

The University of Arizona Mohave County Cooperative Extension
101 E. Beale Street, Suite A, Kingman AZ 86401-5808

Plant Specimen Diagnosis and Management Recommendation Form

Client Information

Date: _____

- Homeowner
- Business Owner
- Landscape Professional
- Other _____

Name: _____

Address/City: _____

Major Crossroads? _____

Daytime or Cell Phone: _____

E-mail: _____

Request ID ONLY - Attach sample or photo
(Scientific name of plant written at bottom of page)

Plant Specimen Information:

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 size 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 _____

Common Name (s) _____

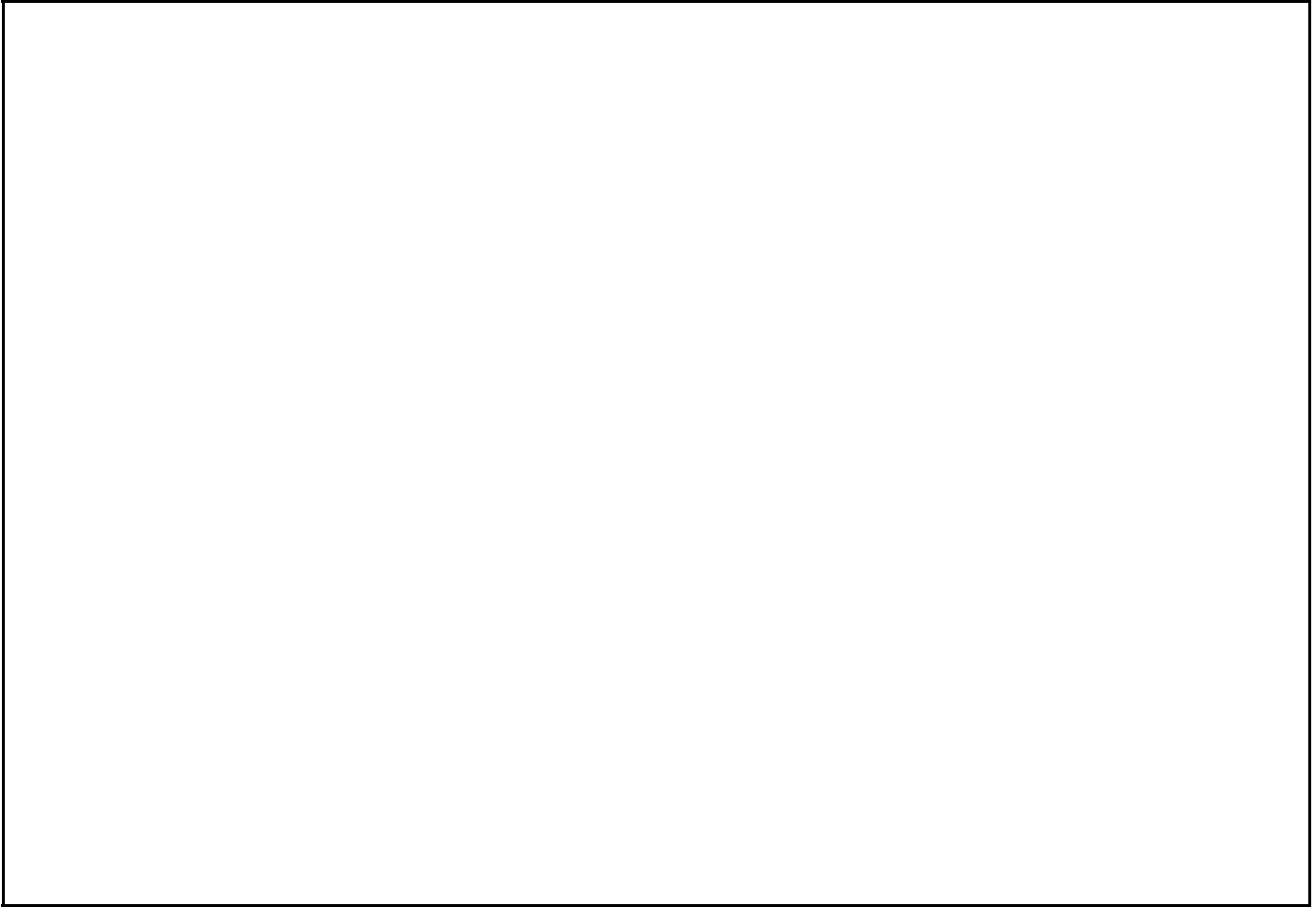
Family _____

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: _____

Master Gardener Signature and Printed Name

Date