

Trees & Shrubs



Date _____ Time _____

Name _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Check one: Homeowner/renter Commercial firm

-
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 1/2 more than 1/2 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: _____