



# CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

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## 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 the report will be sent):  
*(Please identify name and email address of the person/health department official to whom the report will be sent.)*

Name: Quinnipiack Valley Health District

Address: 1151 Hartford Turnpike

City: North Haven State: CT Zip Code: 06473

Email Address (required): info@qvhd.org Telephone number(s): 203-248-4528

*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 (if different from above): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F

Date tick was removed: \_\_\_\_\_ Part of body where tick was found: \_\_\_\_\_

Town in which tick was acquired: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

*Please submit samples to:*

*The Connecticut Agricultural Experiment Station, Tick Testing Laboratory, Jenkins-Waggoner Building, 123 Huntington Street, New Haven, CT 06511-2016*