



Name (Business Name): _____ Date: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening or Alternate No.: _____

Email Address: _____ Fax Number: _____

How would you like to be contacted? (check one) phone fax mail email

Plant Identification: ----- **Identification Only**

Describe the Plant: _____ Type of Plant: _____

Where is the plant growing? (sun/shade, wet/dry soil, north aspect, etc.) _____

How long has the plant been there? _____ Chemicals Applied (fertilizer, fungicide, etc.): _____

Plant/Turf Disease: -----

Nature of Symptoms or Injury (provide as much detail as possible): _____

When did you first notice the symptoms or injury? _____ Chemicals Applied (fertilizer, fungicide, etc.): _____

Has there been any change near the plant, such as a grade change, construction, trenching, equipment working? _____

Describe Watering Habits: _____ Soil Type: _____ Have you had a soil test? Y N

Insect/Spider Identification: -----

Where did you find the insect/spider? _____ How long has it been present? _____

What was the insect/spider doing? _____ How many were there? _____

Have you tried to control the insect/spider? _____ How? _____

For Office Use Only: -----

Diagnosis/Recommendation: _____

Bulletins Issued: _____ Sample sent to MSU Date: _____

Master Gardener Name: _____ Date: _____

Diagnosis made by: phone in person mail email fax Date: _____

Reviewed by: _____ Hort Agent (or) _____ Hort Asst.