

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.*
