

1. Date \_\_\_\_\_  
2. For: Commercial \_\_\_\_ Homeowner \_\_\_\_\_

3. Name  
\_\_\_\_\_

4. Mailing address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

5. Phone Number: home \_\_\_\_\_  
work \_\_\_\_\_

e-mail: \_\_\_\_\_

6. Plant Name (Common or Scientific):  
\_\_\_\_\_

7. Container:

How big is the pot? \_\_\_\_ 6" \_\_\_\_ 8" \_\_\_\_ 10"  
Other \_\_\_\_\_ (Size)

Does water come out of the drain holes when  
the plant is watered? \_\_\_\_\_

How near is the plant to a window? \_\_\_\_\_

Which side of the house is the window on?  
\_\_\_\_\_

8. Miscellaneous Information:

Age of the plant \_\_\_\_\_

Is the problem getting worse? \_\_\_\_\_

When was the problem first observed?  
\_\_\_\_\_

9. What is the soil like? (Circle)  
Sandy Loam Clay Other \_\_\_\_\_

10. Drainage: (Circle)  
Good Fair Poor

11. Watering:  
How often do you water? \_\_\_\_\_  
How long do you water? \_\_\_\_\_  
What time of day do you water? \_\_\_\_\_

Describe irrigation system: (Circle)  
Sprinkler Soaker By hand  
Stationary Drip

12. Plant part(s) Affected: (Circle)  
Stems Roots Leaves  
Flowers Fruit Other \_\_\_\_\_

13. Symptoms: (Circle)  
Die Back Yellowing Leaf Drop  
Leafspots/blight Leaf Holes  
Marginal Burn Skeletonizing  
Borer Holes Streaks Mosaic  
Galls Wilting  
Other: \_\_\_\_\_

14. Pesticides and fertilizers:  
Name of product \_\_\_\_\_  
Rate and date applied \_\_\_\_\_

15. Describe symptom development:

**For Office Use Only:**

**HOUSEPLANTS**

Diagnostician: \_\_\_\_\_

Diagnostic date: \_\_\_\_\_

Identification:

Control:

Comments:

Date Replied: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ In Person  
\_\_\_\_\_ Sent to Logan \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of person who contacted them: \_\_\_\_\_