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:

Tick Surveillance Program
C/O Subba Palli
Department of Entomology
S-225 Ag Science Center N
Lexington, KY, 40546-0091

THIS SECTION IS REQUIRED

1. Your name
   _______________________________________

2. What is your Kentucky mailing address
   _______________________________________

3. Please provide a contact email address
   _______________________________________

4. When did you discover the tick?
   _______________________________________

5. What day did you ship the tick?
   _______________________________________

6. What Kentucky county do you believe you acquired the tick from?
   _______________________________________

7. Yes or no, could you have picked the tick up while traveling to a different state or country? If yes, what state or country could it have come from?
   _______________________________________

THIS SECTION IS OPTIONAL Please check the most appropriate answer

7. In what type of area was the tick likely encountered?
   o Private property
   o Public property
   o Unknown

8. Where was the tick found?
   o On a human
   o On an animal
   o Other (if other, please specify)

9. What habitat was the tick picked up in?
   o Brush
   o Mixed forest & grassland
   o Forest
   o Not determined
   o Mixed grassland & brush
   o Grassland

10. Was the tick attached to and feeding on a human or pet?
    o Yes
    o No

Additional comments you wish to provide
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________