

February 22, 2021

**** Once the Case is resolved and recorded in the Contact Log Spreadsheet, please throw away this form.**

“Three-in-One” Form

#1. PLANT DISEASE - or - #2. INSECT IDENTIFICATION - or - #3. PLANT/WEED ID

Client _____

Address: _____ City: _____ State: _____ **Zip Code** _____

Email _____ Phone _____

Date Sample Brought to Clinic _____ Date Sample Collected _____

Clinic Submitting Sample (*Other than Help Desk*) _____

FORM #1 - Plants With Signs/Symptoms of Insect or Disease Infestation

Plant Name _____ **Variety if known** _____ Don't know

How long grown at present site? _____ When did symptoms appear? _____

Growing conditions: Sun Shade Partial sun or shade Wet spot Dry spot

Site changes: Drainage Light levels Root disturbance Compaction Drought Construction

Other (Please describe) _____

Part of plant affected: Trunk Stem Leaves Whole plant *Where is plant damaged: - top, bottom, etc.

Explain: _____

Other Plants affected? _____

Appearance/Condition: Spots Holes Chewed Yellow Wilted Stunted Other,

Please describe: _____

Is plant watered regularly? Yes No How often? _____ Method? _____

Fertilized recently? Yes No pH of soil (if known) _____ Date of last Soil Test _____

FORM #2. - Insect Identification

Inside Home: Kitchen/Bathroom/Basement Sink/Tub/Drain Floor/Window/Wall Other

(If 'other' Please Describe.) _____

Outside Home: Garden Lawn Park Woods On Pets/Humans Other

(If park, woods, or other, please identify / give name or location.) _____

If Outside, How many plants are affected?

Insect Abundance: None observed One Few Common Abundant Extreme

Describe problem/damage: _____

I am interested in: identification/education control recommendations.

FORM #3. - Plant/Weed ID

What is it? Vine Tree Shrub Flower Seedling Don't know _____

Where is plant growing? Lawn Garden Other (Please describe.) _____

Growing conditions: Sun Shade Partial sun or shade Wet spot Dry spot

Other relevant information: _____

I am interested in: identification/education control recommendations.

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