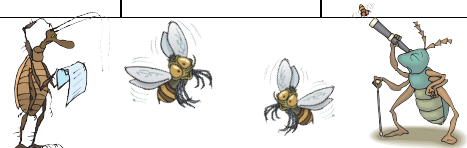


Number:	Date Received:	Date Serviced:	Name of MG:
			



Stevens County

Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

Client Name:	Daytime Phone:	County:	Client Contacted MG via: <input type="checkbox"/> Personal Visit to Office
Mailing Address:	City:	State/Zip:	<input type="checkbox"/> Phone Call <input type="checkbox"/> E-mail
E-Mail Address:	Sample Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Sample: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Digital

INSECT

This Insect is: <input type="checkbox"/> A nuisance <input type="checkbox"/> Causing Damage <input type="checkbox"/> A curiosity		Date Collected:
Where was the insect found (plant, crawlspace, crop, kitchen, etc.)?		
Damage is: <input type="checkbox"/> Extreme <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Light		
What plant?	Percentage of area/plants affected?	
Plant Parts Attacked: <input type="checkbox"/> Leaves <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Terminals <input type="checkbox"/> Lg Branches <input type="checkbox"/> Flowers <input type="checkbox"/> Buds <input type="checkbox"/> Trunk <input type="checkbox"/> Fruit		
Client Observations/Comments:		
Has control been attempted? Please indicate the product name, rate and date of application?		
Identification Resources:		
Identification/Recommendation:		Diagnosed by: _____
		Results Delivered via: (circle) Phone E-mail In person
Handout provided? Yes or No Describe: _____		Code: _____



Be sure to complete all client contact information on the front side of this form.



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PLANT

Type of plant: ☐ Evergreen: ☐ Deciduous:
☐ Weed ☐ Ground cover ☐ Tree ☐ Houseplant ☐ Vine ☐ Shrub, bush, or hedge

Where was the plant found?

☐ Lawn ☐ Pasture ☐ Vegetable Garden ☐ Flower Garden ☐ Natural area ☐ Raised Bed
☐ Container ☐ Driveway, drainage ditch, etc. ☐ Other _____

Describe growth (tall, narrow, spreading, etc.) Photos may be included or e-mailed to extensionstevens@edu.edu.

Describe Flowers (including color):

When do flowers appear?

☐ Spring ☐ Summer ☐ Fall ☐ Winter

Describe fruit, berries, etc. (including size and color):

When does fruit appear?

☐ Spring ☐ Summer ☐ Fall ☐ Winter

Is there anything else distinctive about the plant?

Client is concerned about plant toxicity.

☐ Yes, please explain: _____ ☐ No

Identification Resources:

Identification/Recommendation/Handout:

Diagnosed by:

Results Delivered via: (circle)

Phone E-mail In person

Handout provided? Yes or No Describe: _____ Code: _____

