

INSECT/ PLANT ID



| | | | | |
|---|----------------|------------------|--|--|
| Date Received: | Date Serviced: | Name of MG: | | |
| Client Name: | | Daytime Phone: | Sample Provided: <input type="checkbox"/> Yes | Client Contacted MG: <input type="checkbox"/> Came to office |
| Mailing Address: | | City, State, Zip | <input type="checkbox"/> No | <input type="checkbox"/> Called |
| E-Mail Address: | | | Type of Sample: <input type="checkbox"/> Physical <input type="checkbox"/> Digital | Sample in: <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer |
| Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes", please refer problem to WSU Extension specialist. | | | | |

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:
 Extreme Serious Moderate Light

| | |
|-------------|-------------------------------------|
| What plant? | Percentage of area/plants affected? |
|-------------|-------------------------------------|

Plant Parts Attacked:
 Leaves Stems Roots Terminal End Large Branches
 Flowers Buds Trunk Fruit

Client Observations/Comments:

Has control been attempted? Please indicate the product name, rate and date of application?

Identification Resources:

Identification/Recommendation:

| | |
|---------------------|--------------------|
| Diagnosed by: _____ | Handouts provided: |
| _____ | |

| |
|--|
| Client Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In person |
|--|

INSECT IDENTIFICATION



INSECT/ PLANT ID



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

Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst?
 Yes No

Are questions concerning animal pests or public health issues? Yes No

PLANT

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

Where was plant found?
 Lawn Pasture Flower Garden Vegetable garden Natural area
 Container Raised bed Driveway, drainage ditch

Describe growth (tall, narrow, spreading, etc.) Photos may be included or e-mailed to: wwmastergardeners@gmail.com.

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: _____

Handouts provided:

Client Contacted by:
 Phone Email In person

Adapted from C0495 Plant Identification for WSU Chelan County Master Gardener Program Diagnosis clinic. Rev.4/2019 BG

PLANT IDENTIFICATION

