



Number:	Date Received:	Date Serviced:	Name of MG:
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Client Name:	Daytime Phone:	County:	Client Contacted MG via: <input type="checkbox"/> Personal Visit to Office
Mailing Address:	City:	State/Zip:	<input type="checkbox"/> Phone Call <input type="checkbox"/> E-mail
E-Mail Address:	Sample Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Sample: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Digital

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

If you answered yes to any of these refer problem to Urban Horticulturist or Extension Specialist.

INSECT

This Insect is: <input type="checkbox"/> A nuisance <input type="checkbox"/> Causing Damage <input type="checkbox"/> A curiosity	Date Collected:
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Where was the insect found (plant, crawlspace, crop, kitchen, etc.)?

Damage is:
 Extreme Serious Moderate Light

What plant?	Percentage of area/plants affected?
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Plant Parts Attacked:

Leaves Stems Roots Terminals Lg 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: _____
	Results Delivered via: (circle) Phone E-mail In person
Handout provided? Yes or No Describe: _____	Code: _____



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

If you answered yes to any of these refer problem to Urban Horticulturist.

PLANT

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

Where was the plant found?

Lawn Pasture Vegetable Garden Flower Garden Natural area Raised Bed
 Container Driveway, drainage ditch, etc. Other _____

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

Results Delivered via: (circle)

Phone E-mail In person

Handout provided? Yes or No Describe: _____ Code: _____

