2015;206:83-90.
8. Hellyer P, Rodan I, Brunt J, Downing R, Hagedorn JE, Robertson SA. AAHA/AAFP pain management guidelines for dogs and cats. *J Fel Med and Surg* 207;9:466-480.
9. Cloutier S, Newberry RC, Cambridge AJ, Tobias KM. Behavioural signs of postoperative pain in cats following onychectomy or tenectomy surgery. *Appl Anim Behav Sci* 2005;92:325-335.
10. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: Recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available from: https://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf Last accessed March 30 2016.
11. ASPCA Position Statement on Declawing Cats. Available from: <http://www.aspca.org/about-us/aspca-policy-and-position-statements/position-statement-declawing-cats>. Last accessed March 30, 2016.
12. Nova Scotia Veterinary Medical Association Information and Consent Form for clients who request cat declawing. Available from: <http://celticcreatures.ca/wp-content/uploads/sites/281/2015/04/declaw.pdf>. Last accessed March 30, 2016.

(Revised November 2016)

APPENDIX I – VETERINARY OATHS AND ETHICS

In 2011, the Veterinarian's Oath was updated to include the words "and welfare," so that it read. Those words were removed in 2016, but they have reappeared in the current version, which is not dated.

(Note that the Oath does not, and never did, include the concept of "do no harm.")

Veterinarian's Oath, 2020

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health **and welfare**, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.

Canada's Oath has not changed since 2004.

Canada Veterinarian's Oath

As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive **to promote animal health and welfare**, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge.

I will practise my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I will strive continuously to improve my professional knowledge and competence and to maintain the highest professional and ethical standards for myself and the profession."

Principles of Veterinary Medical Ethics of the AVMA

I. A veterinarian shall be influenced only by **the welfare of the patient**, the needs of the client, the safety of the public, and the need to uphold the public trust

vested in the veterinary profession, and shall avoid conflicts of interest or the appearance thereof.

II. A veterinarian shall provide competent veterinary medical clinical care under the terms of a veterinarian-client-patient relationship (VCPR), with compassion and respect for animal welfare and human health.

III. A veterinarian shall uphold the standards of professionalism, be honest in all professional interactions, and report veterinarians who are deficient in character or competence to the appropriate entities.

IV. A veterinarian shall respect the law and also recognize a responsibility to seek changes to laws and regulations which are contrary to the best interests of the patient and public health.

V. A veterinarian shall respect the rights of clients, colleagues, and other health professionals, and shall safeguard medical information within the confines of the law.

VI. A veterinarian shall continue to study, apply, and advance scientific knowledge, maintain a commitment to veterinary medical education, make relevant information available to clients, colleagues, the public, and obtain consultation or referral when indicated.

VII. A veterinarian shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide veterinary medical care.

VIII. A veterinarian shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

IX. A veterinarian should view, evaluate, and treat all persons in any professional activity or circumstance in which they may be involved, solely as individuals on the basis of their own personal abilities, qualifications, and other relevant characteristics.

APPENDIX J – HELP FOR DECLAWED CATS

So, you know a declawed cat, or you may even have a declawed cat. Maybe it was done prior to adoption; or a landlord or family member may have insisted on it; a veterinarian may have pressured to have it done; or those involved did not know at the time how physically and psychologically damaging declawing is.

At this point the damage is done, and the amputations are irreversible. Now what?

Fortunately, there *are* things that can be done for a declawed cat to help relieve pain and improve quality of life.

1. If you think a cat may be experiencing declaw pain more than 6 months after the surgery, it is not enough to simply give the cat a painkiller. There is a detailed protocol available for this unique type of pain that can be administered by a veterinarian. [Gaynor 2005] (See box.)

2. A thorough examination, including radiographs, should be done; any bone fragments, regrown claws, or claw fragments should be surgically removed. A case series of 86 cats found that lameness and behavior issues resolved in most cats once retained P3 fragments were removed. [Martell-Moran 2024]

3. Flexor tendonectomy salvage surgery is an option for painful cats, cats with contacted tendons, or cats who develop behavioral problems as a result of declawing. Give your veterinarian this reference:

Cooper MA, Laverty PH, Soiderer EE. Bilateral flexor tendon contracture following onychectomy in 2 cats. *Canadian Veterinary Journal*. 2005 March; 46(3): 244–246.

Dr. Ron Gaskin of Main Street Veterinary Service in Minnesota is currently performing this surgery with 100% positive results. His website features a

Veterinary Protocol for Alleviating Chronic Declaw Pain

- Confirm pain is from paw.
- Radiograph paw to rule out bone fragments.
- Give amantadine 3 mg/kg PO daily for 21 days.
- Give buprenorphine 0.01–0.02 mg/kg buccally Q 12 H for 2–3 days.
- Give meloxicam 0.05 mg/kg PO daily for 4 days; then 0.05 mg/2 kg PO daily for 4 days; then 0.05 mg/cat PO daily for 4 days; then 0.05 mg/cat every other day for 5 days. [Note: The units for meloxicam administration are based on 0.05 mg, which is approximately 1 drop of meloxicam from the bottle, thus making dosing relatively simple.]

presentation about diagnosing and treating declaw pathology with surgery.
[Gaskin 2023]

4. If arthritis has not yet set in, massage and stretch the toes and paws to minimize tendon contraction and stiffness.

5. Holistic therapies such as Reiki, acupuncture, flower essences, cold laser, PEMF therapy, light therapy, and homeopathy may be helpful for chronic problems from declawing. To find a holistic veterinarian, see the referral directory at AHVMA.org.

6. Do-It-Yourself:

- Reiki training is available to anyone for a moderate fee. You can readily learn *about* Reiki from books or websites, but attunements must be performed by a Reiki Master. You only need to be Reiki Level I to work on your own cat, and it has many, many other benefits.
- Tellington TTouch is simple to learn and easy to do. YouTube has lots of videos, [this is a good one](#) to start with.
- EFT (Tapping) is free to learn and very easy. You can "surrogate" tap on yourself (you don't even have to touch the cat!). [Go here for a quick introduction.](#)

Sadly, nothing can reverse the physical damage from declawing, but at least we may be able to help declawed cats feel better and be happier despite it.

RESOURCES

For further information about declawing, or to get involved with the anti-declaw movement:

The Paw Project (www.pawproject.com) - this amazing non-profit organization is the leader for legislative change around the U.S. and Canada. If you can, please donate to this wonderful and worthy project.

Little Big Cat (www.littlebigcat.com) has dozens of articles on all aspects of declawing, from basic claw care to holistic therapies to hard science.

Dr. Jean and the late Dr. Celeste Yarnall wrote a beautiful book, *Holistic Cat Care*, now available as an ebook in the Little Big Cat Bookstore

ABOUT THE AUTHOR

Holistic veterinarian and author Dr. Jean Hofve has more than 30 years of experience in integrative veterinary medicine. She has a passion for feline health and nutrition, and has intensively studied and researched pet nutrition and the pet food industry since the early 1990s. She has written dozens of articles and been interviewed for print, radio, and television around the world. She is also an advisor to AAFCO, the organization that sets standards for pet food production.



In 1995, she founded Spirit Essences (now owned and operated by [Jackson Galaxy](#) as Jackson Galaxy Solutions, which makes flower essence remedies for many animal health and behavior problems. Her first book, [The Complete Guide to Holistic Cat Care: An Illustrated Handbook](#), co-authored with nutritionist Dr. Celeste Yarnall, won a 2010 Certificate of Excellence as well as the 2010 Muse Medallion Award for best book from the Cat Writers' Association. The writing partners also wrote [Paleo Dog: Give Your Best Friend a Long Life, Healthy Weight, and Freedom from Illness by Nurturing His Inner Wolf](#).

Together, behaviorist Jackson Galaxy and Dr. Jean created "Little Big Cat Mind-Body Consulting for Cats". The partners worked together to solve individual

cases and created the LittleBigCat.com website, which today features hundreds of articles on holistic medicine, nutrition, and behavior for both cats and dogs.

They are both prolific anti-declawing activists dedicated to advocating for cats.

Jackson lives with his wife and furry family in Southern California.

Dr. Jean lives in western Washington state.

For more information on holistic feline health, nutrition, and behavior, visit www.LittleBigCat.com

Subscribe to the free monthly Little Big Cat Newsletter at

<https://littlebigcat.substack.com>

Find Dr. Jean and Little Big Cat on [Facebook](#)

REFERENCES

1. 24 CFR 960.707; see <https://www.law.cornell.edu/cfr/text/24/960.707>
2. American Academy of Family Physicians, FamilyDoctor.org
3. AAFP – American Association of Feline Practitioners, Declawing Statement, 2007. <http://www.catvets.com/public/PDFs/PositionStatements/Declawing.pdf>
4. APPMA -American Pet Products Association, 2012. <http://www.americanpetproducts.org/newsletter/issue.asp?id=265#article1959>. Accessed July 4, 2012.
5. ASPCA -American Society for the Prevention of Cruelty to Animals. How Many Pets are Lost? How Many Find Their Way Home? ASPCA Survey Has Answers. June 28, 2012. <http://www.asPCA.org/about-us/press-releases/how-many-pets-are-lost-how-many-find-their-way-home-aspca-survey-has-answers>
6. AVSAB -American Veterinary Society of Animal Behavior. Position statements: “The Use of Punishment for Behavior Modification in Animals” and “Guidelines on the Use of Punishment for Dealing with Behavior Problems in Animals.” http://www.vetmed.ucdavis.edu/vmth/local_resources/pdfs/behavior_pdfs/AVSAB_Punishment_Statements.pdf
7. AVMA (American Veterinary Medical Association), Literature Review, Welfare Implications of Declawing of Domestic Cats. February 16, 2016.
8. Azrin NH, Rubin H, O'Brien F, et al. Behavioral engineering: postural control by a portable operant apparatus. *Journal of Applied Behavior Analysis*. 1968 Summer; 1(2): 99–108.
9. Bartlett JG, Finkbeiner AK. *The Guide to Living with HIV Infection*. Developed at the Johns Hopkins AIDS Clinic. Baltimore MD: The Johns Hopkins University Press. 2001 (5th ed.):88.
10. Becker M. The tragedy of post-declaw pain syndrome, and how to help cats who suffer from it. <https://www.drMartyBecker.com/veterinary-medicine/the-tragedy-of-post-declaw-pain-syndrome-and-how-to-help-cats-who-suffer-from-it/>
11. Bennett M, Houpt KA, Erb HN. Effects of declawing on feline behavior. *Companion Animal Practice*. 1988;2:7-12.
12. Benson GJ, Wheaton LG, Thurmon JC et al. Postoperative catecholamine response to onychectomy in isoflurane-anesthetized cats. Effect of analgesics. *Veterinary Surgery*. 1991;20(3):222-225.
13. Beaumont M, Barratt EM, Gottelli D, Kitchener AC, Daniels MJ, Pritchard JK et al. Genetic diversity and introgression in the Scottish wildcat. *Molecular Ecology*. 2001;10: 319–336.
14. Bowles, Lauren, "Effect of Declaw Bans on Shelter Cat Populations" (2022). Honors Theses. 103. <https://scholarsjunction.msstate.edu/honorstheses/103>
15. Breitreiter K. Late-onset osteosarcoma after onychectomy in a cat. *JFMS Open Rep*. 2019 Apr 9;5(1):2055116919842394.
16. Cambridge AJ, Tobias KM, Newberry RC et al. Subjective and objective measurements of postoperative pain in cats. *Journal of the American Veterinary Medical Association*. 2000;217:685-690.

17. CDC – U.S. Centers for Disease Control, Cat Scratch Disease FAQs.
<https://www.cdc.gov/bartonella/cat-scratch/index.html>
18. Chomel BB, Boulouis H-J, Maruyama S, Breitschwerdt EB. Bartonella spp. in pets and effect on human health. *Journal of the American Veterinary Medical Association*. 2004 Apr 15;224(8):1270-1279.
19. Cisneros A, Litwin D, Niel L, Stellato AC. Unwanted scratching behavior in cats: Influence of management strategies and cat and owner characteristics. *Animals (Basel)*. 2022 Sep 24;12(19):2551.
20. Clancy EA, Moore AS, Bertone ER. Evaluation of cat and owner characteristics and their relationships to outdoor access of owned cats. *Journal of the American Veterinary Medical Association*. 2003 Jun 1;222(11):1541-5.
21. Clark K, Bailey T, Rist P, et al. Comparison of 3 methods of onychectomy. *Canadian Veterinary Journal*. 2014;55:255–262.
22. Cloutier S, Newberry RC, Cambridge AJ. Behavioural signs of postoperative pain in cats following onychectomy or tenectomy surgery. *Applied Animal Behaviour Science*. 92 (2005) 325–335.
23. Cloutier S, Newberry RC, Cambridge AJ. Behavioural signs of postoperative pain in cats following onychectomy or tenectomy surgery. *Applied Animal Behaviour Science*. 92 (2005) 325–335.
24. Contreras ET, Lappin MR. Quantification and evaluation of cortisol in feline fur and claws: a novel, non-invasive measurement of chronic stress in cats. Abstract from the AAFP World Feline Conference 2019. *Journal of Feline Medicine and Surgery*. 2020 Jan 9.
<https://journals.sagepub.com/doi/full/10.1177/1098612X19895943>
25. Cooper MA, Laverty PH, Soiderer EE. Bilateral flexor tendon contracture following onychectomy in 2 cats. *Canadian Veterinary Journal*. 2005 Mar;46(3):244-6.
26. Cozzi A, Lecuelle CL, Monneret P, et al. Induction of scratching behaviour in cats: efficacy of synthetic feline interdigital semiochemical. *Journal of Feline Medicine and Surgery*. 2013;15:872-878.
27. Curcio K, Bidwell LA, Bohart GV, et al. Evaluation of signs of postoperative pain and complications after forelimb onychectomy in cats receiving buprenorphine alone or with bupivacaine administered as a four-point regional nerve block. *Journal of the American Veterinary Medical Association*. 2006 Jan 1;228(1):65-8.
28. Curtis TE. Feline inappropriate urination. *NAVCI Institute: Today's Veterinary Practice*. 2015 Sept/Oct.
29. Dodman N. *The Cat Who Cried for Help: Attitudes, Emotions, and the Psychology of Cats*. 1999. New York: Bantam Books.
30. Driscoll CA, Renotti-Raymond M, Roca AL, et al. The Near Eastern Origin of Cat Domestication. *Science*. 2007;317:519.
31. Ellis A, van Haaften K, Protopopova A, Gordon E. Effect of a provincial feline onychectomy ban on cat intake and euthanasia in a British Columbia animal shelter system. *J Feline Med Surg*. 2022 Aug;24(8):739-744.
32. Ellison GW. Feline onychectomy complications: prevention & management. *NAVCI Clinician's Brief*. 2003 April:29-33.

33. Feline onychectomy (Editorial). *Journal of the American Veterinary Medical Association*. 139(5):577-578.
34. Fraser AF, Quine JP. Veterinary examination of suffering as a behaviour-linked condition. *Applied Animal Behaviour Science*. 1989;23:353-364.
35. Gaskin RW, Clarkson CE, Walter PA. Flexor tenectomy: salvage surgery following feline onychectomy. *J Feline Med Surg*. 2023 Apr;25(4):1098612X231162478.
36. Gaskin R. Preliminary observations of long term declaw pathology. <http://mainstreetvet.evetsites.net/sites/site-5369/documents/Preliminary%20Observations%20of%20Long%20Term%20Declaw%20Pathology.pdf>
37. Gaynor JS. Chronic pain syndrome of feline onychectomy. *NAVCA Clinician's Brief*. April 2005.
38. Gerard AF, Larson M, Baldwin CJ. Telephone survey to investigate relationships between onychectomy or onychectomy technique and house soiling in cats. 2016 Sept 15; 249(6): 638-642.
39. Gordon G, Jukes MG. Dual organization of the exteroceptive components of the cat's gracile nucleus. *Journal of Physiology*. 1964 Sep;173:263-90.
40. Gordon WJ, Romans C, Evans R, et al. Objective evaluation of the efficacy of bupivacaine, butorphanol, and fentanyl patch after onychectomy using pressure platform gait analysis (abst), in *Proceedings. 31st Annual Conference of the Veterinary Orthopedic Society*, 2004.
41. Gordon-Evans WJ, Conzemius MG. Analgesia after onychectomy in cats. *Veterinary Medicine*. 2005.
42. Hampshire V, Robertson S. Using the facial grimace scale to evaluate rabbit wellness in post-procedural monitoring. *Lab Animal (NY)*. 2015 Jul;44(7):259-60.
43. Hardie EM, Hansen BD, Carroll GS. Behavior after ovariohysterectomy in the dog: what's normal? *Applied Animal Behavior Science*. 1997; 51:111-128.
44. Harasen G. Feline orthopedics. *Canadian Veterinary Journal*. 2009;50(6):669-670.
45. Hart BL. Feline Behavior. *Feline Practice*. 1972 Mar-Apr;6-8.
46. Hellyer PW. Ethical considerations in the treatment of pain. *Veterinary Forum*. 2002 June:38-41.
47. Hellyer P, et al. AAHA/AAFP pain management guidelines for dogs and cats. *Journal of Feline Medicine and Surgery*. 2007;9:466-480.
48. Hellyer PW. Treatment of pain in dogs and cats. *Journal of the American Veterinary Medical Association*. 2002 Jul 15;221(2):212-215.
49. Hewson J, Dohoo IR, Lemke KA. Perioperative use of analgesics in dogs and cats by Canadian veterinarians in 2001. *Canadian Veterinary Journal*. 2006 Apr;47:352-359.
50. Holmberg DL, Brisson BA. A prospective comparison of postoperative morbidity associated with the use of scalpel blades and lasers for onychectomy in cats. *Canadian Veterinary Journal*. 2006 Feb;47(2):162-3.
51. Hunton E, Ascher A, Tokiwq M, et a. *Guidelines for Preventing, Recognizing, and Treating Pain in the Hospital Setting*. New Jersey Veterinary Medical Association, as reprinted by the Oregon Veterinary Medical Association.

52. Jankowski AJ, Brown DC, Duval J, et al. Comparison of effects of elective tenectomy or onychectomy in cats. *Journal of the American Veterinary Medical Association*. 1998;213:370-373.
53. LaChance M, Otis C, Juetter T, et al. Declawing in cat is associated with neuroplastic sensitization and long-term painful afflictions. *Nature: Scientific Reports*. 2025 Aug 17;15(1):30038.
54. Landsberg GM. Feline scratching and destruction and the effects of declawing. *Veterinary Clinics of North America: Small Animal Practice*. 1991 Mar;21(2):265-79. [1991a]
55. Landsberg GM. Cat owners' attitudes toward declawing. *Anthrozoos* 1991b;4:192-197.
56. Landsberg GM. Declawing is controversial but saves pets. A veterinarian survey. *Veterinary Forum*. 1991;8:66-67. [1991c]
57. Landsberg, G. Private communication, 2009.
58. Lascelles BD, Robertson SA. Use of thermal threshold response to evaluate the antinociceptive effects of butorphanol in cats. *American Journal of Veterinary Research*. 2004;65:1085–1089.
59. Lemke KA. Understanding the pathophysiology of perioperative pain. *Canadian Veterinary Journal*. 2004 May; 45(5): 405–413.
60. Lockhart LE, Motsinger-Reif AA, Simpson WM, et al. Prevalence of onychectomy in cats presented for veterinary care near Raleigh, NC and educational attitudes toward the procedure. *Veterinary Anaesthesia and Analgesia* 2014;41:48–53.
61. Mackey E. Study on declawed cats misquotes AVMA policy. *J Feline Med Surg*. 2018 Apr;20(4):399-401.
62. Martell-Moran NK. Surgical excision of P3 fragments in 86 declawed cats: case series (2013-2023). *Journal of Feline Medicine and Surgery*. 2024 Apr;26(4):1098612X241240331.
63. Martell-Moran NK, Solano M, Townsend HG. Pain and adverse behavior in declawed cats. *Journal of Feline Medicine and Surgery*. 2018 Apr;20(4):280-288. <http://journals.sagepub.com/doi/pdf/10.1177/1098612X17705044>
64. Martens LL, Piersanti SJ, Berger A, et al. The effects of onychectomy (declawing) on antebrachial myology across the full body size range of exotic species of Felidae. *Animals (Basel)*. 2023 Jul 30;13(15):2462.
65. Martinez SA, Hauptmann J, Walshaw R. Comparing two techniques for declawing in cats and two adhesives for wound closure. *Veterinary Medicine*. 1993; 88:516-525.
66. Mathews K, Kronen PW, Lascelles D, et al. Guidelines for recognition, assessment and treatment of pain. World Small Animal Veterinary Association. http://www.wsava.org/sites/default/files/jsap_0.pdf
67. Matsumiya LC, Sorge RE, Sotocinal SG, et al. Using the Mouse Grimace Scale to reevaluate the efficacy of postoperative analgesics in laboratory mice. *Journal of the American Association for Laboratory Animal Science*. 2012 Jan; 51(1):42-49.
68. McMillan FD. Emotional pain management. *Veterinary Medicine*. 2002;97: 822–834.

69. McReynolds T. New feline pain scale interprets pain from cats' facial expressions. <https://www.aaha.org/publications/newstat/articles/2019-092/new-feline-pain-scale-interprets-pain-from-cats-facial-expressions/>
70. Mills KE, von Keyserlingk MAG, Niel L. A review of medically unnecessary surgeries in dogs and cats. *Journal of the American Veterinary Medical Association*. 2016 Jan;248(2):162-171.
71. Misener AG. Removal of claws in the Domestic Cat. *Journal of the American Veterinary Medical Association*. November 1952:390.
72. Mison CB, Bohart GH, Walshaw R, et al. Use of carbon dioxide laser for onychectomy in cats. *Journal of the American Veterinary Medical Association*. 2002 Sep 1;221(5):651-3.
73. Moesta A, Crowell-Davis S. Declaw Techniques and Attitudes Towards Declaw Surgery Among Veterinary Practitioners in Athens-Clarke County and Oconee County, Georgia. *Veterinary Behavior Symposium*. Chicago, IL. 2013 Jul 19.
74. Morgan M, Houpt KA. Feline behavior problems: the influence of declawing. *Anthrozoos*. 1989;3:50-53.
75. National Institutes of Health, Department of Health & Human Services.
76. Oliveira R, Randi E, Mattucci F, et al. Toward a genome-wide approach for detecting hybrids: informative SNPs to detect introgression between domestic cats and European wildcats (*Felis silvestris*). *Heredity* (Edinb). 2015 Sep; 115(3): 195–205.
77. Overall K. *Clinical Behavior Medicine for Small Animals*. 1997. St. Louis, MO: Mosby, Inc.
78. Patronek GJ, Glickman LT, Beck AM, et al. Risk factors for relinquishment of cats to an animal shelter. *Journal of the American Veterinary Medical Association*. 1996;209:582–588.
79. Patronek GJ. Assessment of claims of short- and long-term complications associated with onychectomy in cats. *Journal of the American Veterinary Medical Association*. 2001 Oct 1;219(7):932-937.
80. Pereira JS, Salgirli Demirbas Y, Meppiel L, Endersby S, da Graça Pereira G, De Jaeger X. Efficacy of the Feliway® Classic Diffuser in reducing undesirable scratching in cats: A randomised, triple-blind, placebo-controlled study. *PLoS One*. 2023 Oct 18;18(10):e0292188.
81. Pollari FL, Bonnett BN. Evaluation of postoperative complications following elective surgeries of dogs and cats at private practices using computer records. *Canadian Veterinary Journal*. 1996;37:672-678.
82. Robertson SA, Taylor PM, Lascelles BDX, et al. Changes in thermal threshold response in eight cats after administration of buprenorphine, butorphanol and morphine. *Veterinary Record*. 2003;153:462-465.
83. Robinson N. Declaw: Whom are we protecting? *Veterinary Practice News*, 2012. <http://www.veterinarypracticenews.com/July-2012/Declaw-Whom-Are-We-Protecting/>
84. Romans CW, Gordon WJ, Robinson DA, et al. Effect of postoperative analgesic protocol on limb function following declawing in cats. *Journal of the American Veterinary Medical Association*. 2005 Jul 1;227(1):89-93.

85. Ruch-Gallie R, Hellyer PW, Kogan LR. Survey of practices and perceptions regarding feline onychectomy among private practitioners. *Journal of the American Veterinary Medical Association*. 2016;249:291–298
86. Salman MD, Hutchison J, Ruch-Gallie R. Behavioral reasons for relinquishment of dogs and cats to 12 shelters. *Journal of Applied Animal Welfare Science*. 2000;3(2), 93–106.
87. Schwartz C. *Four Paws, Five Directions: A Guide to Chinese Medicine for Cats and Dogs*. Berkeley, CA: Celestial Arts. 1996.
88. Shepler L. Personal communication.
89. Singer J. Is declawing cats inhumane? *Pet360*. <http://tinyurl.com/DoubDeclaw>
90. Smith JD, Allen SW, Quandt JE, et al. Indicators of postoperative pain in cats and correlation with clinical criteria. *American Journal of Veterinary Research*. 1996 Nov;57(11):1674-1678
91. SCVMA - Southern California Veterinary Medical Association. *Pulse*. 2009 Nov:4.
92. Shepler L. 2016. <http://www.citythekitty.com/studynjvetsdeclawing/>
93. Spinelli JS, Markowitz H. Clinical recognition and anticipation of situations likely to induce suffering in animals. *Journal of the American Veterinary Medical Association*. 1987;191:1216–1218.
94. Taylor PM, Robertson SA. Pain management in cats--past, present, and future. *Journal of Feline Medicine and Surgery*. 2004;6:313-320
95. Tobias KM, Harvey RC, Byarlay JM. A comparison of four methods of analgesia in cats following ovariohysterectomy. *Veterinary Anaesthesia & Analgesia*. 2006 Nov;33(6):390-398.
96. Tobias KS. Feline declawing at a teaching institution: a retrospective study of 163 cases. *Veterinary Surgery*. 1994; 23:274-280.
97. UC Davis - University of California at Davis, Acupuncture FAQs. http://www.vetmed.ucdavis.edu/vmth/large_animal/equine/equine_sports_med/acupuncture_faqs.cfm
98. USDA Animal Welfare Act. Information Sheet on Declawing and Tooth Removal. https://www.aphis.usda.gov/animal_welfare/downloads/big_cat/declaw_tooth.pdf
99. Velnar T, Bailey T, Smrko V. The Wound Healing Process: an Overview of the Cellular and Molecular Mechanisms. *Journal of International Medical Research*. 2009; 37:1528-1542.
100. Verdugo MR, Rahal SC, Agostino FS, et al. Kinetic and temporospatial parameters in male and female cats walking over a pressure sensing walkway. *BMC Veterinary Research*. 2013; 9:129-135.
101. Wagner AE, Hellyer PW. Survey of anesthesia techniques and concerns in private veterinary practice. *Journal of the American Veterinary Medical Association*. 2000 Dec 1;217(11):1652-1657.
102. Weese JS, Peregrine AS, Peregrine J. Occupational health and safety in small animal veterinary practice: Part I — Nonparasitic zoonotic diseases. *Canadian Veterinary Journal*. 2002;43:631–636.
103. Yeon SC, Flanders JA, Scarlett JM, et al. Attitudes of owners regarding tendonectomy and onychectomy in cats. *Journal of the American Veterinary Medical Association*. 2001;218:43-47.

104. Zidonis N, [Tallgrass Animal Acupressure Institute](#). Personal communication, 2017.

© 2026 Dr. Jean Hofve. All rights reserved.