

Show Us Your Ticks

Submission sheet

Date of collection: _____ DOG CAT

Patient name (first and last): _____

Age(years): _____ Weight (lbs): _____ Breed: _____

Male/intact Male/neutered Female/intact Female/spayed

Estimated % time outside _____

Contact Information

Name: _____ Email: _____

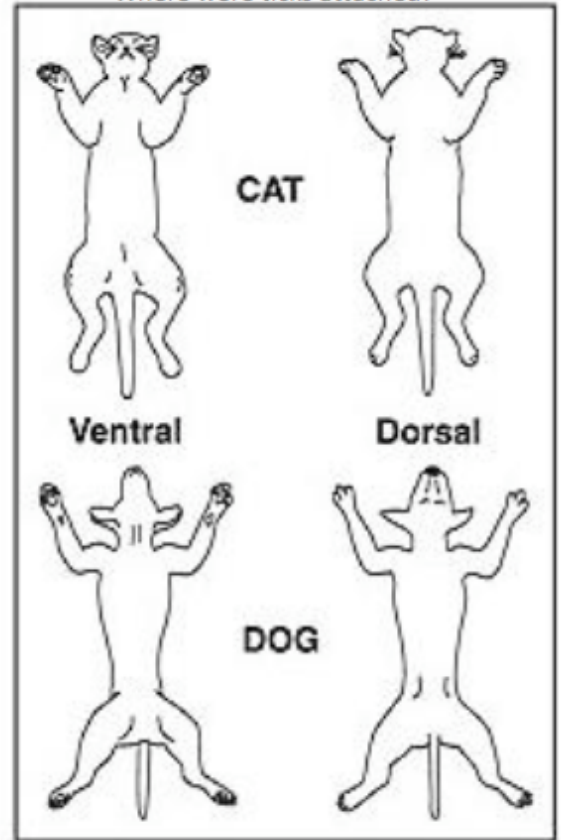
Practice Name: _____

Street Address: _____

City/State: _____

Instructions: After marking location of tick(s) on diagram, please remove attached ticks with forceps. Grasp each tick as close to the skin as possible and gently pull to remove. Place ticks in secure container labeled with patient name, complete this data sheet, and place tick container in plastic bag. Please contact us with any questions at ticksonpets@okstate.edu

Where were ticks attached?



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