



# Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

## 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:

\_\_\_\_\_  
\_\_\_\_\_