



UI EXTENSION, BONNER COUNTY MASTER GARDENERS PLANT CLINIC INFORMATION FORM

Date: _____ This Form Completed By: _____

Name _____ Daytime Phone _____

Mailing Address _____

Email _____

Are you a market gardener, landscaper, commercial grower or is this for a pasture? Y / N

Photo Submitted (attach to form) Site Visit Conducted Physical Sample Submitted

Type: TREE SHRUB GRASS VEGETABLE HERB. ORNAMENTAL FRUIT

Plant(s) Affected & Variety: _____

Age of Plant: _____

Describe the problem and/or plant damage: _____

Plant Parts Affected: _____

LEAF STEM/BRANCH/TRUNK ROOT FLOWER FRUIT

Patterns Noticed on Affected Plant:

- ___ Started at top, moves down
- ___ Started at bottom, moves up
- ___ Damaged only on tips/outer branches
- ___ Damaged only on inner branches
- ___ Entire plant is affected
- ___ Damage only on one side (N S E W)

Patterns Noticed in Landscape or Plantings:

- ___ Only one plant affected
- ___ All similar plants affected
- ___ Random plants affected (*not* same species)
- ___ Several plants in a row or area affected (same species)
- ___ Several plants in a row or area affected (*not* the same species)

Signs & Symptoms

- Coloring of leaves (Color: _____)
- Angular or round spots
- Rotting of leaves, stems, roots or fruit
- Chewing damage (Plant parts _____)
- Other (_____)
- Spotted or Mottled Leaves
- Wilting
- Distorted plant parts (_____)
- Insect frass present

Water: OVERHEAD SPRINKLER HAND WATER FLOOD IRRIGATION DRIP SYSTEM

HOW OFTEN: _____ FOR HOW LONG: _____ WATER SOURCE: _____

Fertilizer(s) Used: _____ When/how applied: _____

Herbicides Used: _____ When/how applied: _____

Insecticides Used: _____ When/how applied: _____

Pets/Animals/Rodents? _____ Recent Construction or Digging? _____

When did you first notice the problem: _____

Have you had this problem before? _____ If yes, when? _____

Identify Plant

Describe the Problem

Parts Affected

Look for Patterns

Visible Signs & Symptoms

Review Cultural Practices

Time Development

Determine Cause of Damage

Synthesis of Information

Resources

Question Follow-up

Diagnosis (most likely cause of damage): _____

Resources used for diagnosis: _____

Diagnosed by: _____
Client contacted by: <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Mail <input type="radio"/> Other _____
Follow-up needed? <input type="radio"/> Yes <input type="radio"/> No Date Closed: _____
Database Category: Orn. Herb—Orn. Woody—Vegetable—Fruit Tree—Small Fruits—General Garden
Database Sub-Category: Insect—Disease—Weeds—Maintenance

Insect Identification

Plant Identification

Where did you find the insect? (garden, specific crop, home, site location) _____	Describe the damage they are causing: (part of plant injured, plant species and cultivar, number of plants injured, age of plants) _____ _____ _____ _____
When did you collect the specimen (month/day/year + time of day) _____	
About how many insects were there? _____	
Would you like information on controlling the insect? Yes / No _____	

Where did you find the plant? (lawn, garden, roadside, site location) _____	Unique features: (leaves, odor, thorns, etc.) _____ _____ _____
Plant type: <input type="radio"/> Tree <input type="radio"/> Shrub <input type="radio"/> Vine <input type="radio"/> Herb.	
Plant Size: _____ Height _____ Width	
Flower: _____ Color _____ Size	Would you like information on controlling the plant? Yes/No