

# University of Idaho Extension

## Request for Insect Identification Latah County Master Gardeners Plant Clinic

### CLIENT INFORMATION:

Today's date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

### PROBLEM DESCRIPTION:

*Tell us as much as you can about the problem so that we can make the best diagnosis.*

1. **Where** did you find the insect? (e.g. yard & garden, commercial crop, inside home)
2. **When** (month/day/year) did you collect the specimen(s): \_\_\_\_\_
3. About **how many** insects were there? \_\_\_\_\_
4. **Describe** the damage they are causing:

#### For insect problems on plants, please include the following information:

Name of plant: \_\_\_\_\_  
Part of plant injured: \_\_\_\_\_  
Number of plants injured: \_\_\_\_\_ Age of plants: \_\_\_\_\_

5. Have you had this problem before? If *yes*, when did you first notice the problem?
6. Name any **insecticide** or **pesticide** products you have applied for this problem:
7. Specific **site-location** where pest was found (e.g. 5 miles NE of Moscow, Latah County):

**DIAGNOSIS & CONTROL ADVICE** *(for use by University of Idaho personnel)*

Specimen forwarded on _____	to _____
Date	UI Specialist
<b>UI County Extension contact person for diagnosis/recommendation - return completed form to:</b>	
Iris Mayes / Rachel Rausch	Latah Co. Extension, 220 E. 5 <sup>th</sup> St. Ste.325 Moscow, ID 83843
_____ UI faculty/staff name	_____ Address (County name)

Insect Identification:

Recommended control measures:

Additional biological information or advice:

**Client contact information**

Client contacted by: \_\_\_\_\_ (name)

\_\_\_\_\_ Initial contact date  
\_\_\_\_\_ Follow-up contact date  
\_\_\_\_\_ Final recommendation date

Recommendation delivered via:  
In Person \_\_\_\_\_  
Telephone \_\_\_\_\_  
Mail \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_