



Cornell Feline Health Center

Thank you for participating in the Feline Tick/Lyme Disease Surveillance Program! Please answer the following questions and include this completed form with your submitted ticks.

Place ticks in **two sealed zip-lock bags, one inside the other** via overnight or priority carrier.

Name: _____

1. County and State where the tick(s) on the cat was collected?

County: _____

State: _____

2. Was the tick(s) walking on the cat when collected? **Yes or No**

OR

Was the tick(s) attached in such a way that it had to be forcibly removed from the cat?

Yes or No

3. What email should we use to send you the final results beginning in early 2016?

Email: _____

Mail this form and ticks to:

FHC TICKS
Cornell University
C4-114 VMC
930 Campus Road
Ithaca, NY 14853-6401
607.253.3394 – for shipping purposes only

Questions?

Email us at: fhticks@cornell.edu