



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Filled out by Health District/Department

Tick Submission Form

Date: _____

Instructions: Complete this form and include it with your tick specimen
(It is important to print information legibly.)

Information on person/health department submitting tick (to whom report will be sent):

Name: Plainville-Southington Regional Health District

Address: 196 North Main Street

City: Southington State: CT Zip Code: 06489

E-mail address : gleicherl@southington.org Telephone number: 860-276-6275

Please note that the Tick Testing Program is intended for the identification and/or testing of ticks which have fed on humans. Ticks removed from pets will be identified, but not tested.

Was this tick removed from a pet? Y ___ N ___

Pet species/name/age: _____

Information on person bitten by tick:

Name: _____

Address: _____

Telephone number: _____

Email: _____

Age: _____ Gender: M ___ F ___ Guardian name: _____

Date tick was removed: _____ Part of body where tick was found: _____

Town in which tick was acquired: _____

Filled out by Resident

Please submit samples to:

**The Connecticut Agricultural Experiment Station, Tick-Testing Laboratory, Slate Building Room
112, 123 Huntington Street, P.O. Box 1106, New Haven, CT 06504**

Phone: (203) 974-8500 Fax: (203) 974-8502

Toll Free: 1-(877) 855-2237

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