



# 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

## Insect Identification

Where did you find the insect?  
(garden, specific crop, home, site location)

When did you collect the specimen  
(month/day/year + time of day)

About how many insects were there?

Would you like information on controlling the

Describe the damage they are causing: (part of  
plant injured, plant species and cultivar, number  
of plants injured, age of plants)

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