Plant Specimen Diagnosis and Management Recommendation Form

Client Information
[ ] Homeowner  [ ] Business Owner  [ ] Landscape Professional
[ ] Other ____________________________

Date: ____________________________

Name: ______________________________________
Address/City: ______________________________________
Major Crossroads? ____________________________
Daytime or Cell Phone: ____________________________
E-mail: ______________________________________

[ ] Request ID ONLY - Attach sample or photo

Plant Specimen Information:
(Scientific name of plant written at bottom of page)

Name of Plant ______________________________________
When Planted? ______________________________________

Describe specimen & symptoms (as completely as possible) ______________________________________
If planted within the past year, was anything put into the planting hole besides native soil? ______________

Do symptoms show: [ ] throughout plant  or  [ ] selected areas (describe) ____________________________

Information about plant/tree location is very important!
Location of plants on your property. Draw map on back only if any of the following applies: if there are other plants/trees, walls, walkways, house/building, shaded areas, electric lines or other obstacles near plant/tree, that your having a problem with.

Do other plants show similar symptoms: [ ] No  [ ] Yes - Which plants? ____________________________

Information about watering practices is very important!
How often (times per week or month) do you water? Winter ________ Spring/Fall ________ Summer ________
How do you apply water: [ ] flood irrigation  [ ] sprinkler  [ ] hose  [ ] size of well (dia & depth) ____________
[ ] If you have a drip system: # of drippers _____ and ______ of drippers ______________
How long do you let the water run? ______________
Does your soil have good drainage? ____ [ ] “good” soil  [ ] “heavy” soil  [ ] sandy/rocky
Does it drain completely in a few hours? [ ] Yes  [ ] No
What chemicals have you used recently: [ ] Fertilizers [ ] Insecticides [ ] Herbicides [ ] Fungicides [ ] Other
Do you know the name of the chemicals used?
How about: [ ] Pests  [ ] Sunburn  [ ] Frost damage  [ ] Mechanical Injury  [ ] Other
Any new conditions in plant’s vicinity? [ ] Sprays  [ ] Shading  [ ] Watering  [ ] Construction  [ ] Pruning

What do you think the problem could be and why?

Below dotted line is for OFFICE USE ONLY
Plant Order ______________________________________
Family ______________________________________
Genus ______________________________________
Species ______________________________________

OVER IF YOU ARE ALSO DRAWING A MAP →
MAP of Your Property:

Below dotted line is for OFFICE USE ONLY

NOTES BY MASTER GARDENER / AGENT:

____________________________________________________________________________________

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Master Gardener Signature and Printed Name

____________________________________________________________________________________

Date

RLGjlsl