

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>PLANT NAME:</p> <p>Number of plant(s) affected:</p> <p>Age of plant(s):</p> <p>Did you plant it? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>How long have you cared for this plant?</p> <p>When did you first notice symptoms?</p> <p>Plant part(s) affected</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>Site</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>Soil type</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>Symptoms</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>Symptom distribution</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>Location of plant(s)</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>Plant location</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> sun</td> <td><input type="checkbox"/> sun & shade</td> </tr> <tr> <td><input type="checkbox"/> shade</td> <td></td> </tr> </table>	<input type="checkbox"/> dead areas	<input type="checkbox"/> 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driveway/sidewalk	garage	<input type="checkbox"/> sun	<input type="checkbox"/> sun & shade	<input type="checkbox"/> shade		<p style="text-align: center;">WATERING INFORMATION</p> <p>Type of irrigation</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>Water source</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>Irrigation minutes per day:</p> <p>Irrigation frequency (per week):</p> <p>Mulch type</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>Mulch against stem? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Has any treatment been applied to the area?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Name of product applied:</p> <p>Date product applied:</p> <p>Have neighbors used products recently?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Landscape service: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Company name:</p> <p># of seasons used:</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 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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:

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
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Follow-up contact by:

Contact type: in-person phone/v-mail email

Number of adults:	men	women
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DATE RESOLVED:

Database entry by:

Form number: