

## Surveillance Program Ticks on Companion Animals

Agri-Food Laboratories Submission Form

Personal information is collected for the purpose of managing and administering animal health surveillance for ticks in Alberta. Collection is authorized under section 33(a) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and managed and protected in accordance with the Act. Questions about the collection can be directed to Director, Agri-Food Labs, 5th Floor O.S. Longman Building, 6909-116 Street, Edmonton, AB T6H 4P2 or at 780-422-4830

Clinic Information			I			
Clinic			Veterinarian (include First and Last name)			
Address				City	Province	Postal Code
Telephone Number	Email Address					
Pet and Tick Inforn	nation					
Pet Name (include First and Last name)			Pet Type	Cat Other		
Address				City	Province	Postal Code
Date Tick(s) Collected (y	yyy-mm-dd)	Tick(s) attached to skin?	es 🗌 No	Unknown		
Pet Travel History						
Out of Alberta in the last	_	ida la satian				
No Unkno		provide location				
Out of town, but still in All	·					
No Unkno	wii res,	provide location				
municipality) as this wi	III help us dete entry/exit points	rmine where to target surveilla	ance (e.g. na visited, area	weeks. Please give specific loame of park, major intersection of park visited such as NE correct in the last 2 weeks.	s, ravine or	cluding
		ovide outdoor locations vis	nted by the	pet in the last 2 weeks		
Instructions for Su	bmitting a S	ample				
		clinics in Alberta may submit Samples can be submitted yea		or ticks from humans, contact y	our local P	ublic Health
■ Shipping costs may	y be covered. I	Prior to shipping, contact the	Agri-Food La	aboratories at 780-422-4830 fo	r details.	
<ul><li>Place ticks from se</li></ul>	parate animals	s in separate containers. Com	iplete one si	ubmission form per animal.		
<ul> <li>Ship ticks in sealed container.</li> </ul>	l containers ar	d packaging that can withsta	nd shipping.	Do not freeze or add holes or	needles or	fixatives to the
■ Ship to: Agri-Food	Laboratories, I	Parasitology Laboratory, 6909	9-116 Street	, Edmonton, Alberta, T6H 4P2.		
Date Shipped (yyyy-mm-dd) Submitter's Name			INT)	Submitte	er's Signature	)
		AFL U	Jse Only			
Date received (yyyy-mm-	Date received (yyyy-mm-dd) Submission Number					



