

Plant Sample Form

Leaving a plant sample for the Master Gardener?

Please answer the following questions about your plant problem as best as you can, and we'll be back with you our next working day. Thanks!

Name: _____ Date: _____

Address: _____ Phone: _____

1. What is the plant in question?
2. What is the problem at hand?
3. When did you first notice the problem?
Has the damage progressed over time?
4. What portion of the plant has the most damage? (Crown, roots, leaves, flowers, fruit...)
What percentage of the plant in question is affected?
5. How old is the plant?
Did you plant it?
6. Is there physical damage to the trunk/stems? (String trimmers, bicycles, rope...)
The roots? (Construction, driveways, play areas...)
7. How frequently does this plant get watered? Do you have an irrigation system?
8. Does it get significant exposure to sun, wind and/or rain? (Circle each element if "yes".)
9. Is there any standing water or downspouts nearby?
10. What are the soil conditions? Clay, sand or loamy; Please circle one.
Any soil test results? (pH, fertilizer or lime requirements?)
11. Are any other plants around it affected?
What kind are they?
12. Have any pesticides been applied to the plant that you are submitting as a sample? What? When?
13. Have any pesticides, fertilizers or lime been applied to plants around the area recently?
At what rate?

For Master Gardener Use: Please enter into log sheets; Diagnosis/Recommendation, and Follow up:

Control Recommendations (please list specifics)	
remove host, replace w/ resistant	
biological	sanitation
cultural	chemical
mechanical	do nothing/monitor