

**Plant Clinic
Miscellaneous Questions**



Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

Asotin County

Date Question Received: _____

Check location where question was received: In-house plant clinic Off-site plant clinic Community Event
 Phone call/email Personal question from friend, neighbor, etc.

Client name: _____

Client mailing address: _____

City _____ State _____ ZIP _____

Home phone: _____ Cell Phone: _____

E-mail address: _____

Nature of Question:

Response:

Resource(s) used (please list book name and page number or web site address): _____

Completed by: _____

Date: _____