

Tick Mapping Study Questionnaire

Clinic Name: _____

Primary Contact: _____ Phone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

1. From what animal was the tick sample taken?

Dog Cat Other: (specify) _____

2. Does the animal above live in a known tick area?

Yes No

3. Which suburb does the animal usually live in?

Suburb: _____ Postcode of animal household: _____

4. Did the animal potentially pick up the tick whilst travelling or in a location other than its home environment?

Yes No Location details: _____

5. Any additional information?

Please send your completed questionnaire together with your tick sample/s (in a container with a small amount of ethanol) to:

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