



NC Veterinarian Tick Identification Program Submission Form (Large Animals)

This form is to be used by large animal veterinary practices for the identification of tick species. Tick identification will be conducted by the North Carolina Division of Public Health, Communicable Disease Branch. This service is provided for surveillance and should not be used for diagnostic purposes.

Please provide the following information regarding your tick submission:

Name of veterinary practice Name of veterinarian Office phone number Email Address

Date of collection ID # of Animal Animal species Age Sex Breed

Home county of animal Zip code of animal # of Animals in Lot # of Animals Infested

Does the animal have any travel history in the past two weeks/is the animal a recent import? Yes No Don't Know
Travel Start Date Travel End Date City, State, and County of Travel (to and from)

Was any pathogen testing done for this animal within the past six months? Pathogen testing result(s):

Is this animal on tick prevention? If Yes, specify: Last application: Comments:

(For state health office use only)

Table with 9 columns: Species, ID number, Desiccated/Damaged, Engorged, # of females, # of males, # of nymphs, # of larvae, Total

NC DHHS Pathogen testing results (if H. longicornis):

Submission Instructions

- 1. Place tick in a water-tight container... 2. Fill out specimen submission form... 3. Package specimen(s) and the submission form(s) carefully... 4. Please mail specimens to:

NC Veterinarian Tick Identification Program c/o Dr. Alexis M Barbarin 1902 Mail Service Center Raleigh, NC 27699-1902