

Information for Diagnosing Tree Problems in Idaho

County: _____ County Extension Educator: _____ Date: _____

Owner: _____ Phone: _____

Address: _____ Email: _____

Plant name/variety: _____ Plant height: _____ Age: _____

Plant location: street windbreak/screen yard woodland/forest park other

Type of water: city well LOID

Type of irrigation: surface sprinkler none Irrigation schedule: _____

Type of soil: sand loam clay soil pH _____

Soil drainage: excellent average poor depth to hardpan: _____

Chemicals applied, trade name, date, amount:

Fertilizers: _____ Insecticides: _____

Fungicides: _____ Herbicides: _____

How much of the plant is affected? _____% Date symptoms first observed: _____

Side of plant affected: N S E W

Description of symptom development and other relevant information. Be as complete as possible. Use back if necessary. _____

Do other plants in the area seem to be affected with similar symptoms? If yes, what kind: _____

Have there been problems at this site before? If yes, what? _____

Have you noticed any unusual weather in the past year? _____

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

How? _____

Sample provided? _____ Photos provided? _____