Animal Health emergencies on small blocks

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Over the years since my graduation from Massey University I have been told that the days of ‘fire brigade’ veterinary work are over, James Herriot is dead and that all large animal work should now be preventative, planned and managed. While this may be true about commercial farm work it is not so about small block work, in fact small block work whilst involving farm stock has more in common with small animal work.

The principle difference between small blocks and commercial farms in New Zealand is the financial and emotional value placed on the animals by the owners. Commercial farmers usually have a strong empathy for their stock and a commitment to animal welfare, but this is tempered by the realities of running a business and the need to make a profit. Thus they are always aware of the dollar value of the animal and the value of its future potential production. All treatments and health management decisions are coloured by this. The costs of veterinary interventions are weighed against the potential gains (or losses), and decisions made accordingly. If the costs are seen as too high either less expensive and less effective options are taken, (the use of part herd vs. whole herd dry cow therapy), or culling or euthanasia will be considered.

On small blocks the stock often have no real financial value at all, but there may be strong emotional value, e.g. a pet sheep that will never be culled or sold. In this scenario the financial decision making model does not apply. This fact can lead to some apparently bizarre actions. An after hour’s call to treat one sheep with flystrike 25km from the clinic is vastly in excess of the value of the animal. However, we would not query an afterhours call for a kitten with diarrhoea, equally probably well in excess of the value of that animal.

Problems usually occur when there is confusion in the minds of either the owner or the Veterinarian as to the status of the animal. Is this particular sheep that requires attention a pet or a commercial animal? Sometimes this question needs to be asked quite bluntly so that the correction actions are taken. However, no matter which scenario the animal in question falls into its welfare must not be compromised. If the owner states that it is a commercial sheep then veterinary attention is almost certainly not economically viable. Effective treatment by the owner or euthanasia may be the only options.

Another notable difference between small block holders and commercial farmers is their level of knowledge regarding animal health. This is hardly surprising given that most blocks are held for less than eight years and that the owners usually come from an urban background. The result is that they often cannot treat common animal health problems themselves, such as a prolapsed vagina in a ewe, and request Veterinary assistance. This is often coupled with a lack of common animal remedies and equipment. Hence with the request to treat a flystruck sheep as they do not know what to do or have clippers, topical flystrike dressings etc. needed to do it. This lack of knowledge will extend to the prognosis for recovery from a condition. The prognosis (and likely costs) needs to be outlined early in the examination, particularly with high risk situations such as recumbent stock.

The final unfortunate issue with small block health emergencies is that they are often out of hours. This is because the owners are usually at work in the city during the week so issues are only seen after work or on the weekends. This lack of on going observation of the stock can result in the late detection of problems. Calving or lambing difficulties may not be observed until they have been going for some time resulting in increased risks and poorer outcomes. Given the potential welfare issues and the costs I commonly advise small block holders not to breed stock, mainly for this reason alone.
The actual animal health issues that a Veterinarian will be expected to deal with on a small block should not be a challenge for any competent Vet. Flystrike, dystocia, metabolic diseases, anaemia due to haemonchosis, colic, long bone fractures and ryegrass staggers are not uncommon. However, the situations that you are presented with the animals may be the real challenge. A lack of animal confinement is the most common complication. The lack of useful, or indeed any, yards is the most common problem. A rope halter, good lengths of rope, IM chemical sedation and lots of ingenuity and patience are often required. A routine simple calving may be delayed by 45 minutes while the heifer is walked through several paddocks to a neighbour’s set of yards. A lack of useful assistance is common with often the only person on the property being mum, or the 12 year old child.

An animal health emergency is what the owner perceives it to be. It is commonly any stock that are recumbent, any situation that involves trauma or tissue necrosis and any issue around parturition. You may not consider the situation to be an emergency but I believe that you are ethically obliged to respond. It is, in my opinion, reasonable to inform the owner of the likely costs of a visit. If the call is regarding a species that you are not familiar with then referral to another practice may be an option. I have no problem with charging these calls at their real value. Thus the flystruck sheep on a Saturday night may end up costing over two hundred dollars.

One emergency that you will be called to on small blocks, almost exclusively, is animal entrapments. This situation commonly involves horses but I have also had to deal with pigs and cattle. In the small block situation the owners have very little knowledge on how to go about extricating a large animal, are often very emotionally distraught, have no heavy equipment and a low level of contact with any neighbours that could help. As a result they often call the Fire Brigade as they have nowhere else to go. Veterinarians may be called by the owners or the Fire Service. These situations are potentially very dangerous with large animals in confined spaces. Liaison with the fire officer in charge, wearing a protective equipment (a helmet), and having a Safety Officer are important. Do not get pressured into putting yourself or others into dangerous situations. Your local farm contacts, and the skills and contacts of the local volunteer fire fighters can be very useful in gathering resources.

Plant poisoning due to the accidental grazing of garden shrubs by pet stock, or the disposal of garden shrub prunings into the adjacent paddock are not uncommon. Oleander, Tutu, Ngio and Rhododendron are all common garden plants which most people have no realisation that they are toxic. Lead poisoning from paint and batteries may also occur with the blurring of the boundaries between paddock and house.

In conclusion small block medicine can be both rewarding and frustrating. The importance is to keep a sense of humour and apply the basics of veterinary medicine and to communicate well with the client so that know the likely outcome and costs that they are incurring, again not unlike small animal practice.