

Desk Forms

Master Gardener Plant and Insect Inquiry Form

Client: _____ Date: _____

Telephone: _____ MG: _____

Home address: _____

Email address: _____

REQUEST FOR PLANT ID: _____

INSECT SPECIMEN:

Location where specimen found: _____

Was it found on leaves/stems/trunk/branch/roots? _____

What damage does it appear to be doing? _____

PLANT SPECIMEN:

Name of plant _____ Age if known _____

What symptoms do you notice? When did they begin? _____

Plant part affected (leaves, stems, trunk, roots) _____

Pattern(s) of damage (e.g., new/old growth; crown; one side) _____

Sun exposure (direction, amount per day) _____

Irrigation (amount, frequency, type) _____

Fertilizer? (type, frequency) _____ Pesticides? _____

Drainage information (soil compaction, clay, hillside, low spot) _____

Recent site modifications (e.g., nearby building, paving, addition of lawn or gardens) within last 1 – 3

Years _____

Miscellaneous notes: _____

Desk Forms

Specimen in refrigerator – By: _____ Date: _____

What are the findings so far? _____

Master Gardener: _____ Date: _____

What are the findings so far? _____

Master Gardener: _____ Date: _____

What are the findings so far? _____

Master Gardener: _____ Date: _____

FINAL IDENTIFICATION OR DIAGNOSIS AND RECOMMENDATION TO CLIENT

Identified / diagnosed by: _____ Date: _____

Response to client:

_____ Written materials sent / emailed to client _____ Spoke directly to client

_____ Left message / spoke to 3rd party

Completed by Master Gardener _____ Date: _____

AFTER SIGNING, PLEASE PUT PAPERWORK IN “COMPLETED” BASKET