

**ENVIRONMENTAL HEALTH PROGRAMS
INSECT ID FORM**

Sticker Here

PLEASE COMPLETE IN FULL

Submission Date: _____
Day / Month / Year

Follow Up Requested Y / N

Name: _____
First Name Last Name

Address: _____
Street City Province Postal Code

Contact Phone #: _____ Email: _____

Date Insect Found: _____
Day / Month / Year

Landlord Information (if applicable):

Tick Submission – please complete the following fields:

Tick Removed From: Human Dog Cat Other – Specify _____

Please Enter the Number of Ticks Submitted:

Human	Dog	Cat	Other

Identify probable **geographic** location where tick was acquired:

Additional Comments:

PHI DOCUMENTATION NOTES: INPSECTOR NAME: _____

EH-VBD-01
April 2023

For Office Use Only

	Male	Female	Engorged	How Long?
Black Legged Tick				
Wood Tick				
Other				

Additional Comments:

Signature: _____

Date: _____

LAB TEST RESULTS: _____