



UI EXTENSION, BONNER COUNTY MASTER GARDENERS PLANT CLINIC INFORMATION FORM

Date: _____ This Form Completed By: _____

Name _____ Daytime Phone _____

Mailing Address _____

Email _____

Are you a market gardener, landscaper, commercial grower or is this for a pasture? Y / N

☐ Photo Submitted (attach to form) ☐ Site Visit Conducted ☐ Physical Sample Submitted

Plant or Weed Identification

Where did you find the plant?
(lawn, garden, roadside, site location)

Plant type: ☐ Tree ☐ Shrub ☐ Vine ☐ Herb.

Plant Size: _____ Height _____ Width

Unique features: (leaves, odor, thorns, etc.)

Would you like information on controlling the plant? Yes/No

Diagnosis (most likely cause of damage): _____

Resources used for diagnosis: _____

Diagnosed by: _____

Client contacted by: ☐ Phone ☐ Email ☐ Mail ☐ Voice Mail ☐ Other _____

Follow-up needed? ☐ Yes ☐ No Date Closed: _____

Database Category: Orn. Herb—Orn. Woody—Vegetable—Fruit Tree—Small Fruits—Lawn—General
Database Sub-Category: Insect—Disease—Weeds—Maintenance