PROJECT LONE STAR SUBMISSION FORM

Please complete this form and send it in with your lone star tick or photograph. Contact information is requested in case the Health Department needs to follow up for further detail on your discovery.

1. Submitter First Name: _______________________________________________________

2. Submitter Last Name: _______________________________________________________

3. Phone Number: _____________________________________________________________

4. E-mail Address: _____________________________________________________________

5. What date did you find the lone star tick? (MM/DD/YYYY) _______________________

6. How did you discover the tick? (check one or more option below)
   □ It was on human skin/clothing

   □ It was found on a pet or livestock or wildlife (please describe animal): ______________
   ______________________________________________________

   □ It was found in the environment (please describe): ______________________________
   ______________________________________________________

   □ Other (please describe): ______________________________________________________
   ______________________________________________________

7. Where in Vermont did you find the lone star tick?

   Physical Address: Street Address: ___________________________ Town: _________________
   or

   GPS Coordinates: Latitude: _________________ Longitude: _________________
   or

   Descriptive Location: If you cannot provide an exact location above, please describe as best
   as possible. The more detail provided, the better.
   __________________________________________________________________________
   __________________________________________________________________________