

**** Once the Case is resolved and recorded in the Contact Log Spreadsheet, please throw away this form.**

“Three-in-One” Form
#1. PLANT DISEASE - or - #2. INSECT IDENTIFICATION - or - #3. PLANT/WEED ID

Client _____
 Address: _____ City: _____ State: _____ **Zip Code** _____
 Email _____ Phone _____
 Date Sample Brought to Clinic _____ Date Sample Collected _____
 Clinic Submitting Sample (*Other than Help Desk*) _____

FORM #1 - Plants With Signs/Symptoms of Insect or Disease Infestation

Plant Name _____ **Variety if known** _____ Don't know
 How long grown at present site? _____ When did symptoms appear? _____
 Growing conditions: Sun Shade Partial sun or shade Wet spot Dry spot
 Site changes: Drainage Light levels Root disturbance Compaction Drought Construction
 Other (Please describe) _____
 Part of plant affected: Trunk Stem Leaves Whole plant *Where is plant damaged: - top, bottom, etc.
 Explain: _____
 Other Plants affected? _____
 Appearance/Condition: Spots Holes Chewed Yellow Wilted Stunted Other,
 Please describe: _____
 Is plant watered regularly? Yes No How often? _____ Method? _____
 Fertilized recently? Yes No pH of soil (if known) _____ Date of last Soil Test _____

FORM #2. - Insect Identification

Inside Home: Kitchen/Bathroom/Basement Sink/Tub/Drain Floor/Window/Wall Other
 (If 'other' Please Describe.) _____
Outside Home: Garden Lawn Park Woods On Pets/Humans Other
 (If park, woods, or other, please identify / give name or location.) _____
 If Outside, How many plants are affected?
 Insect Abundance: None observed One Few Common Abundant Extreme
 Describe problem/damage: _____
 I am interested in: identification/education control recommendations.

FORM #3. - Plant/Weed ID

What is it? Vine Tree Shrub Flower Seedling Don't know _____
 Where is plant growing? Lawn Garden Other (Please describe.) _____
 Growing conditions: Sun Shade Partial sun or shade Wet spot Dry spot
 Other relevant information: _____
 I am interested in: identification/education control recommendations.

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