

Plant Sample Form

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Please answer the following questions about your plant problem as best as you can, and we'll be back with you our next working day. Thanks!

1. What is the plant in question?
2. What is the problem at hand?
3. When did you first notice the problem?
Has the damage progressed over time?
4. What portion of the plant has the most damage? (Crown, roots, leaves, flowers, fruit...)
What percentage of the plant in question is affected?
5. How old is the plant?
Did you plant it?
6. Is there physical damage to the trunk/stems? (String trimmers, bicycles, rope...)
The roots? (Construction, driveways, play areas...)
7. How frequently does this plant get watered? Do you have an irrigation system?
8. Does it get significant exposure to sun, wind and/or rain? (Circle each element if "yes".)
9. Is there any standing water or downspouts nearby?
10. What are the soil conditions? Clay, sand or loamy; Please circle one.
Any soil test results? (pH, fertilizer or lime requirements?)
11. Are any other plants around it affected?
What kind are they?
12. Have any pesticides been applied to the plant that you are submitting as a sample? What? When?
13. Have any pesticides, fertilizers or lime been applied to plants around the area recently?
At what rate?

For Master Gardener Use: Please enter on log sheet; Identification, Recommendation		
Remove host, replace w/resistant	Biological	Sanitation
Cultural	Chemical	Mechanical
	Do nothing/monitor	