How to Sedate and Anesthetize the “Untouchable” Horse

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1. Introduction
Most practitioners have been presented, at some time or another, with an animal that has never been haltered or halter-broke and is in need of some type of veterinary care. This is a common occurrence in my area, and I have several ways that I deal with these types of horses. I will discuss methods on how I do this further, keeping in mind that the safety of both the horse and the human handler is always the first priority when dealing with this type of animal. There are a few variations in normal drug doses that I use on intractable horses, and these will be discussed. Keep in mind that most are based on trial and error and have served me well in my experience.¹⁻⁴

2. Methods
When attempting to treat intractable animals that require sedation, the placement of a needle in the jugular vein can be extremely difficult. I use several methods to accomplish this.

First Method
The use of a broke, quiet, or gentle horse can be helpful when working on another horse that has not been halter-broke or handled. I put the problem horse in a sturdy stall or run and begin to introduce the gentle horse to him. The presence of a quiet animal tends to provide a calming influence. By placing the intractable horse between a wall or very sturdy fence and the gentle horse, I am usually able to get a needle into the jugular vein. The size of the needle to be used is often related to volume of medication to be administered and is an individual preference. I have no particular needle preference in this setting and often use whatever will get the job done safely and quickly at the time. It has been my experience that these animals react less to this approach than to any attempt at petting or rubbing. I try to get the needle placed with as little direct contact with the horse as possible. In most scenarios, with a little time, a jugular stick is possible. In some cases, however, I may have to use an intramuscular injection.

It is very important that the horse used is quiet and accustomed to being around other horses. This is not a good time to work with a young colt as an aid to sedate an intractable horse. Oftentimes, sedation is accomplished with no halter on the intractable horse, and a broke, quiet horse is an invaluable assistant.

Once I have sedated the problem horse, I will still use the broke horse as a “blocker” to halter the horse that I am working on. This technique will protect
from any sudden breaks in sedation until you can
better control the animal with a halter and lead
rope. Once the horse is haltered and sedated, I can
usually work with them. Occasionally, I will use a
saddled horse so that I can dally the lead rope of the
problem horse to the saddle horn to help control the
un-broke animal. If this is the case, be sure that
the saddle horse is accustomed to having something
large dallied on the saddle horn.

Second Method

In some cases, the problem horse must be roped.
I only attempt this if I have a very sturdy stall or
small pen and enough available time to complete the
process. I prefer not to rope these horses, because
this is a trainer’s area more than it is mine. Often
during this scenario, horses become so excited that
they will override the effects of drugs quite easily.
Still, in some cases, I have no other options and am
often able to get a needle in the jugular vein this
way. Again, a good saddle horse can sometimes be
invaluable as a stabilizing and calming influence.

Third Method

The third method I will discuss is an approach that
I use mainly with bucking horses. In the tradi-
tional sense, true “bucking horses” are by and large
unable to be handled without proper chutes and
alleys. The majority of these types of horses are
owned by rodeo stock contractors, and in most in-
stances, the equipment and help necessary to work
on them is available. With the proper equipment
and help, the job can be done safely and in a timely,
efficient manner.

Bucking chutes are a must and extremely benefi-
cial when castrating or working on the distal limbs
of bucking horses. Unless dealing with a head or
dorsal body wound, anesthesia will be required.
These horses do benefit from a blindfold on occasion.
A good, strong halter and lead rope are a necessary
requirement.

Most bucking horses are accustomed to being hal-
tered in the chutes, and once haltered, they can be
restrained and allow a needle to be placed in the
jugular vein. The chutes allow you to administer
the sedation and induction drugs, but be careful not
to get your head or arms in a position to be injured.
Once sedation and induction have been achieved,
you can then open the chute gate as soon as they
start to go down. It is very important not to let
them out of the chute too early because you probably
will end up chasing a horse that is overriding the
drugs given.

Again, with true “bucking horses,” very few
procedures can be performed without general
anesthesia.

Drugs and Dosages

Drugs and dosages for sedation are given in Table 1.
Drugs and dosages for anesthesia are as follows.

Ketamine: 2 to 4 mg/kg IV (150–200 mg/45 kg
(100 lb)
Diazepam: 0.1 mg/kg IV (40 mg (8 mL)/450 kg
(1000 lb) horse—maximum, 8 mL

Guaiifenesin Recipes (Triple Drip)
For adult horses, add 5 to 10 mL of xylazine (100 mg/
ml) and 15 to 20 mL of ketamine (100 mg/mL) to 1
liter of 5% guaiifenesin.
For young foals, add 5 mL of xylazine (100 mg/mL)
and 10 mL of ketamine (100 mg/mL) to 1 liter of 5%
guaiifenesin.
Yearlings and mature horses require higher doses
of xylazine and ketamine.

3. Discussion

These are by no means the only ways to work with
an intractable horse; however, they represent what
has worked best thus far in my experience. I try,
first and foremost, not to get myself or anyone else
injured and to be as safe as possible with the horses.
You must be able to adapt the doses of the drugs
from case to case—the more intractable animals re-
quire much larger doses of drugs to achieve the same
result as a quiet animal. The most intractable
horses will also require close monitoring of sedation
or anesthesia levels.

Keep in mind that these animals are highly reac-
tive to external noise and stimuli. Be quiet and get
the job done. These animals wake up quickly.
It is best to leave the eyes covered and let the horse
lay as long as possible in an area that is safe for it
to recover. I often remove the halter and lead rope
before the horse wakes up because any type of hu-
man assistance during recovery usually makes the
situation worse.
References


