

Diagnosing Plant & Pest Problems and Plant Identification

Do you need help solving a plant or pest problem? Do you want to identify a weed or plant? Please fill out this questionnaire and bring a sample of your plant or pest to our office (see bottom of page). A representative will contact you as soon as possible concerning your plant or pest sample.

Name: _____ Date: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone number to reach you: _____ (day) _____ (eve)

Fax number _____ E-mail _____

Information Desired (Please Check One)

_____ Plant Problem
Identification
(Fill out **Parts A & B**)

_____ Pest Identification
(Fill out **Parts A & B**)

_____ Plant or Weed
Identification
(Fill out **Part C**)

Part A – For Plant Problem Identification and Pest Identification & Control

Plant Affected _____ Cultivar/Variety _____

Location (Circle one): house, vegetable garden, flower garden, turf/lawn, tree/shrub, greenhouse, nursery, fruit orchard, animal/human, aquatic, other: _____

Degree of Damage (Circle one): Heavy Medium Light

Insect or other pest problem? (Circle one) Damaging Plant Biting/Stinging
Infesting Food Nuisance
Other: _____

Please Complete Next Page

Purdue Extension-Marion County
6640 Intech Blvd., Suite 120, Indianapolis IN 46278-2012 • (317) 275-9305 • FAX (317) 275-9309
Website: <http://www.ces.purdue.edu/marion/>

Part B – For Plant Problem Identification and Pest Identification & Control

Date problem or pest was first noticed: _____

Size of planting or total number of plants grown: _____

Percent plants affected: _____

Plant size _____ Plant height _____ Plant width _____

Date planted (or approximate number of years at present location): _____

Exposure (circle those which apply): Full sun, partial shade, full shade, windy, protected, north of structure, south of structure, east of structure, west of structure

Type of soil (circle those which apply): sandy, loam, clay Soil pH: _____

How often is the plant watered? _____ What time of day? _____

Have any chemicals/fertilizers been applied in last 2 years? If so, please list which ones:

Any root restrictions or disturbances? (Sidewalks, driveways, construction activities, etc.)

DESCRIBE THE PROBLEM (Include symptoms, plant parts affected, pattern of occurrence, etc. Attach an additional sheet if necessary.)

Part C – For Plant or Weed Identification & Control Only

Plant Type (please circle one or more items): Tree, shrub, vine, groundcover, deciduous, evergreen, woody, herbaceous, native, wild, cultivated by people

Plant Size: Plant Height _____ Plant Width _____

Flowers: Color _____ Month(s) _____ Size _____

Fruits: Color _____ Month(s) _____ Size _____

Plant Age: Annual _____ Perennial (number of years) _____

Exposure (circle those which apply): Full sun, partial shade, full shade, windy, protected, north of structure, south of structure, east of structure, west of structure.

Unique Features: (bark, leaves, odor, thorns, etc.) _____