

Insect ID Form

Name: _____ Phone(s): _____

Email: _____

Location of Insect:

Inside:

Kitchen Bathroom Pantry Other _____

Where: Floor Drain Carpet Other _____

Outside:

On Plant/tree: What kind? _____

Crop: What kind? _____

Turf: What kind? _____

Other: What kind _____

Pest Is: A nuisance Causing damage A curiosity

About how many insects were there? _____

For insect problems on plants, include the following:

Name of plant: _____

Parts of the plant injured: leaves stems roots buds

flowers branches trunk fruit

Damage is: extreme serious moderate light

Describe damage: _____

Number of plants injured _____ Age of plants _____

Have you had this problem before? If so, when? _____

Has control been attempted? No Yes If so, describe:

Please attach a picture of insect and plant damage. Submit insect specimens if available

Date specimens were collected _____ Location: _____

Observations/comments:

