

WSU/SKAGIT CO. MASTER GARDENER CLINIC FORM

Please fill out as much of this form as possible. It will provide us with information that we need to diagnose your problem.

Name _____ Phone/Email _____ Date _____

Address _____

Please describe the problem in your own words, and then check all that apply:

If you have a Lawn Problem, please fill out Section B.

If you need an Insect Identified, please fill out Section C.

If you need a Plant Identified, please fill out Section D.

For Other Queries, please complete as much of Section A as you can.

SECTION A

1. **Type of plant:** ___ broadleaf tree ___ conifer tree ___ flower ___ shrub ___
houseplant ___ ground cover ___ sm. fruit ___ fruit ___ vegetable
___ other

2. Name of Plant & Variety (if known): _____

3. Is the problem: ___ 1 plant ___ row of plants ___ all similar plants ___ scattered plants

4. On the affected plant, is the problem on:

___ entire plant ___ flowers ___ roots ___ leaves/needles
___ stems/branches

Other (describe): _____

5. When did you first notice the problem? _____

6. Any chemicals applied on, or within 10 ft of the plant(s), if YES then type and date applied:

Herbicide: _____

Insecticide: _____

Fertilizer: _____

7. What is your soil like?:

___ sandy soil ___ good drainage ___ shallow soil 6" or less depth
___ loamy soil ___ poor drainage ___ introduced top soil
___ clay soil ___ lots of rocks ___ soil the builder left

8. Is/are plant(s) watered? If YES then: Frequency of watering:

Type of watering: ___ overhead sprinkler ___ soaker hose ___ hand-watered

Other - specify : _____

Any other information that could be relevant (e.g. recent frost, flood):

SECTION B - LAWN PROBLEMS

1. What is the age of your lawn: ___ over 5 yrs old ___ 1-5 yrs old ___ less than 1 yr old

2. What watering have you carried out? _____
3. What fertilizer have you applied and when? _____
4. When did you last remove thatch from your lawn?
 never last spring last fall this spring this fall other

SECTION C - INSECT IDENTIFICATION

1. Where did you find the insect (e.g. soil, plant, home, etc.)

2. If on a plant, type of plant? _____
3. Damage caused by insect is: serious moderate light don't know
4. Plants part attacked: leaves stem roots branch
 fruit buds trunk flower

SECTION D - PLANT IDENTIFICATION

1. Type of plant (check all that apply): tree vine shrub/hedge/bush
 ground cover other
 evergreen deciduous
2. Where is it located?: landscape/flower bed vegetable garden lawn driveway
 natural area pasture other (specify:
 _____)
3. Type of flowers?: _____
4. Type of fruit/berries?: _____

DIAGNOSIS/IDENTIFICATION:

RECOMMENDATION:

MASTER GARDENER: _____
 revised 6/02