



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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (required): _____ Telephone number(s): _____

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: _____

Please submit samples to:

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