EUTHANIZING A SNAKE WITH THE OWNER PRESENT

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Although many veterinarians simply refuse to euthanize reptiles with the owner present, I have found that this is as important to some clients as it is for the dog or cat owner who has to make that same decision. By explaining fully what will happen and giving them a choice about whether to stay or go, I believe I give these clients peace of mind about their pets’ final moments.

My conversation with the client strongly encourages them to say goodbye to the snake in the exam room after which I will take it back to “put it to sleep.” If they ask for more information, I advise them that euthanasia of a reptile is not the same as being present when a mammal or bird is euthanized. To compare the two processes, I explain that when I euthanize a bird or a mammal, it will die fairly quickly once the barbiturate-based euthanasia solution is injected into its veins. The mammal or bird rapidly loses consciousness when the euthanasia solution has had a few heartbeats to circulate. The body may have a fluttering heart beat for a minute or so and there may be some agonal muscle movements and vocalizations at this time. A euthanized mammal may urinate or defecate as bowel and bladder control disappear when the body completely relaxes in death. I assure the client that the mammal is beyond any awareness or feeling at this point. I suggest that these last brief moments may be disturbing for an owner to witness even when they know their pet is no longer capable of feeling what is happening.

A snake, in contrast, lacks readily accessible veins to receive the viscous euthanasia solution injection. If I inject the solution into the heart, it causes a rapid death but sometimes it can be difficult to perform this procedure on a wide awake snake. The restraint necessary for a cardiocentesis may appear to be excessive to the owner; even though it is a procedure that is done routinely as part of diagnosing a condition, an owner may not wish their last contact with a snake to be present as this happens. A tail vein may sometimes be used in larger snakes, but I have found that euthanasia solution often extravasates during injection and I must end up using another route. A slower alternative is injection into the coelom; it is easier to perform but takes much longer to take effect. With either procedure, a snake or other reptile may have muscle movements long after its central nervous system is “dead”; muscle twitching may continue as long as several hours after the euthanasia solution has permeated its body. The muscle movement does not mean the snake is aware of what is happening; it is just the body finally letting go. After this explanation, I again strongly advise the client to say goodbye and leave the snake behind. I offer the option of them waiting in the room and having the body brought back to them but despite my efforts, on rare occasions a client will insist on being present in order to reach closure with the loss of their snake.

If the client still wishes to remain, I advise them that I will give the injection intracoelomically, a process that takes 20 to 45 minutes for full effect. I typically use 0.1 mL of euthanasia solution per g bodyweight. The client may hold the snake after the initial injection and a staff member will check in every 5 minutes to see the snake’s status. Once the snake is limp, I will come in and evaluate whether additional solution is needed.

There are some cases where I feel that a cardiac injection is the best solution. I will give tiletamine-zolazepam (Telazol®; 25–40 mg/kg IM) first and explain that this is done so that the snake is easier to manage; it takes 20 to 30 minutes for effect. The client is allowed to hold the snake after the Telazol injection and a staff member checks back every 5 minutes or so until the snake is fully relaxed. I advise them that I will look for the heart once the snake is fully asleep. Thick-bodied snakes such as large pythons or boas can be difficult to find the heart without a Doppler and some are even difficult to find with a Doppler. With slender-bodied snakes like most of the common colubrids it is a little easier to find the heart either by palpation or a Doppler. I have a three strikes rule: if I am not able to aspirate blood from the heart and sustain an injection within three attempts, I go to the intracoelomic route. If I am able to administer an intracardiac injection, I administer at a moderate speed and periodically aspirate to make sure I am still getting blood. Within a minute or so, the snake will start to become even more limp. I tend to overdose with the euthanasia solution, usually giving 0.05 mL per 100 g bodyweight.

Euthanasia is never easy. Euthanizing a snake with the owner present is one of the bigger challenges we face for it is difficult for it to be done quickly and smoothly.