Euthanasia and On-farm Slaughter Guidance


What's the difference between euthanasia and on-farm slaughter?

**Euthanasia**

- Slaughter of a goat as a result of irrecoverable injury or illness
- Euthanasia is not planned – a farm will not know how many goat might need to be euthanized in a particular month or year.

**On-farm slaughter**

- Planned slaughter of goat for home/worker consumption, food for farm dogs etc.
- A farm will have an idea of the number of goat they intend to slaughter each month or year for the reasons listed above

RMS requires that both euthanasia and on-farm slaughter are carried out using a method that is quick, causes minimal stress and pain, and results in a rapid loss of consciousness followed by death without the animal regaining consciousness.

**Equipment**

Equipment that can be used for euthanasia and on-farm slaughter of goat is shown below:

- Penetrating and non-penetrating captive bolt guns
- Firearm
- Veterinary administered barbiturate overdose (euthanasia only)

**Availability of equipment**

The availability of firearms for on-farm use is dependent on local licensing laws.

Captive bolt guns generally do not come under firearms licensing laws as they are considered safer than firearms so are easier for farmers to access and use. Captive bolt guns are most often powered by cartridges (ammunition) but some designs use gas or compressed air.
<table>
<thead>
<tr>
<th>Company</th>
<th>Equipment suitable for goat</th>
<th>Details</th>
<th>Countries where available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accles and Shelvoke</td>
<td>Cash Special</td>
<td>Cartridge powered penetrating captive bolt gun.</td>
<td>Europe, South Africa, Kenya, Australia, New Zealand, Argentina, Brazil, Chile, United States, Canada.</td>
</tr>
<tr>
<td>Bock Industries</td>
<td>Ted Stunner</td>
<td>Cartridge powered penetrating captive bolt gun.</td>
<td>United States, Canada.</td>
</tr>
<tr>
<td>Jarvis</td>
<td>Variety of products</td>
<td>Cartridge powered penetrating and non-penetrating captive bolts.</td>
<td>Europe, South Africa, Australia, Argentina, Brazil, China, New Zealand, United States, Canada.</td>
</tr>
<tr>
<td>Schermer</td>
<td>K-Line</td>
<td>Cartridge powered penetrating captive bolt gun.</td>
<td>Europe, Australia, United States, Canada.</td>
</tr>
<tr>
<td>Termet</td>
<td>Matasson</td>
<td>Cartridge powered non-penetrating captive bolt gun.</td>
<td>Europe, South Africa, Australia, New Zealand, Argentina, Chile, Venezuela, United States, Canada.</td>
</tr>
</tbody>
</table>

Accles and Shelvoke [accles-shelvoke.com/distributors]
Blitz Kerner
Bock Industries [bock-industries.com]
Jarvis
Schermer [karl-schermer.de]
Termet [termet-solefi.com/international-retailers2.html]
**Knife euthanasia**

AW3.23.3 requires goat to be stunned prior to euthanasia. Stunning may only be skipped in cases where the animal is in severe pain and finding access to tools for stunning would prolong the suffering. Using a knife for goat euthanasia is commonly used without prior stunning. Circumstances under which this would be is permitted include:

- Where licensing restrictions limit the access to the appropriate equipment;
- Where the appropriate equipment is not available for purchase;
- Equipment may be available within the country or region but not yet on-farm and it can be demonstrated that the farm is working towards having suitable equipment and trained staff to use it.

The last point may be of most relevant to those seeking group certification where there may be multiple farms of varying sizes which need to change their current method of euthanasia.

As with all methods of euthanasia, a SOP for the process must be prepared and evidence presented of training of all relevant staff in the correct method. An example is provided in Figure 1.
Figure 1. *(Humane Slaughter Good practice guidelines for the on-farm slaughter of goat, The New Zealand Merino Company Ltd, Beef + Kid New Zealand)*

3. Throat Cut
(without prior stunning)

Only in emergency circumstances should throat cutting be employed as a method.

Cutting a sheep’s throat without prior stunning should only be used if there are no alternatives available, and in order to prevent a longer period of pain or suffering for the animal involved. It should never be done in the planned killing of sheep for personal consumption and dog tucker.

Throat Cut Procedure

1. If having to cut a sheep’s throat in an emergency situation, then never break the neck as this only causes additional trauma before the animal has lost consciousness.

2. The knife used should be very sharp and have a blade at least 15cm long.

3. Ensure the sheep is adequately restrained, standing or lying with its chin in your hand to extend the neck.

4. Make a swift, firm cut across the upper part of the neck, severing both the carotid arteries and jugular veins. The trachea (windpipe) and oesophagus will also be severed. Check that the incision does not close over the knife during the throat cut.

5. It will take approximately 8 seconds for the sheep to lose consciousness, and it should be restrained until then.

6. Monitor until death is confirmed.

Check the kill has been effective:
- No blink reflex when surface of the eye is touched
- No heartbeat
- No regular breathing
- Pupils dilated and fixed
When is euthanasia necessary – the Euthanasia Decision Tree:
Based on the ‘Casualty Goat’, Goat Veterinary Society.

Is the animal in such distress that immediate euthanasia is required?

- Yes
  - Can you provide suitable treatment?
    - Yes
      - Outcome successful
    - No
      - Call for veterinary

- No
  - Monitor progress
    - Yes
      - Outcome successful
    - No
      - Euthanasia
The following information is taken from the Sheep Euthanasia Manual (2017) published by Alberta Lamb Producers and written by Jennifer Woods MSc. of J. Woods Livestock Services. Please note their disclaimer below the information provided


When is euthanasia appropriate?

Just because there is a chance for recovery, it does not mean treatment is always the optimal choice for the producer or the animal. When deciding which option is best, there are several questions a handler has to ask in order to make a responsible decision.

- Is the animal experiencing a high level of pain?
- Will it require continual medication to alleviate the pain and suffering.
- Will the animal have to endure a painful and lengthy recovery?
- Will the animal be likely to return to normal function post recovery?
- Can the required care be provided during the convalescent period?
- Is the animal likely to suffer chronic pain or immobility following recovery?
- Will weather extremes create inhumane conditions for this animal during and/or after recovery?
- Will the animal be unable to or have difficulty accessing feed and water?
- Will the cost of therapy outweigh financial return?
- Is the animal contagious and can spread disease or illness to other animals, adversely affecting the welfare and the economics of the facility?

One of the biggest challenges though is determining: How long should an animal be given to recover? Current industry literature and guidelines would suggest that animals should show evidence of significant improvement within 24 hours from the onset of treatment.

Simply leaving an animal that is suffering to die of natural causes or in other words, “letting nature take its course” is unacceptable. Furthermore, it is NOT acceptable to prolong an animal's misery by delaying euthanasia for reasons of convenience. It is important that when euthanasia is indicated, it be conducted in timely manner.
The following is a list of the more common illnesses and diseases that producers encounter while raising animals. This reference list is not intended to be all inclusive. It provides common examples of poor health and disease that may require euthanasia.

- Too weak to ship due to emaciation and poor body condition.
- Unresponsive to treatment and lack of ongoing desire to eat.
- Disease for which no effective treatment is known or is cost prohibitive.
- Disease for which expected recovery is unusually prolonged.
- Drastic weight loss.
- Contagious or reportable disease.
- Unresolved prolapses.
- Unresponsive respiratory disease/illness.
- Advanced or infectious arthritis affecting more than two joints.
- Infected prolapse.
- Intractable diarrhea.
- Paralysis from traumatic injuries or disease that results in immobility.
- Transmittable diseases (Zoonotics).
- Fractures of the legs, hip or spine.
- Emergency medical conditions that result in excruciating pain that cannot be relieved by treatment (i.e. trauma associated with highway accidents).
- A wound significantly impacting a critical biological function (i.e. major organ, muscle and skeletal systems, brain injury).
- Profuse bleeding.

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