



Formerly called the Humane
Society of the United States and
Humane Society International

March 18, 2026

Representative Paul Anderson, co-chair
Representative Rick Hansen, co-chair
Committee on Agriculture Finance and Policy
Minnesota House of Representatives

RE: Support for HF 1857: Elective declawing of cats prohibition

Dear Representative Anderson, Representative Hansen and Committee Members,

Humane World for Animals, formerly the Humane Society of the United States, and Humane Veterinary Medical Alliance (HumaneVMA) support passage of HF 1857, which would end the practice of nontherapeutic declawing of cats in the state. Declawing has serious implications for feline health and welfare and the bond between people and their cats. If passed, Minnesota would join a rapidly growing number of communities taking a stand against this inhumane practice.

Declawing is painful, often for life.

Declawing is elective amputation of a cat's toes. Many unknowledgeable about declawing believe the procedure is similar to removing a person's fingernails, but it is more like cutting off their fingers at the last knuckle. Nerves, tendons, and bone are all severed. Some cats never fully recover.

A study published last year [confirms previous evidence of declawing's harm to cats](#), finding that declawing is responsible for long-term nerve damage and heightened pain sensitivity. And since these amputations shift how cats walk, they can lead to exacerbated mobility issues, such as lameness and chronic joint problems, especially in heavier cats. Many cat owners may not realize that problems their cats face later in life could be a result of a declawing years before. The authors of the study noted "the urgent need to prohibit declawing and shift toward compassionate, welfare-focused veterinary care that prioritizes the well-being of feline patients."

The veterinary community is increasingly opposed to declawing. Highly respected veterinary certification programs from the [Feline Veterinary Medical Association](#) and the [American Animal Hospital Association](#) do not allow participating clinics to perform declawing. The [Canadian Veterinary Medical Association](#) and the [International Cat Care Veterinary Society](#) oppose declawing. Major U.S. veterinary hospital chains operated by [Mars Veterinary Health](#), VCA, Banfield, and Blue Pearl, do not offer elective declaw procedures on cats, nor do any of the 1400 hospitals owned by [National Veterinary Associates](#). Most U.S. veterinary schools do not teach declaw procedures. Most recently, the [National Animal Care & Control Association](#) issued a statement in support of a ban on cat declawing, showing support from those who enforce animal cruelty laws.

However, we can't continue to wait for the veterinary profession to end declawing on its own. These amputations are still too-commonly practiced, and cat owners are often not made aware of the high risk of permanent adverse effects on cats or of the procedures' controversies – including that many veterinarians won't amputate a cat's toes unless there is a valid medical need. **Approximately 22% of cats in the U.S.**



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are declawed. This number has not changed in the last decade, indicating that while fewer veterinarians perform the surgery, the prevalence persists. While anecdotal evidence supports that fewer veterinarians perform the surgery, that decline isn't yet mirrored in a decline in the number of cats who live with the consequences of declawing.

A moral weight rests on veterinarians who refuse to declaw a client's cat, knowing that the owner is likely to just find a veterinarian who will. There is also a struggle for young veterinarians who believe that declawing is cruel yet may have to perform the procedure if the practice they're working for demands it. This ethical tension fuels burnout in a profession that's already stretched thin. If we want to keep veterinary professionals in the field, we need to enact laws such as HF 1857 rather than forcing them to choose between their moral principles and their livelihood.

There are no valid reasons to declaw a cat.

Arguments in favor of declawing often center around the desire to prevent unwanted scratching of either furniture or people. Amputation is an extreme response to what can be addressed with regular nail trimming, a variety of scratching posts, and a better understanding of feline behavior. Moreover, [declawed cats are at a greater risk of developing more serious adverse behaviors after amputation](#), such as litter box aversion or an increase in biting and aggression, than the unwanted behaviors the amputations were meant to prevent.

In pain and no longer able to defend themselves with their claws, cats may resort to biting. The documented increased biting behavior of declawed cats can lead to more severe injury or disease in people than cat scratches. Cat bites carry a dangerously high infection risk to healthy and immune-compromised people alike. Infectious disease specialists do not recommend declawing. The National Institutes of Health, Centers for Disease Control and Prevention and the Infectious Diseases Society of America jointly stated that declawing is "[not advised](#)" to protect the health of even severely immune-compromised patients.

Declaw bans do not lead to more cats being surrendered to animal shelters – in fact, they may help keep cats in their homes.

There is a false narrative that a cat owner unable to get their cat declawed is likely to relinquish that cat to an animal shelter or abandon that cat outdoors. The risk of a cat ending up homeless or worse, euthanized, due to a declaw prohibition is grossly overestimated. A study of data from British Columbia shelters covering the three years prior to and three years after a province-wide declaw ban went into effect showed that there was [no increase in cats being relinquished or euthanized](#). The number of owner-surrendered cats actually decreased after the ban. Publicly available data from Los Angeles and other California cities at the forefront of enacting declaw bans also show no increase in cat intake at shelters citywide once declawing was prohibited.



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The reality is that due to the higher prevalence of long-term adverse impacts of multiple amputations, declawing puts cats at a greater risk of eviction from their homes and relinquishment to shelters and rescue organizations. According to a study published in the Journal of the American Veterinary Medical Association, among relinquished cats, 52.4% of declawed cats were reported to exhibit litter box avoidance, compared to 29.1% of non-declawed cats.

Scratching is a natural behavior for cats.

Declawing is not done for the benefit of the cat as it prevents the cat from performing natural behaviors. The act of scratching removes the dead husks from their claws, marks territory, both visually and with scent glands in their paws, and stretches their muscles. Scratching is important for a cat's physical and mental wellbeing. Inappropriate scratching can be managed with training and a better understanding of cat behavior. What is natural behavior for a cat often is considered misbehavior by humans, especially when furniture or other household objects are damaged in the process. While veterinarians can counsel their clients, veterinary behaviorists and certified cat behavior consultants can be employed for more difficult cases, as declawing should never be considered a "last resort."

Declawing is no good for cats or people. It's time to end the practice.

California is the most recent state to enact a declaw ban—a measure that received unanimous votes in both chambers. Convenience declawing of cats is also illegal in New York State, Maryland, Massachusetts, Rhode Island and the District of Columbia and restricted in Virginia. Nine out of ten Canadian provinces prohibit non-therapeutic declawing. Moreover, non-therapeutic declawing is banned or considered an unethical veterinary practice in a vast number of countries, from New Zealand to Brazil to the United Kingdom. The European Convention on the Protection of Pet Animals prohibits the procedure throughout the European Union.

For these reasons, Humane World for Animals and Humane Veterinary Medical Alliance ask for your favorable vote on HF 1857, a humane bill which will protect the health and well-being of family pets.

Respectfully,

Aaron Zellhoefer

Aaron Zellhoefer
State Director, Minnesota
azellhoefer@humaneworld.org

A handwritten signature in black ink, appearing to read "A. Deinard".

Amos Deinard, DVM, PhD
Minnesota State Representative, HumaneVMA
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HF1857 Testimony

My name is Megan Hamilton and I'm the founder of Basils Cradle, a 501c3 nonprofit sanctuary for special needs cats, based in St. Louis Park, MN.

I am here today to urge you to make sure that HF1857 passes and that the penalties are not removed. If there are no consequences, such a prohibition is pointless, cats will continue to suffer, and nothing will have changed. That would counteract the goal of this bill, whose objective it is to stop elective declawing!

Declawing has no medical benefit to cats, and causes cats undeserved, unnecessary pain and suffering, not to mention abandonment when the all too common unwanted behaviors such as biting and inappropriate elimination eventually occur.

My experience regarding declawed cats and the cruelty involved in this procedure spans many decades.

I'm 66 years old and I've been rescuing cats for the past 48 years. Many of these cats were declawed and then abandoned.

I have and continue to witness the damage that amputating cats' toes causes. I and many other rescues help those we can, but we can't save them all, and the declawed cats we do save often stay in rescue and are never adopted out due to the behavioral issues and extreme costs that we work so hard to manage. These cats were discarded and left either on the streets, or abandoned at animal control or shelters like damaged goods. The majority of them are on life-long medication to manage the irreversible pain they experience, and/or behavior drugs such as Prozac to mitigate the resulting unwanted behaviors and psychological damage they suffer.

Many veterinarians who still practice declawing justify it by claiming that declawing will keep cats in their homes and they won't be euthanized for unwanted behaviors. This is an easily disproved myth. Many declawed cats end up abandoned precisely because their owners do not want to deal with their behavioral issues after declawing. Many lose their lives in shelters when they are deemed unadoptable due to declaw-related behaviors such as biting, and not using the litter box, instead urinating on carpets, beds and furniture.

Those cats that end up in rescue generally stay in rescue, due to behavior and physical issues that require psychiatric medication, and very expensive pain medication in many cases. This puts an extraordinary financial and emotional burden on those of us in rescue. Many of these cats are not adoptable, and sanctuaries like mine give them the fever home they should have had. The expenses continue for the rest of the cat's' lives, but the much needed donations that are few and far between, barely make a dent in the long term expenses. This takes a great financial and emotional toll on us.

Amputating cats' toes for the convenience of owners is callous, cruel, and is banned in the majority of countries in this world. This is Minnesota and we have shown how strong and capable we are. Surely if all these other countries have so much success in keeping their furniture intact, and maintaining much lower surrender rates to shelters, surely we can meet the moment and do the same here.

I am asking you to ensure that HF1857 passes, and goes forward with penalties intact.

I'm attaching the profiles of several declawed cats, whom I have rescued and am caring for for their life, to illustrate the tragic consequences that unfortunately happen all too often to cats who have been declawed, and ultimately discarded.

Thank you.

Sincerely,

Megan Hamilton

President

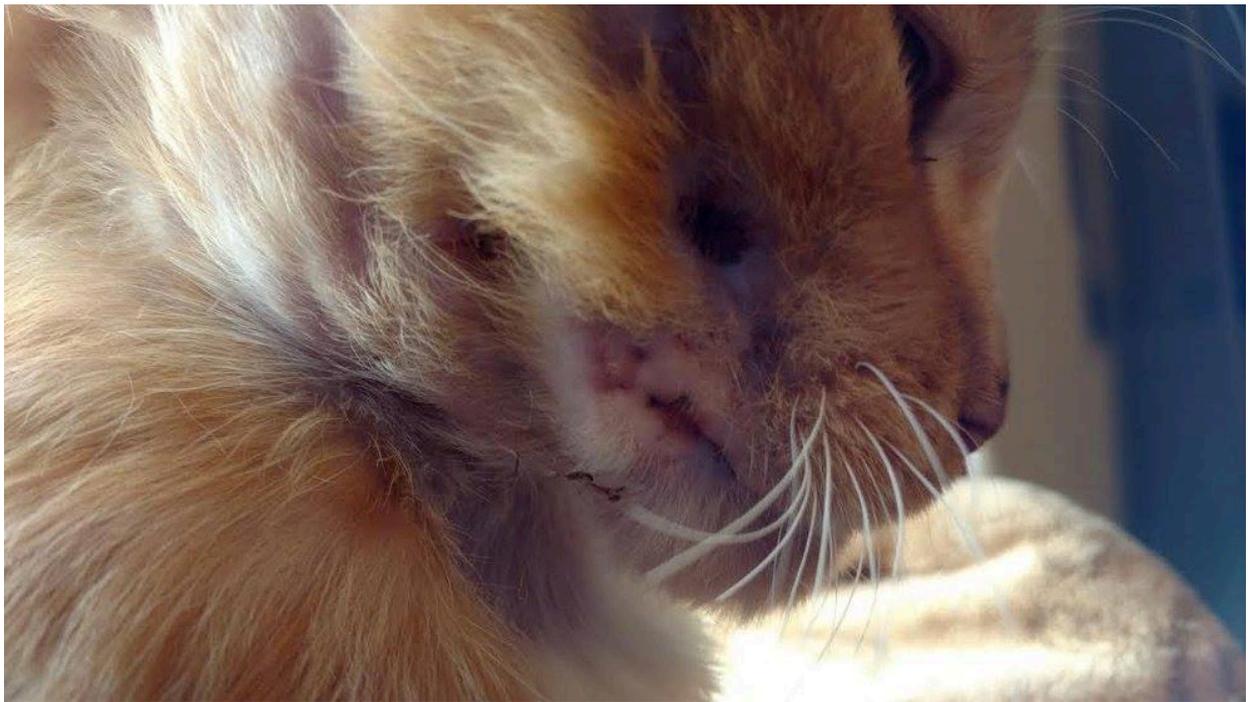
Basil's Cradle

Support testimony – SF 1935

The following are profiles of just a few of the many abandoned or surrendered declawed cats that Basil's Cradle has taken in over the years.

Fergus-

I became aware of Fergus after he had been brought to Minneapolis Animal Care & Control. He had been rescued from being attacked by a dog and seriously injured, suffering deep bite wounds to his face, missing fur, and and torn skin. He was an emaciated senior cat around 15 years old, with bad teeth, front declawed, and he had no way to defend himself. He was also an untreated diabetic. MACC found his owners, called them, and were told that they had left him outside to roam and did not want him back. He was scheduled for euthanasia, but I was able to intervene and bring him to the sanctuary. The following are photos of him the day after I brought him home.





Over the next year Fergus slowly recovered, his diabetes was managed, and he had to be given the medication buprenorphine for the rest of his life because of chronic pain he suffered from being declawed.

Here is Fergus three months later:



Fergus nine months later:



NeNe:

NeNe was declawed when she was young, and after the procedure she began to urinate in her home everywhere but the litter box. Her frustrated owners chose to deal with the problem by putting her in a 2x3 wire kennel with food and a litter box, and this is where she remained for about 1.5 years until someone convinced them to surrender her to a rescue. During that time she ballooned from a normal sized cat to over 22 lbs, and was so obese she struggled to walk. When I became aware of her I immediately took her into my sanctuary. It took about a year and a half to get her weight down to 8.5 lbs, and longer to resolve her peeing issues, which were in part helped by the addition of Prozac, and twice daily buprenorphine shots for her painful declawed feet, both of which she receives to this day.

NeNe at time of rescue:



NeNe 18 months later:



Stella:

Stella was scheduled to be killed at the Golden Valley Humane Society after she was surrendered to them by her owner, then twice adopted and twice returned because she was peeing everywhere. The vet record from her previous owner and the GVHS outline her tragic situation that developed after she was declawed. Note that the vet that declawed Stella was the same vet that was "ok with euthanizing" Stella and her brother. I don't know what the ultimate fate of her brother was.

Before surrender: Vet record:

10/27/2016	C	AO	Comments - Tech - Closed Oct 31/2016 10/27/2016 16:53 Comments: Mrs brought the cats in and stated she wants Stella and Leo euthanized because she cannot deal with them anymore. KS brought them into the comfort room and spoke with KD who said we will not euthanize the cats because we had not seen them for urine issues (she looked at Stella's recent history). After going back into the room with KS, AO explained that because we had not seen the cats for urine issues we would not be able to euthanize without an exam done on each of them to rule out any possible issues. Mrs stated that she has spoken with PT about these issues and it was her impression she could just bring them in to be put down. AO and KS went to speak with PT. Per PT AO asked O if she is willing to bring them to the humane society or Animal Ark instead of euthanasia. Mrs was very frustrated that we wouldn't just euthanize them. She stated she was under the impression that when she has had enough just bring them in and we'll put them down for her. I explained that PT is ok with euthanizing she just asked if O would be at all willing to bring them to the humane society or a different rescue to give them another chance. Mrs did not want to do this because they could live in a kennel until they found a home and she just wants them euthanized today. Mrs didn't understand why we would question the euthanasia of 4yr old cats when she was under the impression we would just take care of them for her so I re-explained that we PT is ok with euthanizing but wanted to check to see if they could be giving another chance. O picked that cats up in their carrier and stated she will just have to figure something else out then and walked out. ao
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Humane Society Record:

Rescue needed by 10am Wed → **Execution date**

Name

Stella

Breed

Domestic shorthair

Sex/Sterilization Status

Spayed female

Age

4 yrs

Weight (pounds)

5.88 pounds

Declawed (felines)

Yes, front paws

Reason Not Placeable

Behavior: Stella has been surrendered to us twice for not using the litterbox and we are not able to handle her in shelter, so she is not suitable for adoption. She was offered to the Barn Cat program and returned for litterbox issues and was not picked up the second time around.

Home History/Info

Stella was surrendered to us originally for defecating and urinating outside of the litterbox since she was 1 year old. Tried correcting with different litters and pheromones with no success. Her original owner notes that Stella was very shy and would hide with new guest, hiss, and swat. Good with people she knew. After being adopted out to the Barn Cats program, she was returned for not using the litterbox again and the surrender said that she could not have that in her garage. The surrender said that Stella had been very friendly and no other health/behavior issues were noted.

I pulled Stella from GVHS. This is her when I went to pick her up, frightened and morose.



Upon getting her home to the sanctuary, she was immediately given pain medication and within an hour she was a completely different cat, relaxed and enjoying petting.



Stella had to be put on Prozac and buprenorphine injections and continues to receive these medications to this day due to chronic pain. She did have surgery to try to mitigate some of the damage caused by being declawed, but unfortunately the original surgery was terribly done, irreversibly damaging her front paws, and due to this she was only partially helped by salvage surgery.

Fergus, NeNe and Stella are just three examples of the millions of cats in the US that have suffered lasting, painful damage and potential surrender to, and death at shelters due to the very real physical and unwanted behavioral issues that result from being declawed. Declawing offers no medical benefits to cats and is done solely for the convenience of the owner. I urge you to vote in favor of the bill to ban the inhumane practice of declawing cats. This legislation is not only a crucial step toward protecting the welfare of our pets but also aligns with growing ethical standards in animal care. Please vote yes on SF19 and ban this procedure.



Flexor tenectomy: salvage surgery following feline onychectomy

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Abstract

Objectives Onychectomized cats (*Felis catus*) with inappropriate elimination behaviors or aggression may be responding to painful paw pathology, even several years after the initial onychectomy. The objectives of this study were to evaluate the onychectomized toes of this population of cats for pain (thorough physical examination and/or buprenorphine trial), pathological changes (using high-resolution radiographs) and response to tenectomy in those with hyperflexion of the proximal interphalangeal joint.

Methods Cats in this study were previously onychectomized and exhibited inappropriate behaviors (inappropriate elimination, biting), exhibited pain associated with the onychectomy site or had behavioral improvements when put on a 2-week buprenorphine trial. A detailed history was obtained, including verification of proper litter box placement and management. Physical examinations included a close analysis of the onychectomized digits for resistance to extension and pain on palpation. Only cats with a normal urinalysis were included in the study. High-resolution radiographic imaging was performed on all study cats. A total flexor tenectomy was performed on cats with hyperflexion of the proximal interphalangeal joints.

Results All 42 cats included in the study benefited from total flexor tenectomy surgery. Two cats remained biters, even after a long course of analgesic medication. All cats walked more comfortably post-tenectomy surgery.

Conclusions and relevance Onychectomy can lead to pain, inappropriate elimination and aggressive behavior. The presented salvage tenectomy procedure can alleviate or eliminate inappropriate behaviors by reducing the pain from the original onychectomy.

Keywords: Onychectomy; declaw; hyperflexion; inappropriate elimination; tenectomy; house soiling

Accepted: 21 February 2023

Introduction

Cats have become very popular pets; in the USA, they outnumber dogs.¹ For some owners, the cat's natural scratching behavior is objectionable, and onychectomy appeared to be a quick fix. The first mention of feline onychectomy was in 1952 in a letter to the editor of the *Journal of the American Veterinary Medical Association (JAVMA)*, which stated that the procedure saved a cat's life.² There was also a live television demonstration of the declaw procedure.³ In 1961, another letter to the editor of *JAVMA* noted in more detail the declaw procedure.⁴ Currently, onychectomies have become a common feline elective surgical procedure. To our knowledge, no peer-reviewed postoperative study was ever presented in the veterinary literature to prove that third phalanx (P3) amputation was safe in the short or long term. An appreciation for the

normal mechanics of the cat's digits explains the resultant pathological changes that occur when the clawed P3 is removed. In the wild, cats need their claws to capture prey to survive. Unique, off-center distal interphalangeal (DIP) joint (claw joint) surfaces allow the P3 to slide to the lateral side of the second phalanx (P2), permitting DIP joint overextension (ie, claw retraction). This joint

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position is passively maintained throughout daily routine activities primarily by a single short dorsal elastic ligament (Figure 1). There is little capability or need for digital extensors to act on this already overly extended joint in cats. When required, claws can become exposed (protracted) through flexion of the DIP joint; contraction of the deep digital flexor muscle is the prime mover for this action. However, the concurrent contraction of digital extensor muscles is required to 'stiffen' the dorsum of the manus and thereby facilitate the action of the deep digital flexor muscle (Figure 1a).

Amputation of P3 entails the transection of ligamentous and tendinous structures that span across the DIP joint, for example, the dorsal elastic ligaments, digital extensor tendons and the deep digital flexor tendon (DDFT; Figure 1b). Notably, the DDFT has an often-overlooked attachment to the palmar aspect of the head (distal end) of P2,⁵ referred to as a vinculum⁶ or accessory ligament.⁷ This connection is designed to allow vessels and nerves to traverse between tendon and bone.⁸ The vinculum would be expected to remain after an onychectomy. Therefore, in this post-onychectomy scenario, the freely movable middle phalanx (P2) can be pulled palmarly with each deep digital flexor muscle contraction because of the attachment of the vinculum to the distal P2. The likely result is further flexion (hyperflexion) of the (normally flexed) proximal interphalangeal (PIP) joint. The most common radiographic finding in cats' paws with complications following onychectomy is residual/retained P3 fragments. This is often reported as a complication following the use of a Resco nail trimmer and is less commonly identified following onychectomy procedures performed

with a scalpel or a surgical laser. Nail regrowth has also been reported in some cases of retained fragments.

Materials and methods

Onychectomized cats were sourced from private cat owners, feline sanctuaries and feline rescues; many of the study's rescue cats were failed adoptions. These cats had some manifestation of undesirable behavior (eg, inappropriate elimination and/or aggression). Prior to inclusion in the study, proper litter box placement and management were in place to eliminate these factors as a cause for the inappropriate elimination behavior.⁹ Physical examination, urinalysis (UA) and radiographic changes of the amputated digits were all considered to help localize the cause of the inappropriate behavior.

The physical examination included a detailed look at the digital pads for callus, manipulation of the digits to assess for resistance to extension and deep palpation for signs of pain. If pain could not be localized to the amputated digits with certainty, or if the owner was hesitant to proceed with surgical treatment, then a standardized 2-week buprenorphine trial was planned to determine whether the administration of pain relief would alleviate some inappropriate behaviors. Oral buprenorphine HCl 0.3 mg/ml was sourced from Atlas Pharmaceutical (a 503B drug compounder/manufacturer) and dosed at 0.25 ml/10 lb (4.54 kg) body weight, delivered transbuccally twice daily. Owners were instructed on this method of administration and cautioned that swallowing the medication would lead to its inactivation. If the cat started using the litter box or was less aggressive during this

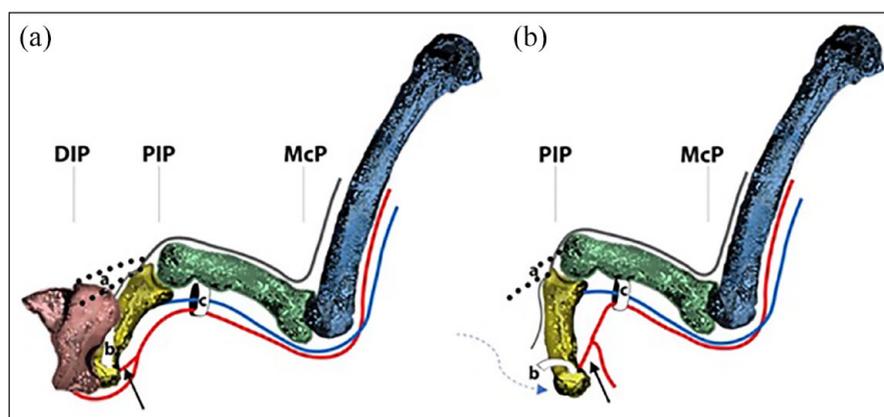


Figure 1 Drawing of the left digit and metacarpal bone, lateral view. (Drawing is representative of digits II–V.)

(a) Normal anatomy of bone, tendon and ligamentous structures of interest; extensors are located dorsally and the flexors palmarly. (b) Distal phalanx removed, hyperflexion of the proximal interphalangeal joint. Bones: distal phalanx (P3, red); middle phalanx (P2, yellow); proximal phalanx (P1, green); metacarpal bone (blue). Joints: distal interphalangeal (DIP) joint, proximal interphalangeal (PIP) joint and metacarpophalangeal (McP) joint. Tendons: superficial digital flexor (blue); deep digital flexor (red) with vinculum (black arrow); digital extensors (thick gray line); distal portion of digital extensors (composite tendon; thin gray line). Ligaments: long dorsal elastic ligaments (a, dotted lines); short dorsal elastic ligament (b, white ligament); proximal digital annular ligament (c). Note: the distal digital annular ligament is not drawn in; it is weak and may be absent; the direction of movement of P2 (blue dashed arrow) results in hyperflexion of the PIP joint

trial, the test was considered positive (ie, non-specific pain contributed to the manifestation of inappropriate behavior). The buprenorphine trial was not implemented if, on examination, manipulation of the digits was painful or the owner consented to the experimental surgery without the trial. The buprenorphine trial was an additional step to help determine the need for total flexor tenectomy (TFT) surgery. The only change occurring to the trial cats was the surgery. Their preoperative behavior was compared with their postoperative behavior.

UA was performed to rule out infection or inflammation of the bladder as the cause of the inappropriate elimination behavior. UA was performed with a VetScan UA (Zoetis) reader and VetScan UA14 urine test strips. The 14 parameters tested by the strip included microalbumin, pH and protein; leukocytes and urine specific gravity (USG) were disregarded and tested as follows. USG was measured with an HSK-Vet refractometer (Heska). Complete UA included a centrifuged sediment analysis performed with an Olympus CX41 microscope by the clinic's certified veterinary technician. The presence of leukocytes and red blood cells (RBCs; \pm bacteria) indicated a urinary tract infection, and was treated as such. Probable interstitial cystitis was diagnosed only when RBCs were present in a large quantity. Crystals with elevated pH and concentrated urine (USG >1.035) were diagnosed as crystalluria with probable cystitis. All cats were required to attain a normal UA to enter the study.

Digital radiographs of the forepaws were made to assess P3 fragments, P3 fragments with claw regrowth, indications of DDFT/vinculum tendonitis, distal P2 inflammation, distal P2 osteochondritis and PIP joint hyperflexion ($<90^\circ$). Lateral and medial dorsopalmar oblique images with an angle of 45° were obtained using Progeny Imaging Software 2.0 with a Progeny DR Digital Dental Sensor, and an AFP Imaging Image-Vet 70 Plus dental X-ray machine was used to obtain high-resolution images for radiographic paw pathology analysis. Triadan dental charting was used to identify the radiological paw views generated in Progeny. The 45° oblique angle gives a more ventral view for detection of fragment presence and joint and tendon status (Figures 2 and 3). It is much easier to evaluate claw regrowth and/or fragment infection with an oblique paw radiograph (Figures 4 and 5) because a standard tabletop AP radiograph, with flexor contraction present, is looking down on a perpendicular P2. This makes a diagnosis of the P2 condition challenging. The lateral tabletop radiographic view can result in digit overlay, making the individual digits hard to differentiate. Hyperflexed PIP joint changes indicated the need for a flexor tenectomy to relieve the hyperflexion. Because of the financial cost of fragment removal and the challenging surgery needed to remove the P3 fragment(s), it was determined that if a P3 fragment was not regrowing a claw, a TFT could be performed instead of fragment

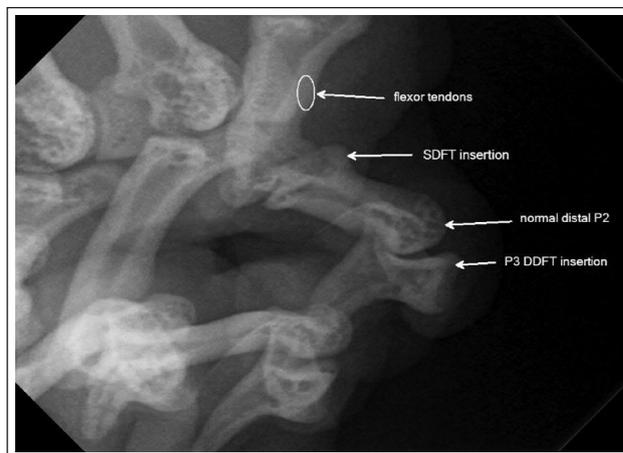


Figure 2 Lateral dorsopalmar oblique radiograph of the normal left paw. SDFT = superficial digital flexor tendon; DDFT = deep digital flexor tendon; P2 = second phalanx; P3 = third phalanx



Figure 3 Medial dorsopalmar oblique radiograph of the normal left paw. P1 = first phalanx; P2 = second phalanx; P3 = third phalanx

removal. The rationale was that the more plantigrade stance after the tenectomy would result in the cat no longer walking directly on that P3 fragment. The P3 fragment should be removed to avoid further claw regrowth or fragment infection. Detailed instructions for P3 fragment removal have been published by Martell-Moran.¹⁰

Surgical intervention for onychectomy pain relief

One of our goals was to shift the cat's weight on to the main (metacarpal) pad to create a plantigrade stance and provide a cushion for the amputated toes rather than the natural digitigrade stance that would direct the amputated digit toward the ground.

The following describes the salvage operation. Premedication, including acepromazine/butorphanol,

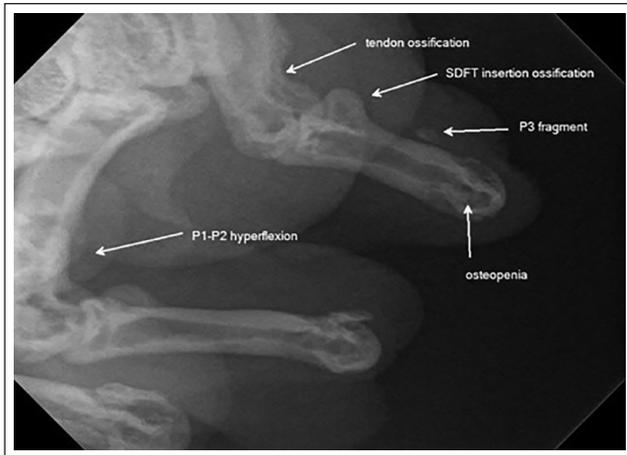


Figure 4 Lateral dorsopalmar oblique radiograph of an onychectomized left paw. SDFT = superficial digital flexor tendon. P1 = first phalanx; P2 = second phalanx; P3 = third phalanx

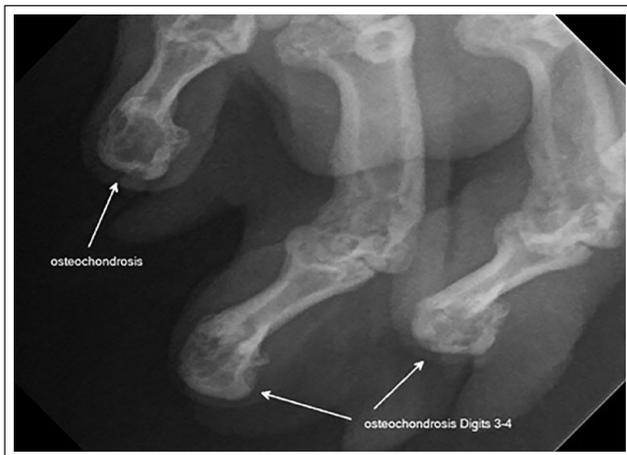


Figure 5 Medial dorsopalmar oblique radiograph of an onychectomized left paw

was given intramuscularly 10 mins before masking with isoflurane. A cuffed endotracheal tube was placed. A Terumo 24G intravenous (IV) catheter was placed in the femoral vein and lactated Ringer's solution maintenance flow was started on an IV pump. Clip and surgical preparation of paws were performed using an Oster trimmer clipper with a ¼ inch blade. Under anesthesia, the digital hyperflexion was confirmed before proceeding with the surgery. A four-point paw block was placed.¹¹ Buprenorphine and maropitant citrate (Cerenia) were given subcutaneously at the start of the surgery. The patient was placed in dorsal recumbency. A Nye tourniquet was placed for no more than 10mins at the mid-humeral region. A palmar sagittal skin incision was made over phalanx 1 (P1) with a No 11 scalpel blade (Figure 6). The superficial and deep digital flexor tendons were elevated



Figure 6 Skin incision over phalanx 1 exposing the digital flexor tendons (palmar view). *McP metacarpophalangeal joint



Figure 7 Elevated digital flexor tendons

with a root tip extractor (Figure 7). A straight mosquito forceps was applied to the tendons (Figure 8), and a 3 mm tendon segment was removed (Figure 9). A radio scalpel was used to accurately excise the tendon segments on both sides of the forceps. The skin wounds were cleaned and dried. Using the provided applicator tip, GLUture (Zoetis) was carefully placed on the skin edges, which were gently held in apposition until the tissue adhesive was set (Figure 10). All cats recovered smoothly. No paw shaking was observed. Postoperative pain medication, oral buprenorphine (20 µg/kg 2–3 times daily transcutaneously) or robenacoxib (Onsior, Elanco; 1 mg/kg once daily) and amoxicillin 11–22 mg/kg (once daily) were dispensed. Bed or cage rest was mandatory for a minimum of 10 days. Fine, scoopable litter was recommended.

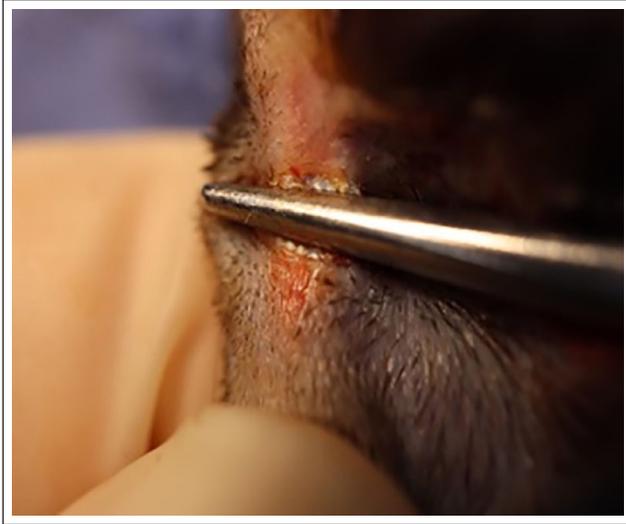


Figure 8 Placement of mosquito forceps on the flexor tendons



Figure 9 Removal of a 3mm segment of the digital flexor tendons



Figure 10 Wound closure and full-digit extension confirmation

Results

All cats in this study were previously onychectomized and presented with a history of inappropriate behavior (predominantly inappropriate elimination and/or aggression). Cats entering the study had proper litter box placement/management (see Carney et al⁹) and a routine UA to rule out these variables as a cause of the inappropriate behaviors. In the majority of the study cats, pain could be localized to the digits with the physical examination. In others, a reason for the inappropriate behaviors could not be determined through physical examination and paw radiography. In this case, the diagnostic buprenorphine (pain relief) trial was used to determine if behavioral issues were related to non-specific pain; 43% (n = 18) of the cats underwent this trial and 89% (n = 16) of these cats had a positive response (ie, they used the litterbox appropriately and/or showed less aggression).

Detailed digital radiographs provided evidence of the tissue changes associated with the onychectomy. Forty-two cats with an average age of 8.6 years (range 5–12.2) had a total flexor tenectomy on digits II–V. All cats except one attained complete extension of these digits. The one exception, the first cat in the study, could not extend some of digits II–V. After a repeat of the tenectomy to transect any remaining tendon, the cat remained at its preoperative level of aggression. Another cat had P2 hyperflexion persist after a complete tenectomy. Possibly caused by PIP joint remodeling, digit V in both front paws could not be fully extended; however, the cat displayed more comfortable walking. Twenty-six cats that had TFT had P3 fragments present. Forty cats had a positive outcome following the salvage surgery and two had the same clinical signs as pre-salvage. This represents a 95.2% success rate for the TFT surgery. All of the cats walked more comfortably and all owners were satisfied with the surgical outcome, even though the cats became flat-footed. One of the concerns was carpal hyperextension (breakdown) following surgery, but this was not observed. The first study cat that received the TFT was monitored for 6 years. It had long, slender legs, small paws and a disproportionately large upper body. No carpal ligament degeneration resulting in hyperextension was observed. None of the cats that had TFT needed long-term pain relief to use their litter boxes following the salvage surgery.

Discussion

Many post-onychectomy complications have been documented.^{12,13} Research has shown increased inappropriate behavior in onychectomized cats, which has been attributed to back, hip and paw pain.¹⁴

Amputation of the distal portion of the digit removes the claw and destroys the balance of the remaining portions of the limb. The pressure plate gait analysis lacks the resolution to determine an onychectomized cat's gait

change. The graph documenting the results of pressure plate gait analysis, with a high top-end y-axis value, effectively diluted the statistical difference between onychectomized and non-onychectomized cats.¹⁵ Waldron has described various onychectomy techniques.¹⁶ The guillotine (nail trimmer) method is prone to leaving behind a fragment of P3, which can anchor the DDFT to the ventral P3 DDFT insertion (flexure tubercle), leading to hyperflexion of the PIP joint. The DDFT in isolation can pull the distal end of P2 palmarly (via the vinculum), resulting in pain as the end of P2 is driven into the pads of the digits. Therefore, with or without a P3 fragment, the result can bring the normally flexed PIP joint into hyperflexion. Note that the PIP joint is routinely flexed; further flexion of this joint can result in hyperflexion. Owing to the complications of the guillotine technique, at least one veterinary medical board does not consider its use to be the current standard of care.^{16,17} The surgical removal of P3 fragments has been described in the literature and appears superior with regard to reducing the chance of claw regrowth. However, following P3 fragment removal, cats must be monitored for subsequent hyperflexion.

In the current study, radiographic evidence of identified complications in post-onychectomy cats included retained P3 fragments, some of which are more proximally displaced because these are attached to a contracted tendon. Punctate subchondral lucent areas on the distal P2 articular surface may be due to cartilage devitalization, ischemia and trauma, followed by articular cartilage eburnation; a similar process is described for degenerative osteochondrosis. Other radiographic differential diagnoses for these focal lucent areas are processes similar to subchondral bone cysts, focal vasculitis, focal ischemia or, possibly, focally invasive osteomyelitis. It was beyond the scope of this study to identify the cause of these distal P2 radiographic changes. The cats with a P3 fragment did very well after TFT without P3 fragment removal. Cat rescues and other rehoming organizations will find the TFT to be cheaper and easier to perform than P3 fragment removal. There is some risk that hyperflexion will occur after fragment-removal surgery. Other radiographic findings included dystrophic tendon calcification and bone remodeling at the tendon insertion sites due to altered mechanical stresses. Osteopenia may be the result of disuse bone atrophy. Digital contracture is a sequela of dystrophic and degenerative changes in the soft tissue support structures of the paw, including the distal digits, such that misalignment of the digits disrupts the normal distribution of mechanical forces and stimuli that would normally maintain an active range of motion, digital elasticity and flexibility, and facilitate normal weight-bearing in the paws. The TFT has been used successfully in at least two other studies with a very

limited number of cats.^{18,19} All the cats within this current study manifested clinical signs that were suspected to be a result of onychectomy pain.

Conclusions

Onychectomy has never been researched for short- or long-term side effects. Digital dental sensor images and careful, focused paw examinations have revealed the damage done over time and the pain this procedure can cause onychectomized cats. The TFT can be performed on non-regrowth fragment and no-fragment hyperflexed cats; however, it does leave the cat flat-footed. This must be made clear to the cat's owner. The standard of veterinary care is dynamic and forever changing.¹⁶ The onychectomized cat may be thought to have an iatrogenic potentially painful disease condition, which should be included in the differential list for inappropriate elimination, and aggressive behavior. In this study, it was shown that inappropriate elimination and possibly aggression, apparently caused by the pain from the original onychectomy, can be alleviated or eliminated with TFT.

Conflict of interest The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Ethical approval The work described in this manuscript involved the use of non-experimental (owned or unowned) animals. Established internationally recognized high standards ('best practice') of veterinary clinical care for the individual patient were always followed and/or this work involved the use of cadavers. Ethical approval from a committee was therefore not specifically required for publication in *JFMS*. Although not required, where ethical approval was still obtained, it is stated in the manuscript.

Informed consent Informed consent (verbal or written) was obtained from the owner or legal custodian of all animal(s) described in this work (experimental or non-experimental animals, including cadavers) for all procedure(s) undertaken (prospective or retrospective studies). No animals or people are identifiable within this publication, and therefore additional informed consent for publication was not required.

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Veterinarian's Oath

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.



Advocates for Animals • A 501(c)(3) nonprofit organization

March 15, 2026

Minnesota House Agriculture Finance and Policy Committee

RE: IN SUPPORT OF HF 1857 (prohibiting the declawing of cats)

Dear Co-Chair Hansen, Co-Chair Anderson, and Committee members:

Thank you for considering HF 1857, an important animal protection bill, which will prohibit the inhumane and unnecessary practice of declawing in Minnesota. The Paw Project is an international nonprofit, veterinarian-run organization that has worked for over 25 years to end declawing and has directors and members in Minnesota. Declawing is a series of amputations of all or most of the last bone of each of an animal's toes and performed to prevent unwanted scratching. Declawing removes an integral part of an animal's anatomy and subjects animals to the risks of pain, infection, behavioral changes, and lifelong lameness. Safe and effective alternatives to declawing include simple training, nail caps, and other established deterrent methods. We urge you to vote YES on this bill.

Declawing has been common in the US, but it is illegal or considered unethical by veterinarians in most countries. The Paw Project drafted nation's first statewide declaw ban New York in July 2019. Maryland banned declawing in 2022, as did Massachusetts in 2024 and Rhode Island and California in 2025. There are anti-declaw bills active in NJ, PA, IA, OH, and IL in 2026, so far. In recent years, public opinion regarding declawing has evolved due to educational campaigns and published evidence exposing the harmful effects of declawing. Eight cities in California, Los Angeles, San Francisco, Burbank, Santa Monica, Berkeley, Beverly Hills, West Hollywood, and Culver City, had prohibited declawing prior to the statewide ban. Denver (CO), Austin (TX), Madison (WI), Allentown (PA), Pittsburgh (PA), Tacoma (WA), Evanston (IL) and St. Louis (MO) are some of the other US cities to have banned declawing. In the past few years, declawing has been prohibited in nine of ten Canadian provinces.

The Feline Veterinary Medical Association (FelineVMA) forbids its certified Cat Friendly practices from performing declaw surgery. FelineVMA states, "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 (by veterinarians) of whether or not to declaw should not be impacted by these considerations." VCA and Banfield Hospitals, which operate many veterinary clinics, will not perform "below standard of care" declaw procedures.

Much evidence exists that behavioral changes following declawing can result in the relinquishment of animals to shelters. The CDC and NIH advise pet owners to "not declaw" their animals since declawing is not an effective means of preventing opportunistic disease in immunocompromised individuals.

In 2018 and 2024, peer-reviewed scientific articles in the *Journal of Feline Medicine and Surgery* reported the harmful effects of declawing, stating that "declawing increases the risk of long-term or persistent pain, manifesting as unwanted behaviors 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 behaviors are common reasons for relinquishment of cats to shelters), but also has health implications for their human companions, as cat bites can be serious."

We proudly support this bill, which will greatly protect animals and will end declawing in Minnesota.

Sincerely yours,

Jennifer Conrad, DVM, Founder and Director, Paw Project

Written Testimony in Opposition to H.F. No. 1857

Date: March 16, 2026

To: Members of the House Agriculture Finance and Policy Committee

Subject: Opposition to H.F. No. 1857 – Prohibiting Elective Declawing of Cats

To Co-Chairs Anderson and Hansen and Members of the Committee,

I am writing today as a parent, a lifelong animal lover, and a dedicated pet owner to express my **opposition to H.F. No. 1857**. While I understand the intent of this bill is rooted in animal welfare, I believe it fails to account for the complex realities of pet ownership, especially for families with young children or specific living situations.

My concerns with the current language of H.F. No. 1857 are as follows:

- **Safety of Children and Vulnerable Family Members:** As a parent, my children's safety is my highest priority. Cats can inflict serious, permanent injuries with their claws, particularly to the eyes and faces of young children. For families with infants or immunocompromised individuals, declawing is sometimes the only alternative to rehoming a beloved pet that has developed aggressive scratching behaviors.
- **Preventing Pet Surrender:** Many pet owners choose declawing as a last resort to prevent the destruction of their homes and property. If this option is removed, we will see an increase in the number of cats surrendered to already overcrowded shelters, where many will face euthanasia. This bill inadvertently risks more feline lives than it saves.
- **Government Overreach in Veterinary Care:** Medical decisions regarding a pet should remain a private matter between a responsible owner and their veterinarian. The state should not be mandating "one-size-fits-all" medical bans that ignore individual household circumstances.

Proposed Amendment: Limit to Rear Claws

If the committee is determined to move forward with this legislation, I strongly urge you to **amend the bill to only apply the prohibition to rear claws**. The vast majority of injuries to children and damage to property are caused by the front claws. By allowing elective procedures for front paws while banning them for rear paws, the state can protect the cat's primary means of "back-leg" scratching and defense while still allowing owners to manage the risks associated with the front paws.

I urge you to vote **NO** on H.F. No. 1857 in its current form to protect the rights of Minnesota pet owners and the safety of our families.

Respectfully,

Michael Babcock

Saint Paul, MN 55106

Good afternoon,

This barbaric practice must end. It limits a cat's ability to function like a cat!
Every person in my house contributes to the wear and tear of a household.
A cat is a part of the household.

If that cannot be accepted; then, a cat deserves a better life somewhere else.

Consider a stuffed toy version!

J. Lang
Minneapolis

Mr. Strohmeier, It is LONG past time for Mn to become the first state in the midwest to ban the evil, barbaric, and sickening practice of torturing cats. HF1857 gives us the opportunity to show the rest of the country that we are So. Much. Better. than that!! Let's be a leader in the name of common decency, and finally stop this insanity. Thank You.

Dear Mr. Strohmeier,

I am writing to show my support for the MN Anti-Declaw Bill. As a volunteer with an animal shelter, I have seen the damage that stems from declawing. I have seen cats surrendered to the shelter because they have developed "behavioral" problems, they have stopped using the litter box and the anti-anxiety medication isn't working. The family is at the end of their rope and they don't know what else to do other than get rid of the cat. All of this is completely avoidable if we don't take their claws to begin with and instead, educate people on how important claws are to a cat, how to maintain them, etc. It is the humane option.

Thank you,

Samantha Haywood
Chanhassen, MN