Please describe the problem: ____________________________________________________________________________________________

When did you first notice the problem? ____________________________________________________________________________________________

Is the problem getting worse? ____________________________________________________________________________________________

What information would you like from us? ____________________________________________________________________________________________

Site Information (✔ all that apply)

- Location (indoors)
  - Garage
  - Basement
  - Kitchen
  - Food Storage
  - Dining area
  - Living Room
  - Bathroom
  - Bedroom
  - Porch
  - Other: (specify) ____________

- Location (outdoors)
  - Near street or driveway
  - Yard
  - Park
  - Windbreak/screen
  - Woodland/forest
  - Meadow/Rangeland
  - Ornamental/foundation planting
  - Vegetable garden
  - Other: (specify) ____________

- Soil Type
  - clay (heavy)
  - loam
  - sand (light)

- Type of Irrigation
  - None
  - Flood
  - Row/Furrow
  - Sprinkler
  - Drip

- Water Source
  - City
  - Well
  - Ditch

- Soil Drainage
  - Excellent
  - Average
  - Poor
  - Wetland
  - Hardpan/rock

- Insect/Weed Identification
  - Number of Insects/Weeds
  - Few
  - Many
  - Are they causing a problem?
  - Yes
  - No

Specific Symptoms (✔ all that apply)

- Plant Symptoms - Degree of Injury
  - Yellowing
  - Wilting
  - Leaf spot
  - Shot holes
  - Cheving
  - Trunk splits
  - Trunk damage
  - Boring
  - Marginal burn

- Area of Plant Affected
  - Wood
  - Cone
  - Trunk
  - Leaf
  - Bud
  - Root
  - Petiole
  - Stem
  - Flower
  - Needle
  - Upper Branches
  - Lower Branches

Area of Plant Affected

How much of the plant is affected? ____________

Has the problem site been altered in any way (paving, construction, excavation, soil added, etc.) in the past 5 years? Please explain.

FOR OFFICE USE ONLY

DIAGNOSIS: __________________________ Identification by: __________________________

RECOMMENDATION: __________________________

Reference: __________________________________________________________________________

Date answer given: __________________________ Answer given by: __________________________

☐ Answering machine ☐ Verbal on telephone ☐ In person ☐ Mailing ☐ On-site ☐ COMPLETED

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