

Insect Sample Form

Leaving an insect sample for the Master Gardener?

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

Name: _____ Date: _____

Address: _____ Phone: _____

1. Where was the insect found?
2. Have any pesticides been applied to the insect that you are submitting as a sample?
What? When?
3. How many were present in this location?
4. Have you seen these same insects in years past?
5. If the insect was found in the landscape, what type of plant was it on?
When did you first notice this insect on this type of plant?
6. Did this insect do any damage to the plant?
What does the damage look like?
7. Would you like a control recommendation?
Do you have children or pets in the areas where the control may be applied?

For Master Gardener Use: Please enter on log sheet; Identification, Recommendation

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