

WSU SKAGIT COUNTY MASTER GARDENER CLINIC FORM

Please fill out as much of this form as possible. It will provide us with information that we need to diagnose your problem.

Name _____ Phone _____ Date _____

Address _____

Please describe the problem in your own words, and then check all that apply:

If you have a **Lawn Problem**, please fill out **Section B**.

If you need an **Insect Identified**, please fill out **Section C**.

If you need a **Plant Identified**, please fill out **Section D**.

For **Other Queries**, please complete as much of **Section A** as you can.

If you have a **Sample**, please make sure it includes **live tissue and dead tissue**. Photos should include the landscape that shows the problem plant.

SECTION A

- Type of plant: broadleaf tree conifer tree flower shrub houseplant
 ground cover fruit small fruit vegetable other
- Name of Plant & Variety (if known): _____
- Is the problem: 1 plant row of plants all similar plants scattered plants
- On the affected plant, is the problem on:
 entire plant flowers roots leaves/needles stems/branches
Other (describe): _____
- When did you first notice the problem? _____
- Any chemicals applied on, or within 10 ft of the plant(s), if YES then type and date applied:
Herbicide: _____
Insecticide: _____
Fertilizer: _____
- What is your soil like?
 sandy soil good drainage shallow soil 6" or less depth
 loamy soil poor drainage introduced top soil
 clay soil lots of rocks soil the builder left
- Is/are plant(s) watered? If YES then: Frequency of watering: _____
Type of watering: overhead sprinkler soaker hose hand-watered
Other – specify _____
- Any other information which could be relevant (e.g. recent frost, flood):

SECTION B – LAWN PROBLEMS

1. What is the age of your lawn: ___ over 5 years old ___ 1-5 years old ___ less than 1 year old
2. What watering have you carried out? _____
3. What fertilizer have you applied and when? _____
4. When did you last remove thatch from your lawn?
___ never ___ last spring ___ last fall ___ this spring ___ this fall ___ other

SECTION C – INSECT IDENTIFICATION

1. Where did you find the insect? (e.g. soil, plant, home, etc.) _____
2. If on a plant, type of plant? _____
3. Damage caused by insect is: ___ serious ___ moderate ___ light
4. Plant parts attacked: ___ leaves ___ stem ___ roots ___ branch
___ fruit ___ buds ___ trunk ___ flower

SECTION D – PLANT IDENTIFICATION

1. Type of plant (check all that apply):
___ tree ___ vine ___ shrub/hedge/bush ___ ground cover ___ other
2. Where is it located?
___ landscape/flower bed ___ vegetable garden ___ lawn ___ driveway ___ natural area ___ pasture
Other (specify): _____
3. Type of flowers? _____
4. Type of fruit/berries? _____

DIAGNOSIS/IDENTIFICATION:

RECOMMENDATION:

MASTER GARDENER: _____