

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 T6H4P2 or at 780-422-4380.

Clinic Information						
Clinic			Veterinarian (include First and Last name)			
				l =		
Address				City	Province	Postal Code
Telephone Number	Email Address					
Pet and Tick Inform	nation					
Pet Name (include First and Last name)			Pet Type			
			☐ Dog	Cat Other		
Address				City	Province	Postal Code
Date Tick(s) Collected (y	vyyy-mm-dd)	Tick(s) attached to skin?				
		☐ Ye	s No	Unknown		
Pet Travel History						
Out of Alberta in the last	2 weeks?					
☐ No ☐ Unkno	own 🗌 Yes,	provide location				
Out of town, but still in Al	berta, in the las	2 weeks?				
☐ No ☐ Unkno	own 🗌 Yes,	provide location				
municipality) as this w	ill help us dete entry/exit point	cations that the pet has been in ermine where to target surveillates to river valley, side of river vince ovide outdoor locations vision	ance (e.g. na isited, area	ame of park, major intersection of park visited such as NE cor	ns, ravine or	
Clinic. Testing is from Shipping costs ma	and veterinary ee of charge. S y be covered.	clinics in Alberta may submit Samples can be submitted yea Prior to shipping, contact the A	ar-round. Agri-Food La	aboratories at 780-422-4830 fo		ublic Health
■ Place ticks from se	parate animal	s in separate containers. Com	plete one si	ubmission form per animal.		
Ship ticks in sealed container.	d containers a	nd packaging that can withstar	nd shipping.	Do not freeze or add holes or	needles or	fixatives to the
	Laboratories,	Parasitology Laboratory, 6909	-116 Street	, Edmonton, Alberta, T6H 4P2		
Date Shipped (yyyy-m	m-dd)	Submitter's Name (PRI	INT)	Submitt	er's Signature	
		AFL U	lse Only			
Date received (yyyy-mm-dd) Submission Number						