

Plant/Tree/Shrub/Turf Problem

Please fill out highlighted sections.

TODAY'S DATE:



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

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

Plant Problem Information

PLANT NAME:

Number of plant(s) affected:

Age of plant(s):

Did you plant it? yes no

How long have you cared for this plant?

When did you first notice symptoms?

Plant part(s) affected

- | | |
|---|--------------------------------------|
| <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: | |

Site

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> level area | <input type="checkbox"/> berm |
| <input type="checkbox"/> low area | <input type="checkbox"/> slope |

Soil type

- | | |
|---------------------------------------|--|
| <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 |

Symptoms

- | | |
|--|-------------------------------------|
| <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: |

Symptom distribution

- | | |
|---------------------------------------|---|
| <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 |

Location of plant(s)

- | | |
|---|---|
| <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 |

Plant location

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> sun | <input type="checkbox"/> sun & shade |
| <input type="checkbox"/> shade | |

WATERING INFORMATION

Type of irrigation

- | | |
|---|--|
| <input type="checkbox"/> sprinkler system | <input type="checkbox"/> drip system |
| <input type="checkbox"/> flood | <input type="checkbox"/> by hand or hose end |

Water source

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> city water | <input type="checkbox"/> well water |
| <input type="checkbox"/> canal system | |

Irrigation minutes per day: Irrigation frequency (per week):

Mulch type

- | | |
|---|--|
| <input type="checkbox"/> bark | <input type="checkbox"/> rock |
| <input type="checkbox"/> fabric/plastic | <input type="checkbox"/> leaves or grass |
| <input type="checkbox"/> other: | |

Mulch against stem? yes no

Has any treatment been applied to the area

yes no

Name of product applied:

Date product applied:

Have neighbors used products recently?

yes no

Landscape service: yes no

Company name:

of seasons used:

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:

Recommendations for solution:

Notes:

Database category:

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: