BVA and Goat Veterinary Society position on goat kid disbudding and analgesia

Executive summary

BVA and Goat Veterinary Society (GVS) believe that the prevention and management of pain, during and after the disbudding procedure, is essential for both animal health and welfare and the reputation of all goat keepers whether commercial or otherwise.

Legal requirement: Only veterinary surgeons are permitted to carry out the disbudding procedure – which is considered veterinary surgery under the provisions of the Veterinary Surgeons Act 1966. There are no exemptions.

Recommendation 1: Veterinary surgeons carrying out disbudding should be proficient in undertaking the procedure

Recommendation 2: Anaesthesia must be used, and analgesia should be used, for all disbudding procedures

Recommendation 3: The principles of the Cascade should be applied when prescribing analgesics, and goat keepers advised of both the risks and benefits as part of the process of obtaining informed consent for the entire disbudding procedure

Why disbud?

Horns can cause injury to other goats or other livestock, and can also cause injury to goat keepers or attending veterinary surgeons. Horns may also make goats more prone to getting caught in fences, hedges, or other elements of the environment as they perform their natural browsing exploratory behaviour.

Not all goats are disbudded in the UK. This may be for management reasons, (some goats are kept extensively, such as fibre goats) or for financial reasons (eg goats are reared for meat and early slaughter). Owners of pet goats such as the Pygmy breed may make a personal decision to leave their goats horned but should ensure that horned and hornless goats are not kept together.

In some cattle breeds it is possible to breed hornless animals and in doing so avoid the need for disbudding. Unfortunately, this is not possible in goats as the genes associated with hornless (polled) animals are also associated with a recessive gene for intersex (ie, an animal which shows both male and female characteristics).

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1 Patt et al, 2012 The introduction of individual goats into small established groups has serious negative effects on the introduced goat but not on resident goats. Applied Animal Behaviour Science
https://www.appliedanimalbehaviour.com/article/S0168-1591(12)00062-7/abstract
Legislation

The Mutillations (Permitted Procedures) (England) Regulations 2007, the Mutillations (Permitted Procedures) (Wales) Regulations 2007 and the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007 all include disbudding of goats as a procedure which can be carried out for non-therapeutic reasons. However, this secondary legislation is subject to the restrictions in the Veterinary Surgeons Act 1966 and therefore disbudding of goats is restricted to veterinary surgeons.

The issues

Disbudding is a skilled procedure and should be carried out in such a way that any risk to the kid is minimised. Disbudding involves cautery of the horn buds with hot irons after cutting off the tip of the horn bud if these are well developed. This is usually carried out within the first seven days of life, as horn buds grow very rapidly.

There are a number of issues associated with the disbudding of goat kids, including the need to achieve an effective block of four nerves to desensitise the bud (compared to only two nerves in calves). This places a real risk of a toxic local anaesthetic overdose in a high-risk neonatal kid. The skull is also very thin, and, in addition, many conventional calf disbudding irons do not have a large enough head to remove the bud and surrounding germinative soft tissue effectively.

Legal Requirement: Only veterinary surgeons are permitted to carry out the disbudding procedure – which is considered veterinary surgery under the provisions of the Veterinary Surgeons Act 1966. There are no exemptions.

Recommendation 1: Veterinary surgeons carrying out disbudding should be proficient in undertaking the procedure.

Disbudding, like any mutilation, can involve handling stress, acute pain (short term, arising from tissue damage during the procedure) and the possibility of chronic pain (longer term, arising from nerve damage). There is extensive evidence to show that disbudding is associated with changes in behaviour during and after, and with physiology associated with pain and distress.

The Royal College of Veterinary Surgeons expects disbudding to be carried out by veterinary surgeons in accordance with good practice and in such a way as to minimise pain and suffering caused to the animal, which should include use of an anaesthetic.

General anaesthesia induced prior to disbudding is often the simplest and safest solution from a practitioner point of view, although in skilled hands local anaesthesia can also provide a satisfactory solution, particularly on-farm.

Recommendation 2: Anaesthesia must be used, and analgesia should be used, for all disbudding procedures.

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2 Harwood, David. Letter, goat welfare: disbudding goats Veterinary Record Vol 170, issue 13. [http://veterinaryrecord.bmj.com/content/170/13/343.2](http://veterinaryrecord.bmj.com/content/170/13/343.2)


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In a survey carried out by Goat Veterinary Society, of veterinary surgeons disbudding approximately 2000 kids in total per annum, no adverse reactions were reported in the routine use of analgesics.7 However, as there are no analgesics licensed for use in goats in the UK, and no analgesics licensed for any animal of only a few days of age, the principles of the Cascade8 under the Veterinary Medicines Regulations (2013) should be applied when considering their use.

**Recommendation 3:** The principles of the Cascade should be applied when prescribing analgesics, and goat keepers advised of both the risks and benefits as part of the process of obtaining informed consent for the entire disbudding procedure.

**More information**
- [Goat Veterinary Society](#)
- [Animal Welfare Foundation/Goat Veterinary Society 'Disbudding of goat kids' DVD](#)

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7 Thirteen questionnaires were returned by veterinary members who between them disbud approximately 2065 kids annually (range 10 – 1000). All without exception were already using supplementary analgesia, mainly "large animal" Meloxicam 20mg/ml, and to a lesser extent "small animal" Meloxicam 5mg/ml. No recognisable adverse reactions were reported.