1. What kind of tree or shrub is this?________________________________________________________

2. Is the tree/shrub mostly in the _____sun     _____shade     _____both

3. How many plants are affected? _____just one   _____most to all     _____scattered     _____groups

4. How much of the plant is affected? ___one branch   ___less than ½   ___more than ½  ___all

5. Where is plant located on your property?________________________________________________

6. How tall is the tree/shrub?________________ When was is planted?__________________________

7. What is diameter of tree trunk? ____________ If sample is from a shrub, how many main stems?_____

8. What pesticides, fertilizers, etc. have been applied?________________________________________

9. When did symptoms first appear?_________________________________________________________

10. What were weather conditions prior to this?_______________________________________________

11. What do the leaves/needles look like?
   ______wilted     ______curling     ______discolored     _____dropping     _____look normal
   ______other:_____________________________________________________________

12. What do the stems/branches look like?
   ______swellings/galls     ______discolored     _____top dieback     _____normal
   ______other:_____________________________________________________________

13. What does the trunk look like?
   ______rotted     _____loose bark     _____cracked     _____dark/depressed area     _____normal
   ______other:_____________________________________________________________

14. Other comments:____________________________________________________________
    ___________________________________________________________________________
    ___________________________________________________________________________

For office use only...Diagnosis:

Diagnosed by: ______________________
Turf

Date__________________________  Time__________________________

Name_____________________________________________________

Address_____________________________________________________

City__________________________  Zip__________________________

Phone__________________________  Email__________________________

Check one:  _____Homeowner/renter   _____Commercial firm

1. What type of grass species is being grown?

2. Sample is from: _____a sunny area   _____a shady area   _____an equally sunny and shady area

3. The area the sample was taken from is: _____a low area   _____a high area   _____sloped

4. When did symptoms first appear?

5. Lawn is: _____sodded   _____seeded

6. Year lawn was established: __________

7. How often and how much is lawn watered?

8. List pesticides, fertilizers, etc. that have been applied:

9. Has the soil been tested?  _____yes   _____no

10. Appearance of the lawn: _____discolored   _____thin   _____dying in spots   _____dying in rings

11. Have you pulled on the dead or dying grass? _____yes   _____no

   If yes, are the roots attached?  _____yes   _____no

12. Other comments:

   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

For office use only – Diagnosis:

Diagnosed by: _________________
Fruits & Vegetables

Name

Address

City_________________________ Zip_____________________

Phone__________________________

Email__________________________

Check one:  ____Homeowner/renter  ____Commercial firm

1. Type of fruit/vegetable:__________________________________________________

2. When did symptoms first appear?_________________________________________

3. Plant is primarily in the: _____sun     _____shade     _____both sun and shade

4. How many plants are affected? _____Just one     _____most to all     _____scattered     _____groups

5. Plant is: _____upland     _____in low area     _____on a slope     _____no association with terrain

6. List pesticides, fertilizers, etc. that have been applied:_________________________

7. Are there any black walnut or butternut trees within eyesight of your yard/garden?  ____Yes     ____No

8. Has the soil been tested?  ____Yes  ____No

9. Leaves look: _____normal     _____wilted     _____curling     _____discolored     _____spotted     _____dropping

10. Stems/branches look: _____normal     _____swellings     _____discolored     _____wilted

11. Roots look: _____normal     _____poor growth     _____swellings     _____discolored     _____rotted

12. Trunk of fruit tree looks: _____normal     _____rotted     _____loose bark     _____cracked     _____dark areas

13. Fruit/vegetable itself looks: _____normal     _____poor growth     _____spotted     _____shriveled     _____rotted

14. How often and how much is plant watered?___________________________________

15. Other comments:________________________________________________________________

____________________________________________________________________________________

For office use only – Diagnosis:

Diagnosed by: _________________________
Flowers

Date_________________________ Time_________________________

Name_____________________________________________________

Address_________________________________________________________________________________________

City________________________________ Zip_________________________

Phone_________________________________________________________________________________________

Email_________________________________________________________________________________________

Check one:  _____Homeowner/renter     _____Commercial firm

1. Type of flower: _____annual     _____perennial     _____bulb     _____wildflower

2. Name of flower:____________________________________________________________________________

3. When did symptoms first appear?_____________________________________________________________

4. Plant is primarily in the: _____sun     _____shade     _____both sun and shade

5. How many plants are affected? _____just one     _____most to all     _____scattered     _____groups

6. Plant is located: _____upland     _____in low area     _____on a slope     _____no association with terrain

7. How often and how much is plant watered?_____________________________________________________

8. List pesticides, fertilizers, etc., that have been applied:_______________________________________

9. Has the soil been tested? _____Yes     _____No

10. Leaves look: _____normal     _____wilted     _____curling     _____discolored     _____dropping

11. Stem looks: _____normal     _____swellings/galls     _____discolored     _____wilted

12. Petals look: _____normal     _____discolored     _____spotted     _____wilted

13. Roots look: _____normal     _____poor growth     _____discolored     _____swellings     _____rotted

15. Other comments:__________________________________________________________________________

_________________________________________________________________________________________

For office use only – Diagnosis

Diagnosed by: ___________________________
Insect & Plant I.D.

Date ______________________  Time ______________________

Name ________________________________________________

Address ______________________________________________

City ____________________  Zip _________________________

Phone ______________________  Email ______________________

Check one:  _____Homeowner/renter  _____Commercial firm

Fill out this box for plant or weed identification

1. Plant/weed was found in:  _____lawn  _____vegetable garden  _____flower garden
   _____other: _______________________________________

2. Additional comments: __________________________________________________________
   ____________________________________________________________

Fill out this box for insect identification

Insect was found inside:
   _____on houseplant  _____in living room  _____in kitchen  _____in attic
   _____in bathroom  _____in basement  _____in bedroom  _____other: _______________________

Insect was found outside:
   _____on tree; list type of tree: ______________________________________________________
   _____on shrub; list type of shrub: ___________________________________________________
   _____on flower; list type of flower: _________________________________________________
   _____on vegetable; list type of vegetable: _____________________________________________
   _____on fruit; list type of fruit: _____________________________________________________
   _____on lawn
   _____on house/garage
   _____other: _____________________________________________________________

Additional comments: ______________________________________________________________
   ____________________________________________________________

For office use only – Diagnosis:

Diagnosed by: ______________________________