



ASI SNAKE BOOKLET

COMMON SNAKES OF AGGENEYS

Copyright: Johan Marais - African Snakebite Institute
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SNAKE COURSES

The ASI offers both public and corporate snake courses.

Public courses take place at various venues throughout South Africa.

The corporate training is done on-site, both in South Africa, as well as in 19 African countries.

We pride ourselves on teaching only the safest snake handling methods, to ensure the safety of both the handler and the snake.

We offer a range of different course options, including snake awareness, first aid for snakebite, venomous snake handling, venomous snake handling bootcamps, as well as advanced first aid for snakebite, advanced venomous snake handling and a reptile photography course.

For course info,
click [here](#) or email us on
courses@asiorg.co.za
for details.



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INTRODUCTION

The African Snakebite Institute is the leading training provider of Snake Awareness, First Aid for Snakebite and Venomous Snake Handling courses in Africa as well as the largest distributor of quality snake handling equipment, snake PPE and snakebite first aid kits. Our aim is to spread snake awareness as far and wide as possible, which is why we've launched our new free E-Book series.

Our CEO, Johan Marais is a well-known herpetologist with over 40 years of experience with snakes. He has worked at various reptile facilities and has collaborated on a variety of scientific studies with some of the world's leading herpetologists. He is also one of Africa's most prominent authors of snake books and has written the best-sellers *A Complete Guide to Snakes of Southern Africa*, *Snakes and Snakebite in Southern Africa* and *First Aid for Snakebite*, to mention just a few.



COMMON SNAKES OF AGGENEYS

The Northern Cape has 52 different snake species. Of the 20 snakes that occur in Aggeneys three are highly venomous, three are venomous and the rest are mildly venomous or harmless. We've listed the common species in this booklet, showing venomosity, key ID features, full distribution, and snakebite info for venomous species.

Snakebite is problematic with most bites reported from the hot, wet regions in the eastern part of the country. More than 4,000 snakebites are reported annually with over 1,000 victims being hospitalised. Of those around 60% show signs of envenomation and the remaining 40% show no symptoms – these are referred to as dry bites or may be bites from mildly venomous or harmless snakes. In a recent 5 year survey of 879 snakebite cases in Zululand, nearly 98% of victims showed typical signs of cytotoxic envenomation – largely Mozambique Spitting Cobra, Puff Adder, Common Night Adder and Stiletto Snake bites. Despite their relative frequency, if treated correctly in hospital, these bites are rarely fatal. Most bites occurred in the early evening in the warm wet summer months from November to April/May. Around 84% of the bites were inflicted well below the knee. Less than 11% of these victims received antivenom and none of the bites in this survey were fatal.

Generally speaking we have 10 – 12 fatal snakebites a year in South Africa and these are invariably caused by the Black Mamba and Cape Cobra. Both of these snakes have a potent neurotoxic venom that may quickly affect breathing.

SNAKE HANDLING EQUIPMENT

The African Snakebite Institute is the leading provider of quality snake handling equipment in Africa. View our range online [here](http://www.AFRICANSNAKEBITEINSTITUTE.com).



COMMON SNAKES OF AGGENEYS



Aggeneys has around 20 species of snakes recorded. Three species are highly venomous, another three are considered venomous. Four species are mildly venomous. Ten of the species recorded are harmless and pose no threat to humans or pets.

HIGHLY VENOMOUS

Has caused human fatalities

VENOMOUS

Painful bite, but does not require antivenom

MILDLY VENOMOUS

Not thought to be harmful to humans

HARMLESS

Not dangerous to humans



Cape Cobra - adult
(*Naja nivea*)



Cape Cobra - juvenile
(*Naja nivea*)



Black Spitting Cobra
(*Naja nigricincta woodi*)



Cape Coral Snake
(*Aspidelaps lubricus*)



Puff Adder
(*Bitis arietans*)



Horned Adder
(*Bitis caudalis*)



Desert Mountain Adder
(*Bitis xeropaga*)



Dwarf Beaked Snake
(*Dipsina multimaculata*)



South-western Shovel-snout
(*Prosymna frontalis*)



Fork-marked Sand Snake
(*Psammophis trinasalis*) - photo Luke Kemp



Karoo Sand Snake
(*Psammophis notostictus*)



Beetz's Tiger Snake
(*Telescopus beetzii*)



Brown House Snake
(*Boaedon capensis*) - photo Luke Kemp



Bug-eyed House Snake
(*Boaedon mentalis*)

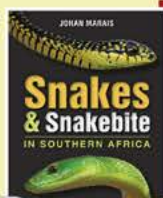


Common Egg-eater
(*Dasypeltis scabra*)



Delalande's Beaked Blind Snake
(*Rhinotyphlops lalandei*)

JOHAN MARAIS is the author of various books on reptiles including the best-seller *A Complete Guide to Snakes of Southern Africa*. He is a popular public speaker and CEO of the African Snakebite Institute. The African Snakebite Institute (ASI) offers a variety of courses including Snake Awareness, Scorpion Awareness and Venomous Snake Handling. ASI is accredited by the International Society of Zoological Sciences (ISZS) and Travel Doctor-approved service provider. The courses are also accredited by the Health Professions Council of South Africa (HPCSA). ASI is the largest provider of quality snake handling and safety equipment in Africa.



FREE ASI SNAKES APP

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EMERGENCY PROTOCOL

IN THE EVENT OF A SNAKE BITE

- 1 Keep the victim calm, immobilized and transport the victim to the closest hospital **without delay**.
- 2 If the victim stops breathing, resort to artificial respiration or make use of a Bag Valve Mask.
- 3 Call the Poison Information Centre help-line for further advice: 0861 555 777.

DO NOT

- ... apply a tourniquet.
- ... cut and suck the wound.
- ... use ice or very hot water.
- ... give the victim alcohol.
- ... apply electric shock.
- ... inject antivenom randomly. Antivenom (if required) must be administered by a doctor in a hospital environment.

Download the high resolution poster [here](#).

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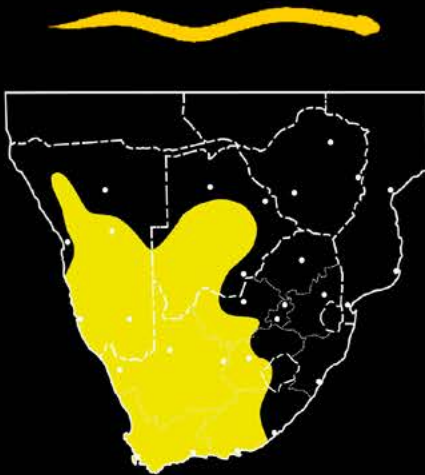
HIGHLY VENOMOUS



Cape Cobra

(*Naja nivea*)

Maximum Length:
2.3 m



Other names:

Geelslang, Kaapse Kobra, Koper kapel

This snake varies in colour from near black to dark or light brown, beige, yellow or speckled while juveniles have a dark band on the throat. The Cape Cobra is easily confused with the Mole Snake and the Black Spitting Cobra. It is by far our most dangerous cobra and with the Black Mamba it accounts for the majority of fatal snake bites in South Africa. The Cape Cobra may stand its ground if threatened and is quick to form a hood and bite. It occurs largely in the Cape provinces but extends into the Free State, Northwest, southern Botswana and Namibia. The venom is potently neurotoxic causing progressive weakness and may affect breathing rapidly. Victims need urgent hospitalisation and in a severe bite antivenom is essential.



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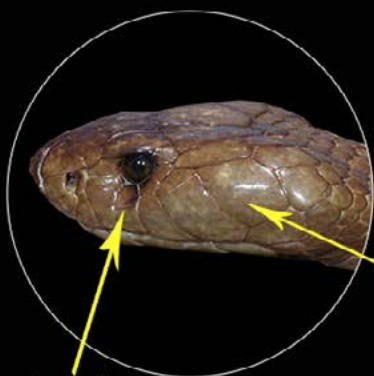
ASI EASY ID

Cape Cobra (*Naja nivea*)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.3 m

Can be confused with: Mole Snakes, Black Spitting Cobras, Snouted Cobras



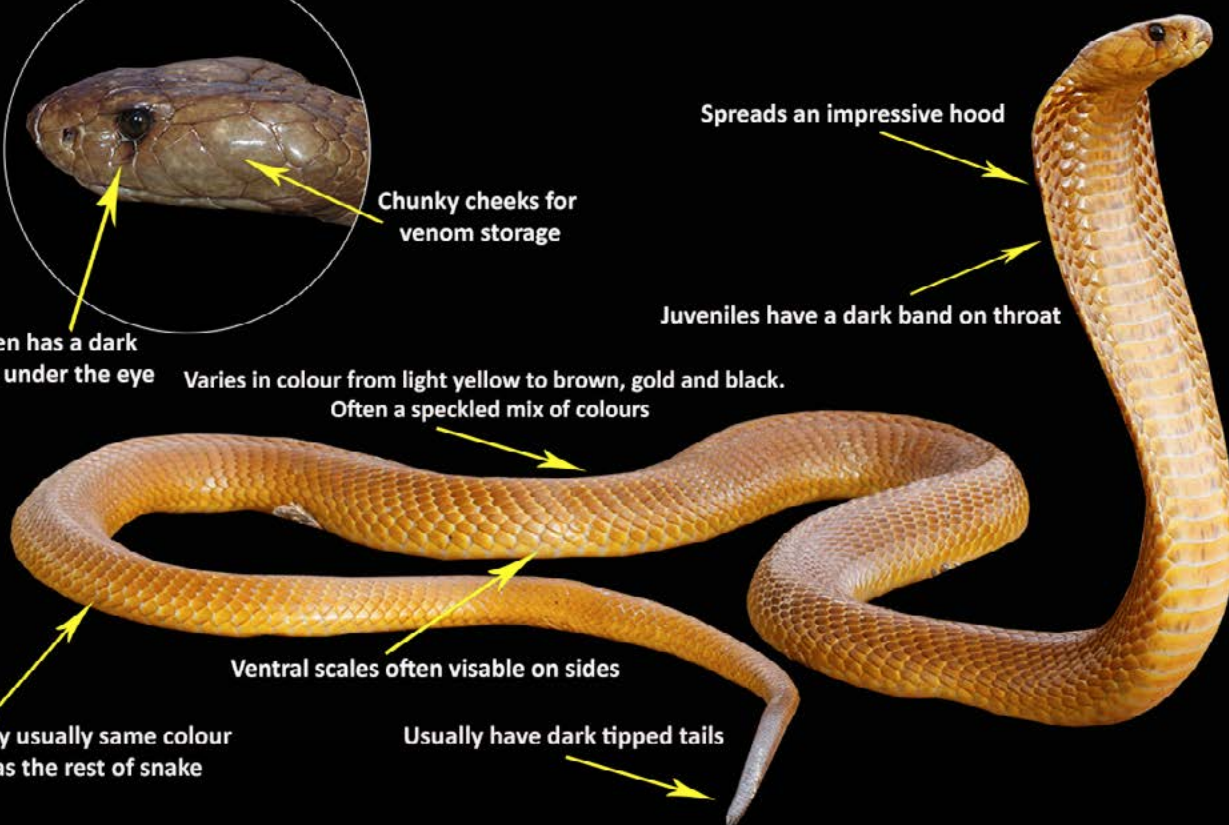
Often has a dark mark under the eye

Chunky cheeks for venom storage

Varies in colour from light yellow to brown, gold and black.
Often a speckled mix of colours

Spreads an impressive hood

Juveniles have a dark band on throat



Ventral scales often visible on sides

Belly usually same colour as the rest of snake

Usually have dark tipped tails

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Snakebite Profile

Cape Cobra

Naja nivea



Risk of Bites

The Cape Cobra is commonly encountered in suburbia, especially in areas where rodents are abundant. If cornered, it is quick to rear up and form a hood and if approached closely will bite readily.



Most Bites

Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.

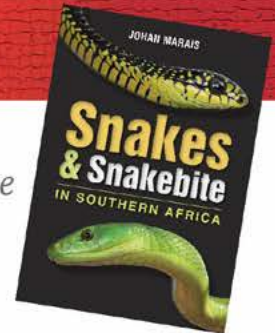


Symptoms & Venom

A potent and fast-acting neurotoxic venom that is quite similar to Black Mamba venom in its effects. It results in pins and needles in the lips, nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. Some victims also experience some swelling. In severe cases victims become unresponsive within less than one hour.

See pages 49-51

– *Snakes and Snakebite in Southern Africa* (2024).



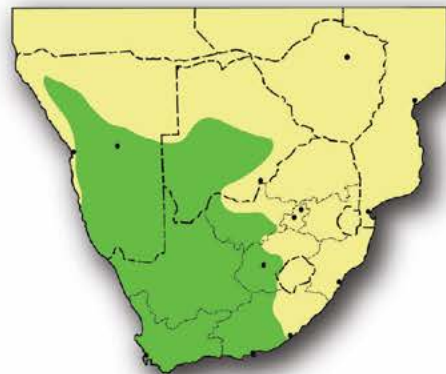
First Aid

Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of *Snakes and Snakebite in Southern Africa*). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

In cases of severe envenomation patients are intubated and ventilated if they are not breathing. They are treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage. Even after receiving antivenom, patients may remain unresponsive for a day or two.



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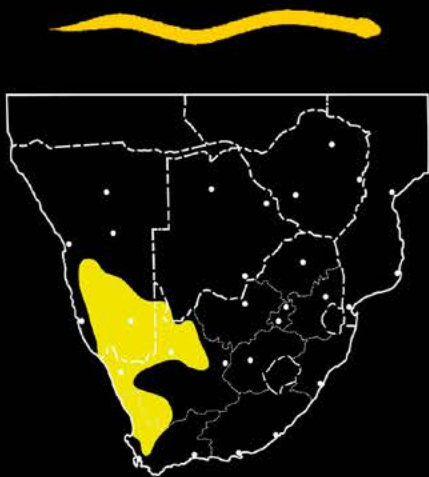


HIGHLY VENOMOUS



Black Spitting Cobra (*Naja nigricincta woodi*)

Maximum Length:
1.8 m



Other names:

Swart Spoegslang; Swart Spoegkobra

The Black Spitting Cobra occurs north-east from Cape Town through the Cederberg and northwards into much of Namaqualand extending east to Upington, Tswalu and Witsand Nature Reserves and north into southern Namibia.

It is active during the day and favours dry riverbeds and rocky hills. It is a shy and elusive snake that is quick to escape if encountered. Bites are extremely rare.

Its venom, like that of all spitting cobras, is potentially cytotoxic, causing severe pain, swelling and tissue damage. It also has the ability to spit its venom and does so effectively. It feeds on snakes, lizards and frogs.



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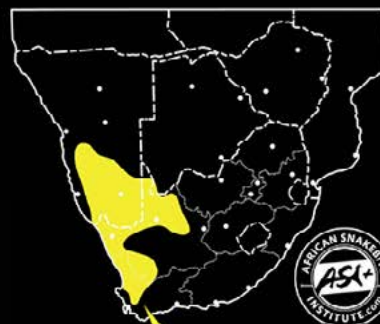
ASI EASY ID

Black Spitting Cobra (*Naja nigricincta woodi*)

HIGHLY VENOMOUS

Average length: 1.2 - 1.5 m. Maximum length: 2 m

Often confused with: Black Mole Snakes, Cape Cobras



Distribution is important

Chunky cheeks
for venom storage

Spreads a hood,
but can spit from
any position

Shiny black in colour

Spits profusely

Scales in
neat rows

Belly also black

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SNAKEBITE PROFILE

BLACK SPITTING COBRA

Naja nigricincta woodi



Risk Of Bites

Bites from the Black Spitting Cobra are extremely rare as this snake inhabits dry riverbeds and rocky terrain in arid areas. It is a nervous snake and is very quick to escape. If cornered, it will spit and attempt to escape.



Most Bites

There are few recorded bites, one to a prisoner in a jail cell in Piketberg, Western Cape. However, no fatalities have been recorded.

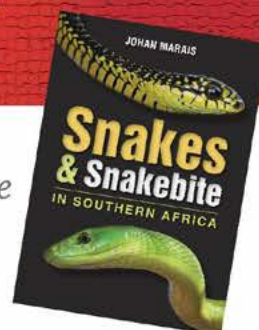


First Aid

Immobilise and reassure the patient. Elevate the affected limb. Remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and transport the patient to a medical doctor for further examination.

See pages 58-59

– *Snakes and Snakebite
in Southern Africa*
(2024).



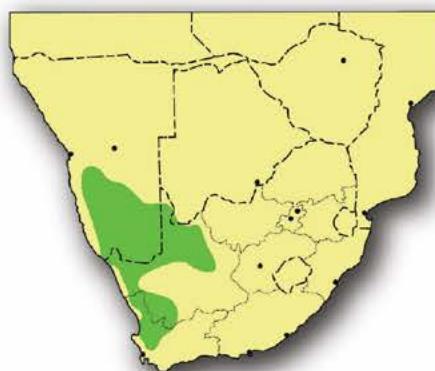
Symptoms & Venom

The venom of the Black Spitting Cobra is predominantly and potently cytotoxic. Symptoms include severe pain, progressive swelling and tissue damage.



Medical Treatment

In cases of severe envenomation with progressive swelling extending over 10-15 cm per hour from the bite, doctors administer 12 or more ampoules of polyvalent antivenom. Short-term use of NSAIDs and antibiotics is not recommended. Fasciotomies are rarely justified and should generally be avoided. Surgery for tissue damage may be necessary, however, it is seldom required within the first few days.



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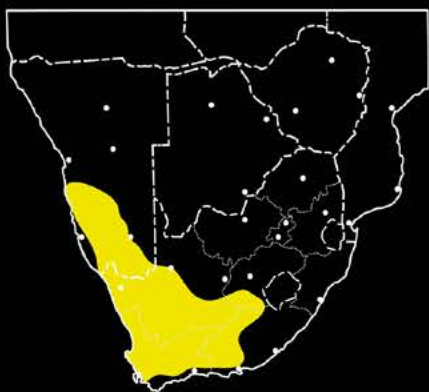


VENOMOUS



Cape Coral Snake (*Aspidelaps l. lubricus*)

Maximum Length:
60 cm



Other names:

Koraalslang, Koraalkobra

A colourful nocturnal snake that is widespread in the drier western part of southern Africa. It shelters under rocks during the day and moves around at night, often seen crossing roads. The Cape Coral Snake inhabits outcrops and stony, dry, sandy regions in arid savanna, Karoo scrub, Fynbos and desert. If confronted it will lift its head off the ground, flatten the neck region and hiss while striking out repeatedly. This snake may be confused with the harmless Tiger snakes of the genus *Telescopus*. A popular snake in the illegal pet trade. Its venom is predominantly neurotoxic and may affect breathing. There is no antivenom for the bite of this snake and bites must be treated symptomatically.



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ASI EASY ID

Cape Coral Snake (*Aspidelaps lubricus lubricus*)

VENOMOUS

Average length: 35 cm. Maximum length: 60 cm

Often confused with: Spotted Harlequin Snakes and tiger snakes



Large rostral
scale

Tear under eye

Black bars
on throat

Spreads a
narrow hood
when threatened

Colour red to orange
with black crossbars

Belly yellowish-white
with black bars

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Snakebite Profile

CAPE CORAL SNAKE

Aspidelaps lubricus lubricus



Risk of Bites

Bites to humans are not common. This snake inhabits rocky outcrops and dry sandy areas. It is quick to form a hood, hiss and strike repeatedly when startled or cornered.



Most Bites

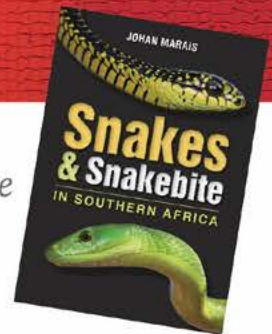
Bites are not common, except for incidents where snake keepers are bitten by captive snakes.



Symptoms & Venom

The venom is predominantly neurotoxic. Symptoms may include pain and swelling. There is no antivenom for the bite of this snake. No human fatalities have been recorded.

See pages 70-71
– Snakes and Snakebite
in Southern Africa
(2024).



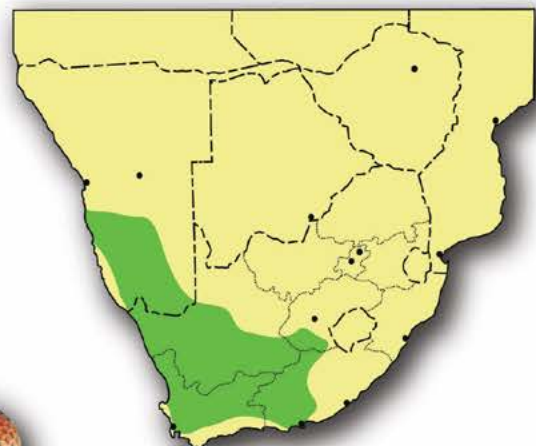
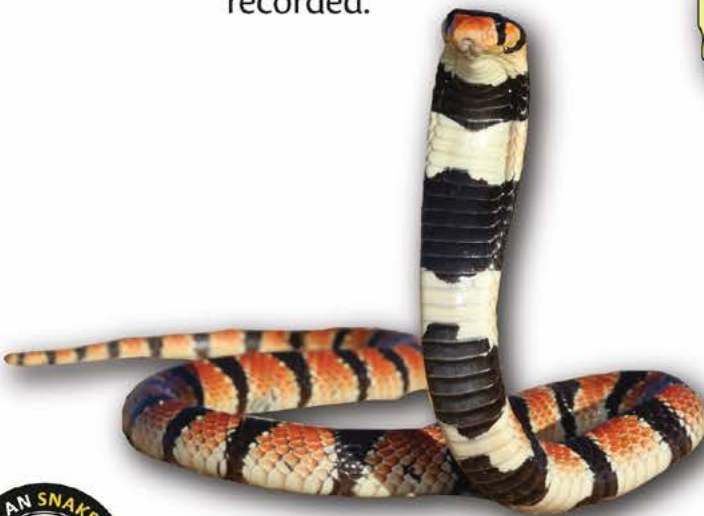
First Aid

Immobilise and reassure the patient and elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from this snake, and doctors will treat symptomatically.



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HIGHLY VENOMOUS



Puff Adder

(*Bitis arietans*)

Maximum Length:
1.4 m



Other names:

Pofadder, Imbululu

The Puff Adder is widespread over much of southern Africa and further north into Africa. It is a heavy-bodied snake that relies on its excellent camouflage and is reluctant to move. Much of its life is spent in camouflage mode and recent research has shown that when hiding, the Puff Adder will not hiss or strike when approached, as this would give away its presence. It is an ambush hunter that will coil up into a striking position and await its prey. This can last several days or even weeks. Toads are lured closer with flicking of the tongue. Puff Adder venom is potently cytotoxic, causing severe pain, swelling, blistering and in many cases severe tissue damage. Polyvalent antivenom is effective.



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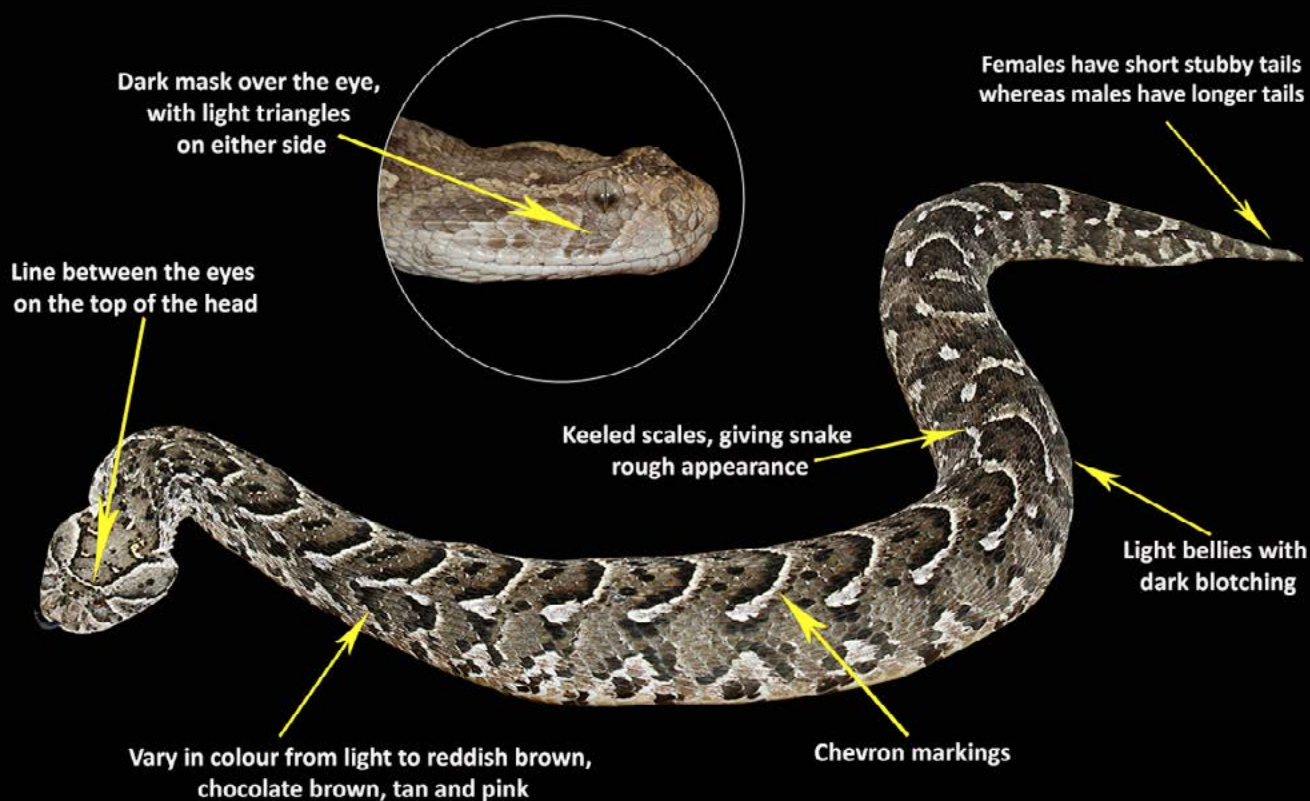
ASI EASY ID

Puff Adder (*Bitis arietans*)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders



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SNAKEBITE PROFILE

PUFF ADDER

Bitis arietans



Risk Of Bites

Bites are common as this snake is widespread throughout most of southern Africa. Along with the Mozambique Spitting Cobra, these two snakes account for the majority of serious snakebites in southern Africa. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

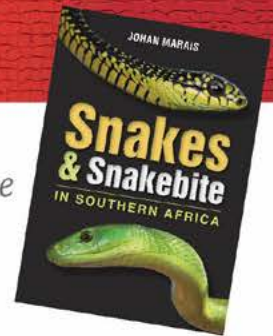
Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



Symptoms & Venom

The venom is potently cytotoxic as well as haemotoxic. Symptoms include severe pain, progressive swelling, bleeding from the fang punctures, blistering and tissue damage. The lymph nodes may also be affected. Dogs may perish after a bite from this snake, unless treated with polyvalent antivenom, if required.

See pages 26-28
– *Snakes and Snakebite
in Southern Africa*
(2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb and remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, doctors will treat such bites with 6 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days.

Fatalities are rare.



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VENOMOUS



Horned Adder (*Bitis caudalis*)

Maximum Length:
60 cm



Other names:

Horningsman, Horingadder

A small adder, averaging 25 – 40 cm with a maximum length of nearly 60 cm and usually has two prominent horns – one above each eye. It is widespread occurring from the Eastern Cape to the Western Cape, Northern Cape, North West, Gauteng and Limpopo, as well as further north. There is a great deal of colour variation, and this is usually linked to the colour of the sand in the area. The Horned Adder is active at dusk and likes to hide in the shade of bushes and rocks during the day where it may bury itself into the sand. When approached it inflates the body and hisses loudly and will strike repeatedly. The venom of this snake is cytotoxic, causing swelling and pain. Antivenom is not effective or required.



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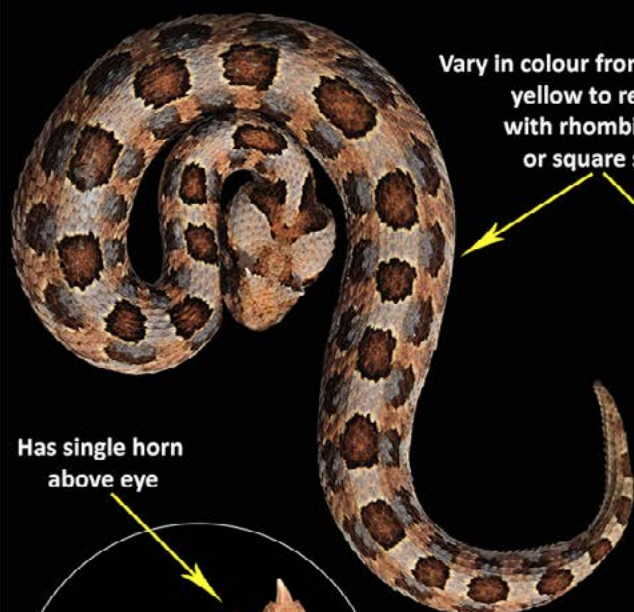
ASI EASY ID

Horned Adder (*Bitis caudalis*)

VENOMOUS

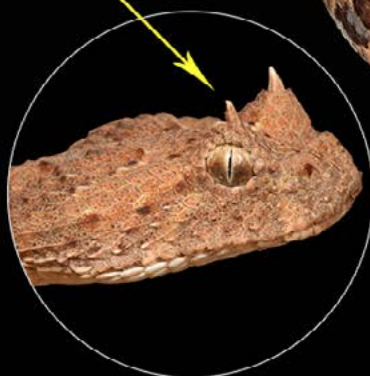
Average length: 40 cm. Maximum length: 60 cm

Often confused with: Puff Adders



Vary in colour from grey to brown,
yellow to red/orange,
with rhombic, elliptical
or square splotches

Has single horn
above eye



Keeled scales
giving rough texture

Usually two lighter
patches on the edges
of the head,
from the eye to the
start of the neck,
bordered by a darker section



White to pearl belly

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SNAKEBITE PROFILE

HORNED ADDER

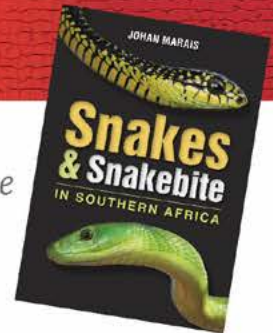
Bitis caudalis



Risk of Bites

Bites are not common - this is a very cryptic snake, which prefers to avoid humans.

See pages 35-37
– *Snakes and Snakebite
in Southern Africa*
(2024).



Most Bites

Most bites occur to snake keepers or people trying to capture a Horned Adder.



Symptoms & Venom

The venom is largely cytotoxic and causes severe pain, and swelling. In a few cases minor necrosis has been recorded.



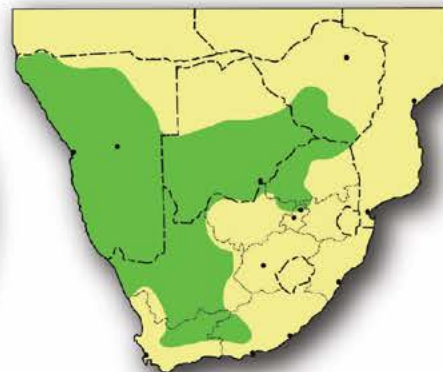
First Aid

Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from Horned Adders, and patients may need to be treated for pain. No fatalities have been recorded by bites from this snake and symptoms resolve fully within a week or two.



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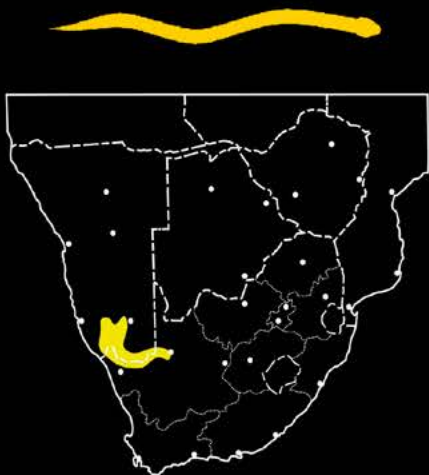


VENOMOUS



Desert Mountain Adder (*Bitis xeropaga*)

Maximum Length:
61 cm



Other names:
Woestynbergadder

The Desert Mountain Adder averages 40 cm with a maximum length of just over 60 cm. It inhabits mountain slopes and sparsely vegetated rocky hillsides along the Orange River valley from Augrabies to the Richtersveld and into southern Namibia along the Fish River Valley. If disturbed it will hiss loudly and strike quickly. Hikers are at risk, especially when placing hands onto rocks where one of these snakes may be sheltering. The venom of this snake is both neurotoxic and cytotoxic and in addition to pain and swelling may also cause respiratory distress. There is no antivenom for the venom of this snake and victims are treated symptomatically.



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ASI EASY ID

Desert Mountain Adder (*Bitis xeropaga*)

VENOMOUS

Average length: 30 - 40 cm. Maximum length: 61 cm

Often confused with: Puff Adders and Horned Adders



Distribution is important



Ash-grey to yellow-orange
or pink

Square dark-and-light
markings down
the back,
edged in red, pink, yellow

Belly light grey to dusky
with darker spots and
speckles

Light markings
before and after
eye

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+ SNAKEBITE PROFILE

DESERT MOUNTAIN ADDER

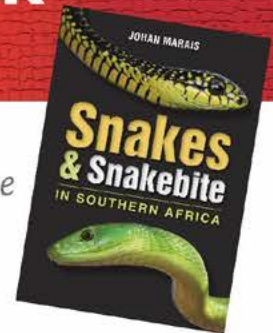
Bitis xeropaga



Risk of Bites

This snake has a limited distribution in southern Africa, and bites are rare.

See pages 18-22
– *Snakes and Snakebite
in Southern Africa*
(2024).



Most Bites

This is a very cryptic species that is seldom seen. Bites are mainly to people trying to capture the snake or to keepers. People who accidentally place a hand close to a camouflaged individual may also be bitten.



First Aid

Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



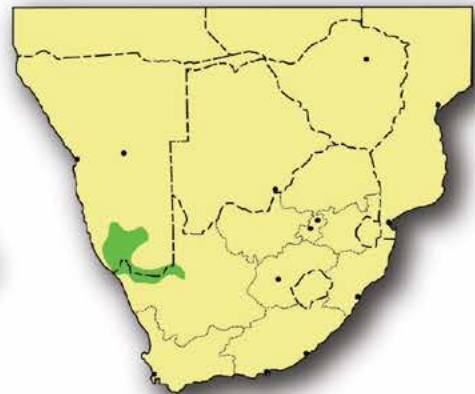
Symptoms & Venom

The venom is both mildly neurotoxic and cytotoxic. Symptoms include pain, swelling, nausea, pins and needles in the lips and tongue, and ptosis (drooping eyelids).



Medical Treatment

There is no antivenom for bites from this snake, and victims are treated symptomatically. In severe cases it may take a week or two for swelling to subside.



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MILDLY VENOMOUS



Dwarf Beaked Snake

(*Dipsina multimaculata*)

Maximum Length:
50 cm



Other names:

Dwerghaakneusslang

A small well-patterned snake that averages 30-35 cm but may reach 50 cm in length. This species varies in colour, from tan-brown to reddish with darker splotches. There is usually a light V on the base of the head.

It lives on gravel plains with dispersed bushes in the Namib Desert, Karoo scrub and arid savanna. It usually hides at the base of a bushes or rocks and will disappear down a hole if disturbed. It hunts lizards, ambushing them under bushes. It is a docile snake but may assume a coiled position when threatened, mimicking the Horned Adder. The venom of this species has little effect on humans.



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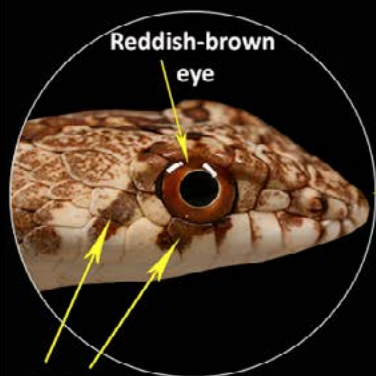
ASI EASY ID

Dwarf Beaked Snake (*Dipsina multimaculata*)

MILDLY VENOMOUS

Average length: 30 - 35 cm. Maximum length: 50 cm

Often confused with: Juvenile Mole Snakes, skaapstekers, dwarf adders



Reddish-brown
eye

Sharp, pointed face

Rough, textured
appearance

Pale buff to ash-grey
or light greyish to reddish-brown above,
with darker blotches

Dark angled
blotch below
and behind eye



Belly pinkish-cream
to white with
dark spots

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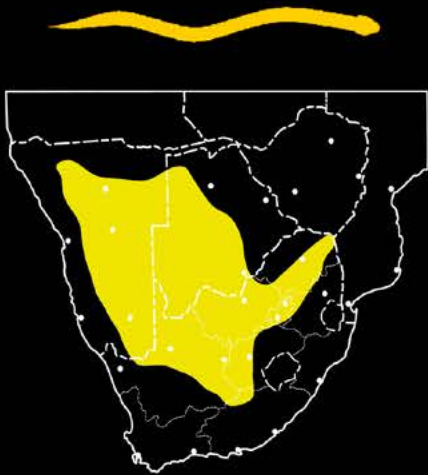


MILDLY VENOMOUS



Fork-marked Sand Snake (*Psammophis trinasalis*)

Maximum Length:
1.1 m



Other names:

Vurkmerksandslang, Kalahari Sand Snake

A slender, fast-moving diurnal snake that averages 50-80 cm, but may reach a length of 1.1 meters. It occurs largely in Kalahari thornveld and arid grasslands of the western Free State, Northern Cape and further north extending into Botswana and Namibia. Like many of the sand snakes, this species has stripes running down the length of the body. This snake often basks near a permanent retreat from where it hunts for ground-living lizards, snakes and small rodents. When disturbed it is quick to escape or freeze, relying on its camouflage to avoid detection. The venom of this back-fanged snake is mild and has virtually no effect on humans.



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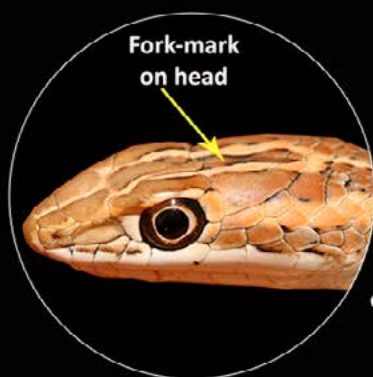
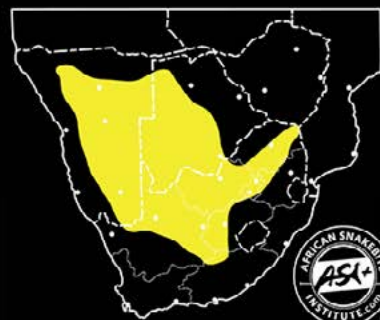
ASI EASY ID

Fork-marked Sand Snake (*Psammophis trinasalis*)

MILDLY VENOMOUS

Average length: 75 cm. Maximum length: 1.1 m

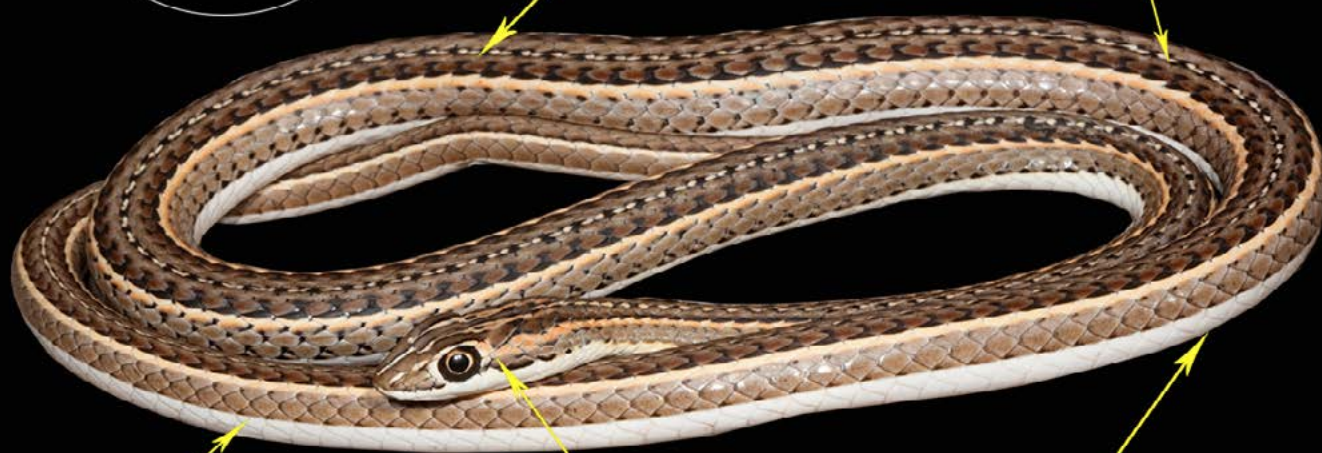
Often confused with: other sand snakes



Fork-mark
on head

Dark brown to light
grey-brown above,
with yellow stripes and barring
on the head that usually forms a fork

A series of fine yellow spots
form a vertebral line
with a narrow yellow
dorsolateral line on either side



The flanks are lighter
than the dorsal parts

Light stripe starts
at back of eye

Belly has a mottled
grey median band

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MILDLY VENOMOUS



Karoo Sand Snake (*Psammophis notostictus*)

Maximum Length:
1 m



Other names:
Karoo Sandslang

A slender snake that averages 40-60 cm with a maximum length of just over 1 m. It is very fast moving and active in the day when it hunts for lizards, including lacertids, skinks and agamas, but will also take small rodents. In some areas it is by far the most common snake and prefers hard, stony ground. Many individuals are killed by vehicles while crossing roads. It is widespread, occurring in the western Free State, western half of the Eastern Cape, Western Cape and much of the Northern Cape and Namibia, extending into Angola. The Karoo Sand Snake is easily confused with some of the other Sand and Grass snakes. It is mildly venomous and poses no threat to humans.



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ASI EASY ID

Karoo Sand Snake (*Psammophis notostictus*)

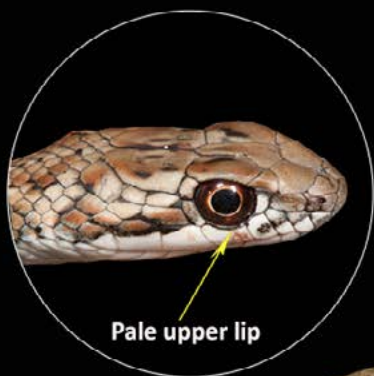
MILDLY VENOMOUS

Average length: 75 - 90 cm. Maximum length: 1 m

Often confused with: other sand snakes



Distribution is important



Pale upper lip

Long, thin tail

Darker U-shape
behind the eye

Light section either
side of the eye

Stripes down
body

Dappled line
down spine

Belly usually off-white
to yellow in colour

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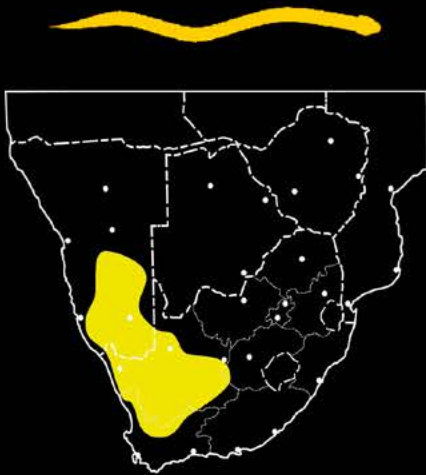


MILDLY VENOMOUS



Beetz's Tiger Snake (*Telescopus beetzi*)

Maximum Length:
68 cm



Other names:

Beetz se Tierslang

A beautifully-marked nocturnal snake that averages 40-60 cm with a maximum length of 68 cm. It inhabits the rocky arid regions of Namaqualand and the Karoo extending into southern Namibia. This snake is quite common in some areas and often killed at night on roads by passing vehicles. When cornered it performs like the Herald Snake, coiling up with its head drawn back and will strike with an open mouth, biting readily. Beetz's Tiger Snake feeds on lizards, especially geckos. Its venom is mild and has little effect on humans.



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ASI EASY ID

Beetz's Tiger Snake (*Telescopus beetzii*)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 68 cm

Often confused with: Cape Coral Snakes



Distribution is important



Head often darker in colour than body

Bulging orange-brown eyes with vertical pupil

Sandy-buff to chestnut in colour with dark blotches down the length of the snake

First blotch often bigger than the rest

Often has black spot on crown of head

Has 42 - 59 dark blotches from head to tail

Pearl-coloured belly

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HARMLESS



South-western Shovel-snout (*Prosymna frontalis*)

Maximum Length:
44 cm



Other names:

Suidwestelike Graafneusslang

A long shovel-snout averaging 20-30 cm with a maximum length of 44 cm. Unlike other shovel-snouts, it doesn't have an enlarged shovel on the snout and is less fossorial than other species.

This snake favours rocky areas in the Northern Cape and Namibia and may be found foraging at night, especially after some rains.

It is slow-moving and climbs well. Like all snakes of the genus *Prosymna* it feeds exclusively on reptile eggs.

Females lay around three eggs in mid-summer measuring 37 – 39 x 10 – 12 mm. It is a shy, docile snake and completely harmless to humans.



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HARMLESS



Brown House Snake

(*Boaedon capensis*)

Maximum Length:
1.5 m



Other names:

Bruin Huislang

The Brown House Snake, true to its name, frequents human dwellings where it feeds largely on rodents and lizards. It is completely harmless and relies on muscle power to constrict its prey. It is widespread in South Africa and very common in suburban gardens.

This snake is active at night and is relatively slow-moving. Most individuals are medium to dark brown with a mother-of-pearl belly and two light lines on either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the eye to the angle of the jaw. The Brown House Snake comes in a variety of shades of brown, often with mottling of white along the neck.



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ASI EASY ID

Brown House Snake (*Boaedon capensis*)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters



Varies in colour from light brown to reddish brown, chocolate brown, tan and pink

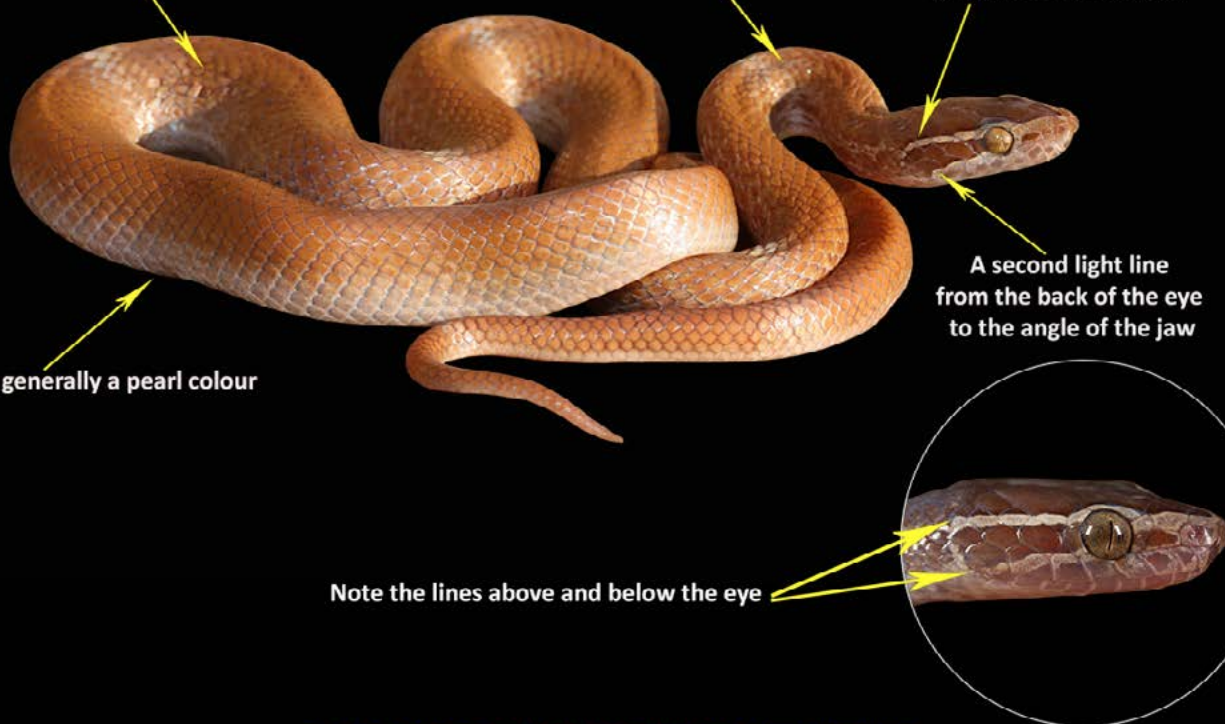
May have mottled markings down the neck

One light line from the nose through the top of the eye to the back of the head

Belly is generally a pearl colour

A second light line from the back of the eye to the angle of the jaw

Note the lines above and below the eye



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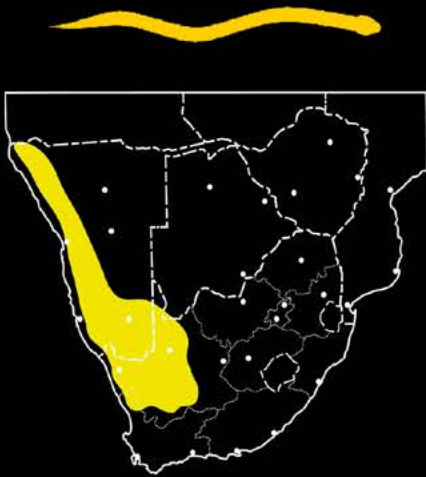


HARMLESS



Bug-eyed House Snake (*Boaedon mentalis*)

Maximum Length:
60 cm



Other names:

Groot-oog Huislang

The Bug-eyed House Snake is found in the dry scrub of the Northern Cape, adjacent Western Cape and Namibia. It inhabits Namaqua flats and rocky outcrops. It is completely harmless and relies on muscle power to constrict its prey which is mainly lizards, especially geckos, and small rodents.

This snake is active at night and is relatively slow-moving. Most individuals are light tan to pink in colour with large bulging eyes. Two light yellow lines run down either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the eye to the angle of the jaw. These lines may fade in adults.



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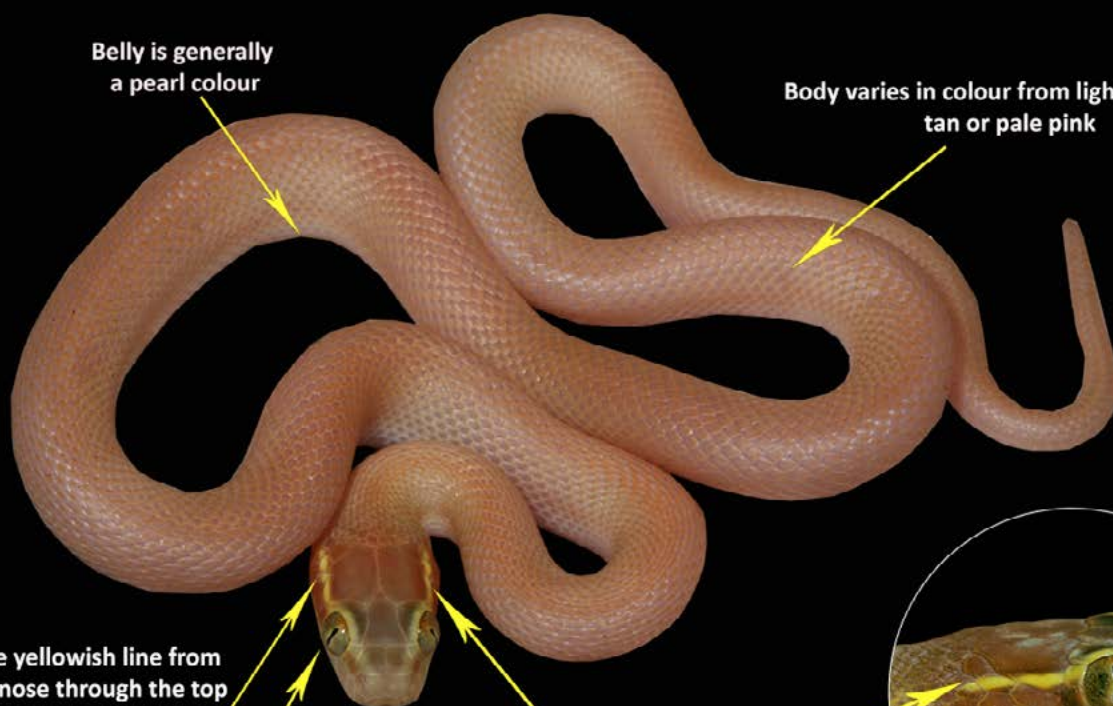
ASI EASY ID

Bug-eyed House Snake (*Boaedon mentalis*)

HARMLESS

Average length: 35 cm. Maximum length: 60 cm

Can be confused with: Brown House Snakes



Belly is generally
a pearl colour

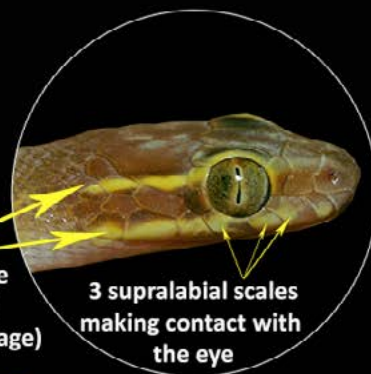
Body varies in colour from light brown to
tan or pale pink

One yellowish line from
the nose through the top
of the eye to the
back of the head

Bulging, bug-like eyes

A second yellowish line
from the back of the eye
to the angle of the jaw

Note the lines above
and below the eye
(these lines fade with age)



3 supralabial scales
making contact with
the eye

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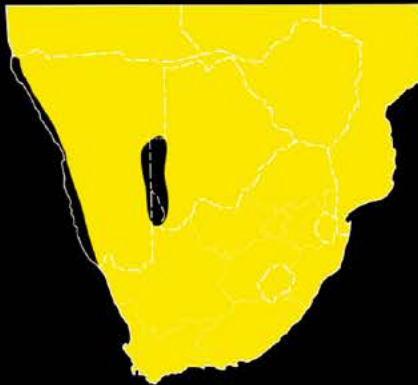


HARMLESS



Common Egg-eater (*Dasypeltis scabra*)

Maximum Length:
1.16 m



Other names:

Rhombic Egg-eater, Gewone Eiervreter

A common snake throughout most of southern Africa except for true desert and closed canopy forests. It averages around 50 cm and is well adapted at climbing trees. It is most abundant in thornveld and grasslands where it can be found in any situation. It is nocturnal, spending most of the day hiding beneath rocks or under loose bark. When agitated, it will coil and uncoil while striking out viciously. The rubbing scales create a rasping sound similar to a hiss. It is completely harmless, and the teeth are reduced. It feeds exclusively on birds' eggs. It may be confused with the venomous Common Night Adder.



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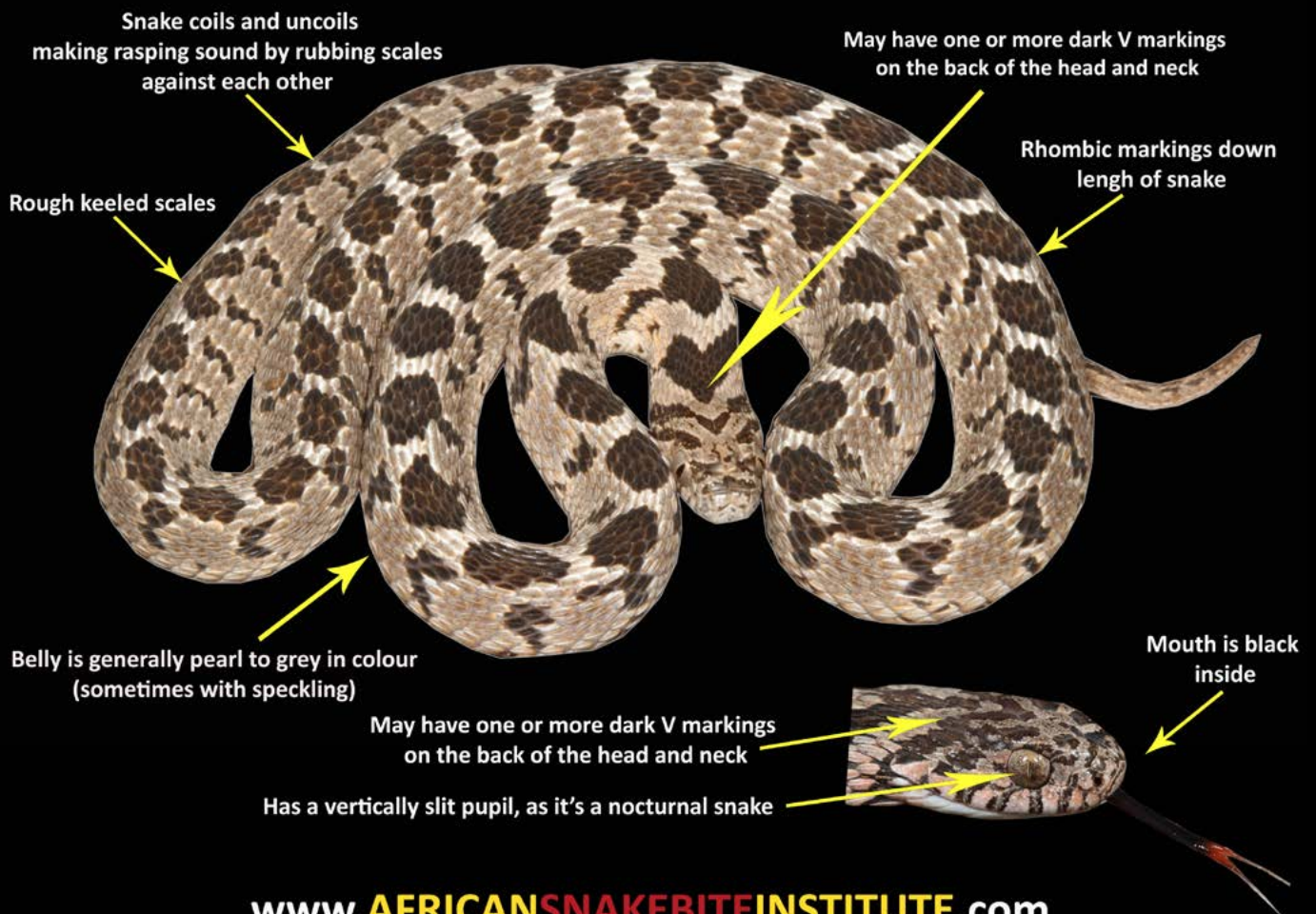
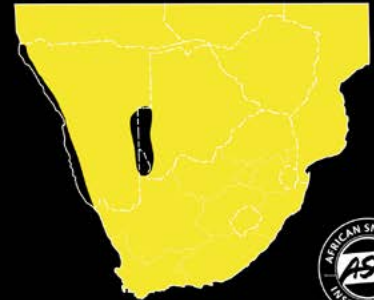
ASI EASY ID

Common Egg-eater (*Dasypeltis scabra*)

HARMLESS

Average length: 55 cm. Maximum length: 1.16 m

Often confused with: Common Night Adders



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HARMLESS



Delalande's Beaked Blind Snake (*Rhinotyphlops lalandei*)

Maximum Length:
35 cm



Other names:

Delalande se Blindeslang

A widespread burrowing snake that spends most of its life underground in search of ants and their eggs. Individuals may be found in soil under rocks or logs, in deserted termite mounds or on the surface at night, especially after rains. They are pale pink to dark-slate or grey-brown in colour. Each scale is pale-edged giving it a checkered effect. The young are pink or flesh-coloured. It is a small snake with adults averaging around 25 - 30 cm, with a maximum size of about 35 cm. They are easily confused with other blind snakes or worm snakes. Blind snakes are preyed upon by birds and a variety of snakes including the Spotted Harlequin Snake.



Luke Kemp



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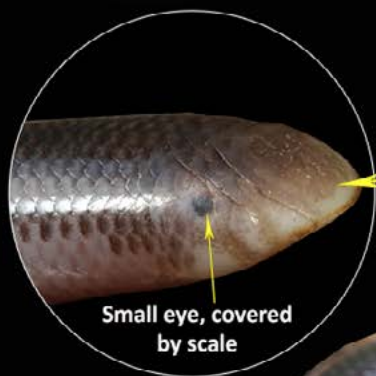
ASI EASY ID

Delalande's Beaked Blind Snake (*Rhinotyphlops lalandei*)

HARMLESS

Average length: 30 cm. Maximum length: 38.5 cm

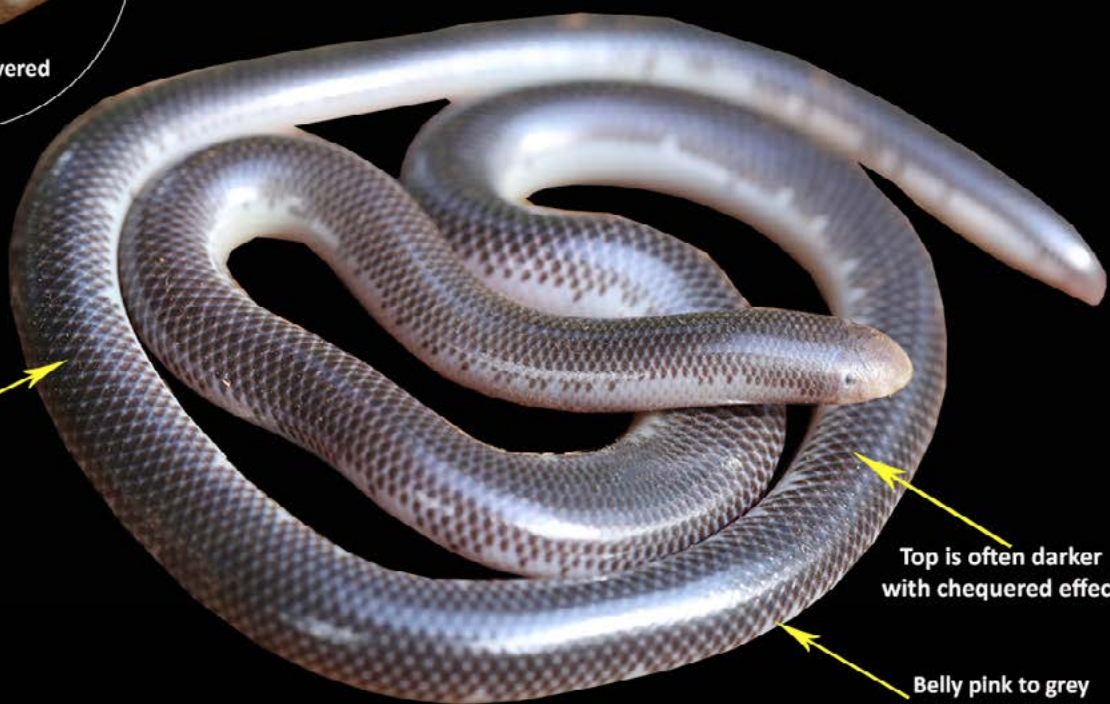
Often confused with: stiletto snakes and Bibron's Blind Snakes



Large rostral scale
which does not
quite extend to the eye

Small eye, covered
by scale

Colour varies from
pink to mauve.
Juveniles are
flesh-coloured



Top is often darker
with chequered effect

Belly pink to grey
or straw-coloured

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FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO...

- ✦ Do get the victim to a hospital as soon as possible and in a safe manner. This is by far the most important first aid measure. For medical advice in a snakebite emergency, call the African Snakebite Institute **+27 (0)82 494 2039**.
- ✦ Do keep the victim calm. Often easier said than done as people tend to panic in a snakebite emergency. Many snakebite victims go into shock, experience a drop in blood pressure and may even become nauseous and faint. If possible, do not allow the victim to walk, run, jump etc. Bear in mind that more than 99% of snakebite victims that are hospitalised within a few hours survive their snakebites.
- ✦ Do remove jewellery as well as tight clothing. If bitten on the hand/arm/foot/lower leg, remove rings, bangles, bracelets, watches, anklets and any other tight jewellery including tight clothing.
- ✦ Do administer artificial respiration if patient stops breathing. In serious snakebite cases involving snakes with predominantly neurotoxic venom, like the Black Mamba or Cape Cobra, the victim may soon experience difficulty with breathing, even within 20 minutes. This is a very serious medical condition and assisted breathing could be life-saving. Mouth-to-mouth resuscitation may be beneficial in the short term, but the proper use of a Bag Valve Mask is far better in such an instance.

SPITTING SNAKES

- ✦ The common spitting snakes in South Africa are the Mozambique Spitting Cobra or M'Fezi and the Rinkhals. In the western parts of the country these are replaced by the Black Spitting Cobra. These snakes spray their venom up to a distance of three metres and do so in self-defence to temporarily blind their attacker so that they can make a quick escape.
- ✦ Although spitting snakes accurately aim for the eyes, the venom diffuses into a spray over a wide area and may get onto your hair, face, arms and chest. Venom in the eyes is very painful and must be flushed or diluted as quickly as possible. The production of tears starts this process, but as a first aid measure, flush the eyes with water or a weak (normal) saline solution. The idea is to flush away any excess venom. Transport the victim to a medical doctor, who will examine the eyes for corneal damage and prescribe antibiotic eye drops to prevent secondary infection. There is no reason to use diluted antivenom – it has no proven benefits and may cause an allergic reaction.
- ✦ If treated quickly, the chance of permanent damage to the eyes is extremely remote.

SNAKEBITE EMERGENCY NUMBERS

Netcare Ambulance: 082 911

ER24 Ambulance: 084 124

Provincial Ambulance: 10177/112

African Snakebite Institute: +27 (0)82 494 2039

HOSPITALS AROUND AGGENEYS

Aggeneys State Clinic

Tel: 054 983 2071

(-29.242459, 18.841506)

Penga Rd, Aggeneys, 8893

Mediclinic Upington Hospital

Tel: 086 188 8778

(-28.439990, 21.266962)

29 4th Ave, Oosterville, Upington, 8801

Springbok Hospital

Tel: 027 712 2018

(-29.661480, 17.881982)

Hospital St, Doornpoort, Springbok, 8240

Dr. Harry Surtie Hospital (Upington)

Tel: 054 332 9000

(-28.458929, 21.232821)

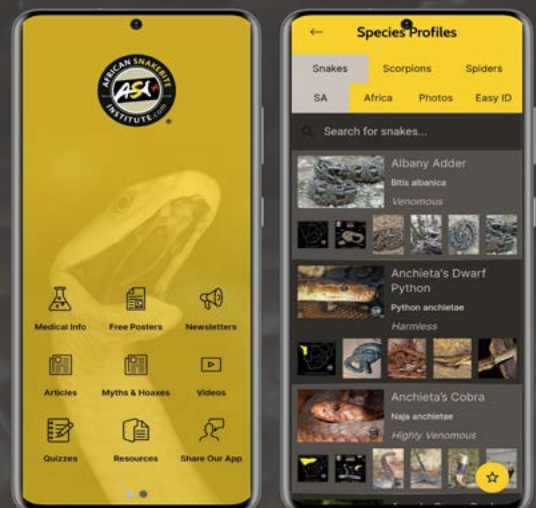
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The ASI team travels thousands of kilometres a month, often to remote parts of southern Africa, for both snake awareness and venomous snake handling training and for reptile surveys.

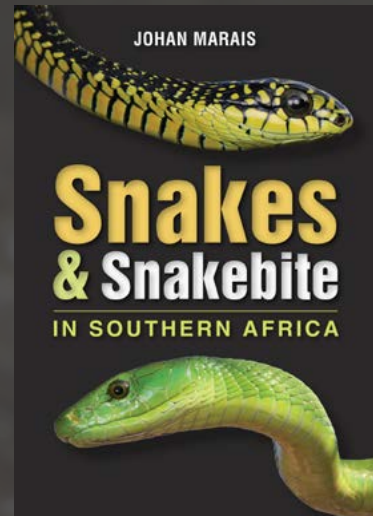
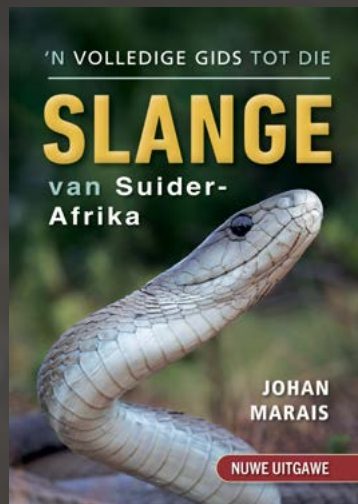
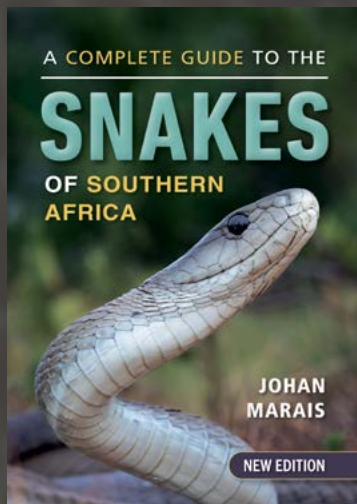
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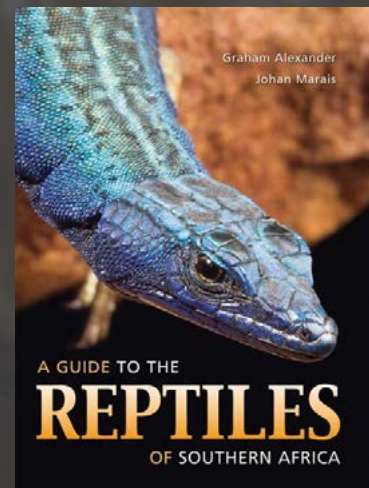
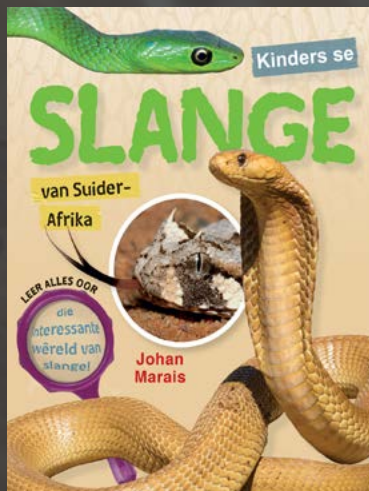
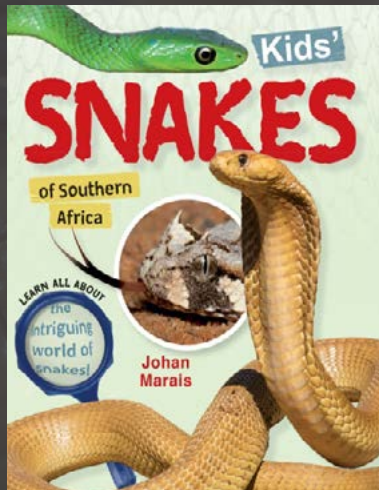
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Snake Identification: +27 72 979 1249 or support@asiorg.co.za

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