

Kentucky Tick Surveillance Program Submission Form

Please fill out this form to the best of your ability and include it in the submission. Ticks received without this form will not be identified or tested for pathogens. Only samples from Kentucky will be processed
Mail the submission to:

Program Tick Surveillance
C/O Subba Palli
Department of Entomology
622 5 Ag Science Center N
Lexington, KY, 40546-0091

THIS SECTION IS REQUIRED

- | | |
|---|---|
| 1. Your name
<hr/> | 4. When did you discover the tick?
<hr/> |
| 2. What is your Kentucky mailing address
<hr/> <hr/> | 5. What day did you ship the tick?
<hr/> |
| 3. Please provide a contact email address
<hr/> | 6. What Kentucky county do you believe you acquired the tick from?
<hr/> |

THIS SECTION IS OPTIONAL Please check the most appropriate answer

7. In what type of area was the tick likely encountered?
- Private property
 - Public property
 - Unknown
8. Where was the tick found?
- On a human
 - On an animal
 - Other (if other, please specify)
9. What habitat was the tick picked up in?
- | | | | |
|--|--|---------------------------------|--------------------------------------|
| <input type="radio"/> Brush | <input type="radio"/> Mixed forest & grassland | <input type="radio"/> Forest | <input type="radio"/> Not determined |
| <input type="radio"/> Mixed forest & brush | <input type="radio"/> Mixed grassland & brush | <input type="radio"/> Grassland | |
10. Was the tick attached to and feeding on a human or pet?
- Yes
 - No

Additional comments you wish to provide
