



Tick Submission Form

Date: _____

Number of ticks submitted for identification: _____

Submitter's Information:

Name: _____

Address: _____

Telephone #: _____

Tick Information:

1. Tick found on: Pet Human Other, please specify: _____

2. Where was the tick most likely acquired? (be specific: use exact address if possible, include: town/city, province, park etc.)

3. Date the tick was collected or removed: _____

4. Was the tick attached? Yes No Unsure

a. If so, for how long? (state hours or days) _____

5. Did you travel in the past 2 weeks? Yes No Unsure

a. If so, indicate travel locations? (be specific: city, park, town, province, state)

For office use only (PHI to complete):

PHU Investigation Number: _____

Tick species: _____

Sex and Stage: _____

Identified by: _____

Date: _____

Comments: _____
