



Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Type of Plant**

- broadleaf tree     fruit tree     conifer     shrub/vine     ground cover     flower
- small fruit     vegetable     houseplant

Name of plant(s) \_\_\_\_\_ (common and botanical)

Age of plant: \_\_\_\_\_ Year planted: \_\_\_\_\_ Size of plant (height and/or width): \_\_\_\_\_

When did you first notice the problem (approx. date)? \_\_\_\_\_

- happened quickly     happened gradually     is getting worse     is not getting worse

Has this plant ever had this problem before?  No  Yes If yes, when: \_\_\_\_\_

Are other plants in your landscape/garden similarly affected?  No  Yes If yes, which ones and where located? \_\_\_\_\_

Samples provided?  No  Yes Date collected: \_\_\_\_\_

Photos provided?  No  Yes Date taken: \_\_\_\_\_

**Patterns**

**On Affected Plant:**

- started at bottom and moved up     started at top then moved down
- entire plant is affected     damage only to the tips of branches
- damage only on one side     damage only on inside branches
- N     S     E     W

**In Landscape/planting:**

- scattered plants affected     only 1 plant affected     several plants affected     all similar plants affected

**Plant Parts Affected and how (check all that apply)**

**Flowers**

- spots
- wilted
- distorted
- insect injury
- other: \_\_\_\_\_

**Fruit**

- blotches
- dry
- distorted
- rotten/mushy
- other: \_\_\_\_\_

**Leaves/needles**

- spots     wilted
- fall off     rolled
- distorted
- yellowish     brown
- other: \_\_\_\_\_

**Roots**

- brown (internally)
- rotted
- chewed
- few roots
- Other: \_\_\_\_\_

**Twigs**

- dead
- decayed area
- sticky/weepy
- Other: \_\_\_\_\_

**Stems**

- dead
- decay area
- sticky/weepy
- Other: \_\_\_\_\_

**Large Branches**

- dead
- decayed area
- sticky/weepy
- sticky/weepy

Other: \_\_\_\_\_

**Trunk**

- dead/losing bark
- decayed area
- sticky/weepy
- stunted

Other: \_\_\_\_\_

**Whole Plant**

- wilted
- distorted

other: \_\_\_\_\_

**How was the plant planted? (check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> balled & burlapped | <input type="checkbox"/> peat/manure/compost added to backfill | <input type="checkbox"/> fertilizer applied at planting or right after planting |
| <input type="checkbox"/> plastic container  | <input type="checkbox"/> planted by landscaper                 | <input type="checkbox"/> planted by previous owner                              |
| <input type="checkbox"/> bare root          | <input type="checkbox"/> don't know for sure                   | <input type="checkbox"/> mulch applied at planting                              |
| <input type="checkbox"/> peat/paper pot     |  | type: _____   |

**Have you checked the base of the plant(s) and/or roots to look for signs of problem or injury?**

If Yes, describe what you found \_\_\_\_\_

**Method & frequency of watering the plant(s):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> hand watered         | <input type="checkbox"/> overhead watering            | _____ times a week for _____ minutes  |
| <input type="checkbox"/> sprinkler            | <input type="checkbox"/> individual emitter           | <input type="checkbox"/> as needed with checking soil                                       |
| <input type="checkbox"/> set sprinkler system | <input type="checkbox"/> water with lawn              | <input type="checkbox"/> as needed without checking soil but relative to weather conditions |
| <input type="checkbox"/> drip/soaker hose     | <input type="checkbox"/> water directly on plant base |   |

**Soil type:**

- |                                     |                                     |  |  |   |
|-------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> sandy soil | <input type="checkbox"/> clay soil  | <input type="checkbox"/> introduced top soil | <input type="checkbox"/> good drainage           | <input type="checkbox"/> white crust on top of soil |
| <input type="checkbox"/> loamy soil | <input type="checkbox"/> rocky soil | <input type="checkbox"/> poor drainage       | <input type="checkbox"/> bagged soil/potting mix | <input type="checkbox"/> shallow soil 6" or less    |

**Chemicals applied to plant(s) or to nearby plants in the last year:**

\_\_\_\_\_

**Do you use a separate sprayer when applying weed-killers and insecticides/fungicides?**  No  Yes**Where in the landscape is the plant situated?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> in garden            | <input type="checkbox"/> next to driveway                  | <input type="checkbox"/> under eaves  |
| <input type="checkbox"/> in lawn              | <input type="checkbox"/> next to pool                      | <input type="checkbox"/> in shade   |
| <input type="checkbox"/> in landscape bed     | <input type="checkbox"/> next to garage or carport         | <input type="checkbox"/> full sun   |
| <input type="checkbox"/> on a lot line        | <input type="checkbox"/> next to road                      | <input type="checkbox"/> windy location   |
| <input type="checkbox"/> on a slope           | <input type="checkbox"/> next to house                     | Exposure: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W |
| <input type="checkbox"/> in greenhouse        | <input type="checkbox"/> next to fence/deck/patio          | other _____   |
| <input type="checkbox"/> in raised garden box | <input type="checkbox"/> next to septic drain/leach field. |   |

**Have any of these happened to your affected plant or nearby in the past 3-5 years?**

- construction or heavy equipment over soil
- change of soil grade – landscaping, pool installation
- soil/root injury – septic work, trenching, root removal or cutting, pool installation, construction
- addition to soil of a volume of organic matter or other soil additives
- trunk, bark injury – injury to plant from lawn mower or weed eater, staking wire, rope, twine
- extreme drought – no irrigation for several months in spring, summer, or fall months
- driveway or road paving nearby

**Lastly, what do you think the problem is?**

\_\_\_\_\_