



Town of Redding
Health Department

P.O. Box 1028
Redding Center, CT 06875

Tel: (203) 938-2559

Fax (203) 938-5027

Tick Submission Form

Date _____

Name: _____

Age: _____ Gender (circle one) M F

Address: _____ Zip _____

Phone # _____

Email address _____

Date tick was removed: _____

Part of body where the tick was found: _____

Do you know where you might have acquired the tick? If so, list street & town:

Was this tick removed from a pet? Y ___ N ___

Pet species/name/age: _____

Please note that the tick testing program is intended for the identification and/or testing of ticks which have fed on humans. Ticks removed from pets will be identified, but not tested.

Doug Hartline, RS
Redding Health Department
PO 1028
Redding, Ct. 06875