

One sample per form. Please fill out this form as completely as possible.

DATE RECEIVED \_\_\_\_\_

PLANT PROBLEM  
DIAGNOSIS

INSECT ID  
(GO TO PAGE 3)

PLANT & WEED ID  
(GO TO PAGE 3)

Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_, WA Zip \_\_\_\_\_

1. Name of plant \_\_\_\_\_ Variety \_\_\_\_\_

2. Type of plant:

\_\_\_ broadleaf tree      \_\_\_ tree fruit      \_\_\_ shrub/vine      \_\_\_ ground cover  
\_\_\_ flower/houseplant      \_\_\_ small fruit      \_\_\_ ground cover      \_\_\_ vegetable

3. Age of plant/size \_\_\_\_\_ When was it planted in this location? \_\_\_\_\_

4. Describe the problem in your own words and illustrate pattern of damage. What do you think the problem is?

Patterns

On affected plant:

\_\_\_ entire plant affected      \_\_\_ started at bottom and moves up  
\_\_\_ started at top and moves down      \_\_\_ damaged only on tips of branches  
\_\_\_ damage only on one side (N S E W)      \_\_\_ damaged only on inside branches

Pattern of plants affected: \_\_\_ single plant \_\_\_ scattered plants \_\_\_ all similar plants

6. When did you first notice the problem? \_\_\_\_\_  
\_\_\_ happened very quickly      \_\_\_ happened gradually      \_\_\_ is getting worse      \_\_\_ is not getting worse

7. How was the plant planted? Check all that apply.

\_\_\_ balled & burlapped      \_\_\_ bare root  
\_\_\_ peat/manure/compost added to backfill      \_\_\_ planted by landscaper  
\_\_\_ plastic pot      \_\_\_ peat/paper pot  
\_\_\_ fertilizer applied at or right after planting      \_\_\_ planted by previous owner  
\_\_\_ pot/burlap removed from root ball

Mulched with \_\_\_ nothing      \_\_\_ bark mulch      \_\_\_ other \_\_\_\_\_

8. Has this plant had this problem before? \_\_\_ no      \_\_\_ yes If yes, when? \_\_\_\_\_

9. Where is the plant situated?

\_\_\_ full sun      \_\_\_ garden      \_\_\_ driveway/road  
\_\_\_ mostly shade      \_\_\_ lawn      \_\_\_ garage/carport  
Exposure N S E W      \_\_\_ landscape bed/mound      \_\_\_ pool/pond  
\_\_\_ windy site      \_\_\_ nursery/greenhouse      \_\_\_ deck/patio  
\_\_\_ slope      \_\_\_ house      \_\_\_ other \_\_\_\_\_

10. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant? \_\_\_ Yes      \_\_\_ No What did you find? \_\_\_\_\_

(Continue to next page)

**11. Plant parts affected and how affected (Check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Flowers</b><br><input type="checkbox"/> spots<br><input type="checkbox"/> wilted<br><input type="checkbox"/> distorted<br><input type="checkbox"/> insect injury<br><input type="checkbox"/> other _____     | <input type="checkbox"/> <b>Fruit</b><br><input type="checkbox"/> blotches<br><input type="checkbox"/> dry<br><input type="checkbox"/> distorted<br><input type="checkbox"/> rotten/mushy<br><input type="checkbox"/> other _____ | <input type="checkbox"/> <b>Leaves/Needles</b><br><input type="checkbox"/> spots <input type="checkbox"/> wilted<br><input type="checkbox"/> fall off <input type="checkbox"/> rolled<br><input type="checkbox"/> distorted<br><input type="checkbox"/> yellowish<br><input type="checkbox"/> brown<br><input type="checkbox"/> other _____ |
| <input type="checkbox"/> <b>Roots</b><br><input type="checkbox"/> brown (internally)<br><input type="checkbox"/> rotted<br><input type="checkbox"/> chewed<br><input type="checkbox"/> few roots<br><input type="checkbox"/> other _____ | <input type="checkbox"/> <b>Twigs</b><br><input type="checkbox"/> dead<br><input type="checkbox"/> decayed area<br><input type="checkbox"/> sticky/weepy<br><input type="checkbox"/> other _____                                  | <input type="checkbox"/> <b>Stems</b><br><input type="checkbox"/> dead<br><input type="checkbox"/> decayed area<br><input type="checkbox"/> sticky/weepy<br><input type="checkbox"/> other _____  |
| <input type="checkbox"/> <b>Large Branches</b><br><input type="checkbox"/> dead<br><input type="checkbox"/> decayed area<br><input type="checkbox"/> sticky/weepy<br><input type="checkbox"/> other _____                                | <input type="checkbox"/> <b>Trunk</b><br><input type="checkbox"/> dead/losing bark<br><input type="checkbox"/> decayed area<br><input type="checkbox"/> sticky/weepy<br><input type="checkbox"/> other _____                      | <input type="checkbox"/> <b>Whole Plant</b><br><input type="checkbox"/> wilted<br><input type="checkbox"/> distorted<br><input type="checkbox"/> stunted<br><input type="checkbox"/> other _____  |

**12. Watering Method:**

- hand watered  
 sprinkler  
 sprinkler system  
 soaker hose  
 drip system

**Where is water applied:**

- overhead watering  
 individual emitters  
 water with lawn  
 at base of plant  
 at drip line

**Watering frequency:**

- times per week for \_\_\_\_\_ minutes  
 as needed by checking soil  
 as needed without checking

**13. Soil**

**Texture**

- sandy  
 loamy  
 clay  
 unknown

**Drainage**

- good  
 poor  
 white crust on soil

**Source**

- introduced topsoil  
 soil the builder left  
 raised bed

**14. Have any of these happened in your yard within the last 3-5 years?**

- |  |   |
|--|---|
| <input type="checkbox"/> construction or heavy equipment over soil                   | <input type="checkbox"/> extreme drought/wetness        |
| <input type="checkbox"/> soil/root injury—septic work, trenching, etc.               | <input type="checkbox"/> driveway or road paving nearby |
| <input type="checkbox"/> trunk, bark injury –injury from mower, weed eater, staking, | <input type="checkbox"/> change of soil grade           |

**15. Chemicals applied to plant or to nearby plants:**

	<u>Type</u>	<u>Date applied</u>	<u>Where applied</u>
Fertilizers			
Insecticides			
Fungicides			

**Weed-killers used within 2 years:**

- Weed n' Feed     Casoron     Roundup, Kleen-up, Knock-out     Triox, Noxall, Spike  
 Other \_\_\_\_\_

## **Insect ID**

**1. Habitat or Host** \_\_\_\_\_ **Date Collected** \_\_\_\_\_  
(soil, tree, home, crop, etc.)

**2. Location** \_\_\_\_\_  
(wood pile, kitchen, food, on plant, etc.)

**3. Insect is a :** \_\_\_ nuisance \_\_\_ causing damage \_\_\_ a curiosity

**4. Damage is:** \_\_\_ extreme \_\_\_ serious \_\_\_ moderate \_\_\_ light

**5. Percentage of area/plant affected?** \_\_\_\_\_

**6. Plant parts affected:**

___ leaves	___ terminals	___ fruit
___ stems	___ buds	___ main trunk
___ roots	___ flowers	___ branches

**7. Have you attempted control with a pesticide? If so give product name, rate and application date**

**8. What do you think the insect is?** \_\_\_\_\_

## **Plant Identification**

Identification is more reliable with a complete plant sample, including flowers and roots. Fruits and some ornamental plants have many varieties and we cannot usually determine the exact variety.

**1. Type of plant (Check all that apply)**

___ tree	___ ground cover	___ houseplant
___ vine	___ evergreen	
___ shrub/bush/hedge	___ deciduous	

**2. Where was it found?** \_\_\_\_\_  
(lawn, landscape bed, flower garden, vegetable garden, pasture, natural area, etc.)

**3. Describe Growth** \_\_\_\_\_  
(tall, narrow, spreading, etc.)

**4. Flowers?** Type \_\_\_\_\_ Season \_\_\_\_\_ Color \_\_\_\_\_

**5. Describe anything special about the plant** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Is there concern about plant toxicity?** \_\_\_ Yes \_\_\_ No

**7. What do you think the plant is?** \_\_\_\_\_

**Do Not Write in Diagnosis Space**

**Diagnosed By:** \_\_\_\_\_

**Diagnosis:**

**Client contacted with diagnosis information:**

**Contacted by**

phone    mail    email    answering machine (date called \_\_\_\_\_)

**By** \_\_\_\_\_ **Date** \_\_\_\_\_

**Recommendation:**

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