



Lawn and Turf Problems Form

Client Name: _____

Phone: _____

Email: _____

Lawn Background

Turfgrass Type

- Perennial Ryegrass
- Kentucky Bluegrass
- Fine Fescue
- Don't know

Mixture types: _____

Other: _____

Age

- Established: 5-10 yrs old
- Young: 1 to 5 yrs old
- New: Less than 1 yr old

Source

- Started from seed
- Started from sod
- Don't know

Do pets or other animals have access to your lawn? Yes No

Problem

When did you notice the problem? _____

Ever had this problem before? No Yes If yes, when? _____

Please describe how the problem first appeared and then check all that apply:

Affected Area Description:

- | | |
|--|---|
| <input type="checkbox"/> Circular spots | <input type="checkbox"/> Grass is thin |
| <input type="checkbox"/> Irregular spots | <input type="checkbox"/> Grass is yellow |
| <input type="checkbox"/> Rings, green in the center | <input type="checkbox"/> Grass is brown, dead, and/or dry |
| <input type="checkbox"/> Streaks in rectangular areas | <input type="checkbox"/> Rusty powder on grass |
| <input type="checkbox"/> Size of spots or affected area 1 to 2 ft. in diameter | <input type="checkbox"/> White powdery coating on grass |
| <input type="checkbox"/> Size of spots or affected area 2 to 3 ft. in diameter | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Large areas of lawn affected | <input type="checkbox"/> Grassy weeds |
| <input type="checkbox"/> Grass is lumpy | <input type="checkbox"/> Grass blades are loose and come up easily |
| <input type="checkbox"/> Grass is spongy | <input type="checkbox"/> Turf can be rolled back; grubs/insects present |

Other: _____

Affected Area Location:

- | | |
|---|---|
| <input type="checkbox"/> Full sun | <input type="checkbox"/> Primarily next to driveway, walk, or pathway |
| <input type="checkbox"/> Full shade | <input type="checkbox"/> On flat area |
| <input type="checkbox"/> Just in the front lawn | <input type="checkbox"/> On slope |
| <input type="checkbox"/> Just in the back lawn | <input type="checkbox"/> High traffic area |
| <input type="checkbox"/> All over lawn | <input type="checkbox"/> Over septic drain/leach field |

Other: _____

Please fill out next page

Lawn Care

Irrigation:

Irrigation System

- automatic overhead
- automatic drip
- hose and sprinkler
- combination: _____

Frequency of Watering

- every day
- every other day
- once a week
- as needed
- Other: _____

Length (per cycle)

- 10 to 15 minutes
- 30 minutes
- Other: _____
- Time of day: _____

Mowing:

Frequency

- once a week
- less than once a week
- mow as needed
- returning/mulching clippings

Height

- greater than 2 ½ "
- at 2 ½ "
- less than 1 ½ "
- Other: _____

Fertilization:

Fertilizer Type

- 16-16-16 (starter fertilizer)
- 21-0-0 (ammonium sulfate)
- 3-1-2
- quick release
- slow release
- lawn care service
- Other: _____

When Applied

- 4x per year (list months) _____
- 3x per year (list months) _____
- 2x per year (list months) _____
- once a year (when?) _____
- Other: _____

Amount fertilizer applied (lb/1000 sq ft)

Insecticides? Fungicides:

What was applied? _____ When? _____ How often? _____

Other chemicals applied to turf or to nearby plants in the last year (include type and rate):

Do you use a separate sprayer when applying weed-killers and insecticides/fungicides? Y N

Lawn Care Service Used?

Mowing Fertilizing Weed Control Core Aerating

Aerating/Power Raking:

Has your lawn been aerated or aerified? N Y When? _____

If you remove thatch, how was it removed? _____

How often? _____

Have you used wetting agents on your lawn? _____

Notes: _____