

Weed and Plant Identification

Please fill out entire form in ink!!

TODAY'S DATE:



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

Client Information

Client Name:

Business Name:

Address:

City/State/Zip:

Phone:

Email:

Plant ID Information

Location of plant

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> field/crop | <input type="checkbox"/> landscape |
| <input type="checkbox"/> pasture | <input type="checkbox"/> vegetable garden |
| <input type="checkbox"/> orchard | <input type="checkbox"/> next to house |
| <input type="checkbox"/> lawn/turf | <input type="checkbox"/> roadside |
| <input type="checkbox"/> other: | |

How many plants are there?

Plant Characteristics

Plant size: (height) (width)

Flower color:

Seed type:

Plant type

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> tree | <input type="checkbox"/> perennial |
| <input type="checkbox"/> shrub | <input type="checkbox"/> vine |
| <input type="checkbox"/> evergreen | <input type="checkbox"/> grass |
| <input type="checkbox"/> spreading | <input type="checkbox"/> groundcover |

Additional info:

Would you like:

- identification information only
 recommendations for control

Office Use Only

Weed/plant 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: