

# Insect Identification

Please fill out highlighted sections.

**TODAY'S DATE:**



1808 N. 3rd Street  
Coeur d'Alene, ID 83814  
208.446.1680  
volunteering@uidaho.edu

## Insect Information

**Location of insect**

- |                                     |   |
|-------------------------------------|---|
| <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"/> in home          |
| <input type="checkbox"/> lawn/turf  | <input type="checkbox"/> other:           |
| <input type="checkbox"/> firewood   |   |

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

## Client Information

Client Name:

Business Name:

Address:

City/State/Zip:

Phone:

Email:

Optional: Male Female Adult Youth Hispanic  
 Race: White Black Asian American Indian Some Other Race

## 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: