

**CLIENT**

**University of Idaho**  
Extension

**Valley County**

300 E. Mill Street  
Cascade, Idaho 83611

Name:

Business name:

Address:

City/State/Zip:

Phone:

Email:

DATE RECEIVED:

**PLANT PROBLEM**

Please fill in form completely. Check all that apply. Missing information may delay response.

**Plant Problem**

**Plant name:**

**Number of plant(s) affected:**

**Age of plant(s):**

**Did you plant it?** yes no

**If so, when?**

**How long have you cared for this plant?**

**When did you first notice symptoms?**

**Plant(s) Sun Exposure:**

<input type="checkbox"/> Sun	<input type="checkbox"/> Sun & Shade
<input type="checkbox"/> Shade	

**Location of plant(s) on property:**

<input type="checkbox"/> Field/Crop	<input type="checkbox"/> Landscape
<input type="checkbox"/> Pasture	<input type="checkbox"/> Vegetable garden
<input type="checkbox"/> Orchard	<input type="checkbox"/> Indoors
<input type="checkbox"/> Lawn	<input type="checkbox"/> Near rain gutter
<input type="checkbox"/> Near roadside	<input type="checkbox"/> Next to house
<input type="checkbox"/> Near driveway	<input type="checkbox"/> Near sidewalk

**Site type:**

<input type="checkbox"/> Slope/Berm	<input type="checkbox"/> Level
<input type="checkbox"/> Low area	

**Soil type:**

<input type="checkbox"/> Clay	<input type="checkbox"/> Sand
<input type="checkbox"/> Loam	<input type="checkbox"/> Gravel

**Do you have caliche/hardpan?** yes no

**Symptoms:**

<input type="checkbox"/> Dead areas	<input type="checkbox"/> Wilted
<input type="checkbox"/> Leaf/Needle drop	<input type="checkbox"/> Yellowed
<input type="checkbox"/> Canker/Gall	<input type="checkbox"/> Leaf spots
<input type="checkbox"/> Heart/Stem rot	<input type="checkbox"/> Stunted
<input type="checkbox"/> Tips/Edges browning	

**Symptom distribution:**

<input type="checkbox"/> Top of plant	<input type="checkbox"/> North or East side
<input type="checkbox"/> Middle	<input type="checkbox"/> South or West side
<input type="checkbox"/> Bottom	<input type="checkbox"/> Entire plant
<input type="checkbox"/> Interior of tree	<input type="checkbox"/> Branch tips only

**Part(s) affected:**

<input type="checkbox"/> Entire Plant	<input type="checkbox"/> Flowers
<input type="checkbox"/> Leaves/Needles	<input type="checkbox"/> Fruits/Seeds
<input type="checkbox"/> Roots	<input type="checkbox"/> Stems
<input type="checkbox"/> Branches	<input type="checkbox"/> Trunk

**Mulch:**

<input type="checkbox"/> Against stem:	yes	<input type="checkbox"/> no
<b>Type of mulch:</b>		

**Water source:**

(circle one) <b>City</b>			<b>Well</b>	<b>Irrigation</b>
<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Flood	<input type="checkbox"/> Hose	<input type="checkbox"/> Drip	

**If drip, emitter next to stem/trunk?** yes no

**Irrigation:**

Minutes per day:
# of days per week you water:
Time of day you water:

**Have chemicals been applied to area?**

yes no

**Name of product:**

**Date applied:**

**Landscape service:** yes no

Company Name:



<p><b>Briefly describe the problem:</b></p> <div style="border: 1px solid black; height: 300px; margin-top: 5px;"></div>	<p><b>Draw a map below of where the plant is located in your landscape or garden. Please indicate orientation (north, south, east, west.)</b></p> <div style="border: 1px solid black; height: 300px; margin-top: 5px;"></div>
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**OFFICE USE ONLY**

Notes:

Messages left by phone:

Date:

Problem identified as:

Recommendations for action:

<b>DIAGNOSIS</b>		Date Resolved:	
Researched by:		Contacted by:	
Contact Type:		Face to Face	
		Phone/Voicemail	
# of Adult Clients and Gender:		Male	Female
# of Children and Gender:		Male	Female
References:			
Computer Entry:			