

# Plant Problem

**Please fill out entire form in ink!!**

**TODAY'S DATE:**

**I** **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:

**Plant Problem Information**

<p><b>PLANT NAME:</b></p> <p><b>Number of plant(s) affected:</b></p> <p><b>Age of plant(s):</b></p> <p><b>Did you plant it?</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>How long have you cared for this plant?</b></p> <p><b>When did you first notice symptoms?</b></p> <p><b>Plant part(s) affected</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> entire plant</td> <td><input type="checkbox"/> flowers</td> </tr> <tr> <td><input type="checkbox"/> leaves/needles</td> <td><input type="checkbox"/> fruit/seeds</td> </tr> <tr> <td><input type="checkbox"/> roots</td> <td><input type="checkbox"/> stems</td> </tr> <tr> <td><input type="checkbox"/> branches</td> <td><input type="checkbox"/> trunk</td> </tr> <tr> <td><input type="checkbox"/> other:</td> <td></td> </tr> </table> <p><b>Site</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> level area</td> <td><input type="checkbox"/> berm</td> </tr> <tr> <td><input type="checkbox"/> low area</td> <td><input type="checkbox"/> slope</td> </tr> </table> <p><b>Soil type</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> clay</td> <td><input type="checkbox"/> loam</td> </tr> <tr> <td><input type="checkbox"/> sand</td> <td><input type="checkbox"/> improved soil</td> </tr> <tr> <td><input type="checkbox"/> gravel/rocky</td> <td><input type="checkbox"/> don't know</td> </tr> </table>	<input type="checkbox"/> entire plant	<input type="checkbox"/> flowers	<input type="checkbox"/> leaves/needles	<input type="checkbox"/> fruit/seeds	<input type="checkbox"/> roots	<input type="checkbox"/> stems	<input type="checkbox"/> branches	<input type="checkbox"/> trunk	<input type="checkbox"/> other:		<input type="checkbox"/> level area	<input type="checkbox"/> berm	<input type="checkbox"/> low area	<input type="checkbox"/> slope	<input type="checkbox"/> clay	<input type="checkbox"/> loam	<input type="checkbox"/> sand	<input type="checkbox"/> improved soil	<input type="checkbox"/> gravel/rocky	<input type="checkbox"/> don't know	<p><b>Symptoms</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> dead areas</td> <td><input type="checkbox"/> wilted</td> </tr> <tr> <td><input type="checkbox"/> leaf/needle drop</td> <td><input type="checkbox"/> yellowed</td> </tr> <tr> <td><input type="checkbox"/> canker/gall</td> <td><input type="checkbox"/> leaf spots</td> </tr> <tr> <td><input type="checkbox"/> rotted</td> <td><input type="checkbox"/> stunted</td> </tr> <tr> <td><input type="checkbox"/> tips/edges browning</td> <td><input type="checkbox"/> other:</td> </tr> </table> <p><b>Symptom distribution</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> top of plant</td> <td><input type="checkbox"/> north/east side</td> </tr> <tr> <td><input type="checkbox"/> middle</td> <td><input type="checkbox"/> south/west side</td> </tr> <tr> <td><input type="checkbox"/> bottom</td> <td><input type="checkbox"/> entire plant</td> </tr> <tr> <td><input type="checkbox"/> interior</td> <td><input type="checkbox"/> branch tips only</td> </tr> </table> <p><b>Location of plant(s)</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> indoors</td> <td><input type="checkbox"/> pasture</td> </tr> <tr> <td><input type="checkbox"/> landscape</td> <td><input type="checkbox"/> orchard</td> </tr> <tr> <td><input type="checkbox"/> vegetable garden</td> <td><input type="checkbox"/> field/crop</td> </tr> <tr> <td><input type="checkbox"/> lawn/turf</td> <td><input type="checkbox"/> near rain gutter</td> </tr> <tr> <td><input type="checkbox"/> near roadside</td> <td><input type="checkbox"/> next to house/</td> </tr> <tr> <td><input type="checkbox"/> by driveway/sidewalk</td> <td>garage</td> </tr> </table> <p><b>Plant location</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> sun</td> <td><input type="checkbox"/> sun &amp; shade</td> </tr> <tr> <td><input type="checkbox"/> shade</td> <td></td> </tr> </table>	<input type="checkbox"/> dead areas	<input type="checkbox"/> wilted	<input type="checkbox"/> leaf/needle drop	<input type="checkbox"/> yellowed	<input type="checkbox"/> canker/gall	<input type="checkbox"/> leaf spots	<input type="checkbox"/> rotted	<input type="checkbox"/> stunted	<input type="checkbox"/> tips/edges browning	<input type="checkbox"/> other:	<input type="checkbox"/> top of plant	<input type="checkbox"/> north/east side	<input type="checkbox"/> middle	<input type="checkbox"/> south/west side	<input type="checkbox"/> bottom	<input type="checkbox"/> entire plant	<input type="checkbox"/> interior	<input type="checkbox"/> branch tips only	<input type="checkbox"/> indoors	<input type="checkbox"/> pasture	<input type="checkbox"/> landscape	<input type="checkbox"/> orchard	<input type="checkbox"/> vegetable garden	<input type="checkbox"/> field/crop	<input type="checkbox"/> lawn/turf	<input type="checkbox"/> near rain gutter	<input type="checkbox"/> near roadside	<input type="checkbox"/> next to house/	<input type="checkbox"/> by driveway/sidewalk	garage	<input type="checkbox"/> sun	<input type="checkbox"/> sun & shade	<input type="checkbox"/> shade		<p style="text-align: center;"><b>WATERING INFORMATION</b></p> <p><b>Type of irrigation</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> sprinkler system</td> <td><input type="checkbox"/> drip system</td> </tr> <tr> <td><input type="checkbox"/> flood</td> <td><input type="checkbox"/> by hand or hose end</td> </tr> </table> <p><b>Water source</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> city water</td> <td><input type="checkbox"/> well water</td> </tr> <tr> <td><input type="checkbox"/> canal system</td> <td></td> </tr> </table> <p><b>Irrigation minutes per day:</b></p> <p><b>Irrigation frequency (per week):</b></p> <p><b>Mulch type</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> bark</td> <td><input type="checkbox"/> rock</td> </tr> <tr> <td><input type="checkbox"/> fabric/plastic</td> <td><input type="checkbox"/> leaves or grass</td> </tr> <tr> <td><input type="checkbox"/> other:</td> <td></td> </tr> </table> <p><b>Mulch against stem?</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Has any treatment been applied to the area?</b></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Name of product applied:</b></p> <p><b>Date product applied:</b></p> <p><b>Have neighbors used products recently?</b></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Landscape service:</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Company name:</b></p> <p><b># of seasons used:</b></p>	<input type="checkbox"/> sprinkler system	<input type="checkbox"/> drip system	<input type="checkbox"/> flood	<input type="checkbox"/> by hand or hose end	<input type="checkbox"/> city water	<input type="checkbox"/> well water	<input type="checkbox"/> canal system		<input type="checkbox"/> bark	<input type="checkbox"/> rock	<input type="checkbox"/> fabric/plastic	<input type="checkbox"/> leaves or grass	<input type="checkbox"/> other:	
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Continue on other side >>

**Briefly describe the problem:**

**Draw a map of the affected plant's location. Please indicate which direction is North, as well as where structures, sidewalks, and other plants, etc. are located.**

**Office Use Only**

Problem identified as:

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Recommendations for solution:

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Notes:

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Database category:

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**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: