Insect Identification

Please fill out entire form in ink!!

TODAY'S DATE:

University of Idaho Extension
Ada County

5880 Glenwood St
Boise, ID 83714
208.287.5900
adamg@uidaho.edu

Client Information

Client Name:

Business Name:

Address:

City/State/Zip:

Phone: Email:

Insect Information

Location of insect

- ☐ field/crop
- ☐ pasture
- ☐ orchard
- ☐ lawn/turf
- ☐ firewood
- ☐ landscape
- ☐ vegetable garden
- ☐ in home
- ☐ other:

How many insects were seen in problem area?

Plant or crop affected (if any):

Additional info:

Would you like:

- ☐ identification information only
- ☐ recommendations for control

Office Use Only

Insect identified as:

Recommendations for control (if applicable):

Notes:

Database category:

Fill in only if sample sent to UI laboratory

Date sent:

Date returned:

Researched by:

Reference/cite (website URL, book page, etc)

Initial client contact by:

Contact type: ☐ in-person ☐ phone/v-mail ☐ email

Number of adults: men women

Follow-up contact by:

Contact type: ☐ in-person ☐ phone/v-mail ☐ email

Number of adults: men women

DATE RESOLVED:

Database entry by:

Form number: