



Horticulture Diagnostics Form

Name: _____ Date: _____

Address: _____

City: _____ Zip code: _____

Daytime phone number: _____

Email address: _____ County: _____

1. Which diagnostic services are you requesting (\$5.00 per service)?
 _____ Plant Identification _____ Plant Problem _____ Garden Insect Identification

2. Plant/Insect name (if known): _____

3. Describe the plants environment
 Is the plant in full sun/part sun/shade? _____
 Is the soil sandy, clay, loam or a combination? _____
 Where is it located? (near the road, house, driveway, other plants/trees)? _____

 Is the area dry, wet, at the top or bottom of a hill or berm, mulched (how deep and what kind)? _____

4. Plant's history
 How old is the plant? _____
 Do you water/irrigate (how much water and how often)? _____
 Have you applied fertilizer, pesticides or any other material to your plant? If so when, what, and how often? If a pesticide, what were you trying to control? _____

 Have you seen this problem/insect before (when and how often)? _____

5. Describe the problem
 What symptoms/damage do you see and where does it occur on the plant (top, bottom, north or south side, toward the inside, etc.)? _____

 Are any other plants affected? _____
 When did you first notice the problem? _____

Additional Information: _____

PHA / Staff name: _____

Action taken:

Diagnosed in the office

Resources used in diagnosis (books/web/publications): _____

Diagnosis (include reasoning): _____

Materials sent: _____

Date sent/called (resolved): _____

Notes: _____

Sent out for diagnosis

Disease lab

Turf lab

Insect lab

Date sent: _____ Results received: _____ (attach copy of results)

Diagnosis: _____

Materials sent: _____

Date sent: _____

Notes _____