

REQUEST FOR INSECT IDENTIFICATION

Mailing Address	CLIENT INFORMATION	
Physical Address Phone	oday's date:	
Fax Email	Name	
State / Zip Code	Physical Address	Phone
City Email State / Zip Code PROBLEM DESCRIPTION: tell us as much as you can about the problem so that we can make the best diagnos. Where did you find the insect? (e.g. yard & garden, commercial crop, inside home) When (month/day/year) did you collect the specimen(s): About how many insects were there? Describe the damage they are causing: For insect problems on plants, please include the following information name of plant: part of plant injured: age of plants: age of plants:	Mailing Address	Fax
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. Have you had this problem before?	number of plants injured:	_ age of plants:
	Have you had this problem before?	If YES, when did you first notice the problem?
. Name any insecticide or pesticide products you have applied for this problem:		

7. Specific site-location where pest was found (eg. 5 mile NE of Boise, ADA County):