

## HORTICULTURE DIAGNOSIS FORM

Horticulture Diagnostic Lab Fee: \$ 20.00 per sample.

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Describe nature and extent of problem or what you'd like to know:

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### INSECT ID:

When were they found? \_\_\_\_\_ Had this problem before? Y or N

How many found? \_\_\_\_\_

#### **If found indoors:**

- What area of the house were they found? \_\_\_\_\_
- Is there food in area? Y or N      • Are there any moisture problems? Y or N
- Do you have pets? Y or N If so, please list \_\_\_\_\_

#### **If found outdoors:**

- Where were they found (house, soil, plant)? \_\_\_\_\_
- If found on a plant, list name of plant \_\_\_\_\_

### PLANT ID:

(√): \_\_\_\_\_ Growing in wild    \_\_\_\_\_ Growing in garden    \_\_\_\_\_ Growing in lawn    \_\_\_\_\_ Aquatic plant  
\_\_\_\_\_ Tree    \_\_\_\_\_ Shrub    \_\_\_\_\_ Vine    \_\_\_\_\_ Weed    \_\_\_\_\_ Houseplant

(Circle): Growing in SUN or SHADE? ANNUAL or PERENNIAL? DECIDUOUS or EVERGREEN?

Trunk bark SMOOTH or ROUGH?

**(OVER→)**

Height \_\_\_\_\_ Flower shape (daisy, trumpet, cluster, etc) \_\_\_\_\_  
Flower color \_\_\_\_\_ Time of flowering \_\_\_\_\_

### **PLANT/LAWN DIAGNOSIS:**

Name of plant \_\_\_\_\_ (if lawn, specify species- fescue, etc)

Age \_\_\_\_\_ Height \_\_\_\_\_

Sun or shade? \_\_\_\_\_ Growing indoors or outdoors? \_\_\_\_\_

Is mulch used and if so, what kind? \_\_\_\_\_

When planted/seeded/repotted? \_\_\_\_\_

When did problem first occur? \_\_\_\_\_

Was plant/lawn healthy & growing well before this? \_\_\_\_\_

Are other plants in this area doing well? \_\_\_\_\_

Where is plant growing? (alone, lawn, foundation, garden, hedge, pot) \_\_\_\_\_

Soil conditions (wet, dry, rocky, compacted, clay, etc.) \_\_\_\_\_

Has the soil pH been tested? \_\_\_\_\_ If so, what is the soil pH? \_\_\_\_\_

What else might have affected the plant? (dogs, road/salt, tree roots, under overhang, poor drainage, etc)

\_\_\_\_\_

Watered how often and by what method (hand, sprinkler, etc)? \_\_\_\_\_

Fertilizers used \_\_\_\_\_ When \_\_\_\_\_

Pesticides/repellents used \_\_\_\_\_ When \_\_\_\_\_

Chemicals used nearby \_\_\_\_\_ When \_\_\_\_\_

**DIAGNOSIS** \_\_\_\_\_

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**RECOMMENDATIONS** \_\_\_\_\_

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