

Date: _____

Nez Perce County
1239 Idaho Street
Lewiston, ID 83501
(208) 799-3096

Plant Diagnostic Clinic
PLANT PROBLEM DIAGNOSIS FORM
Home and Ornamental Landscape

Name _____ Phone (daytime) _____
Address _____ Cell Phone _____
City _____ Email _____
State _____ Zip _____ County _____
Commercial applicator _____ yes _____ no Company (PCO's only) _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your plant problem and recommend the action you need to take. If you do not fill out this form, we will not be able to provide you with a prompt or adequate, accurate diagnosis and management recommendation for your plant problem.

1. Location of plant sample:
_____ Home garden or landscape _____ Commercial property
_____ Nursery _____ Public park or other public property
2. Type of plant:
_____ broadleaf tree _____ tree fruit _____ shrub/vine _____ conifer
_____ flower _____ small fruit _____ ground cover _____ vegetable
3. Name of plant _____ Variety (if known) _____
4. Age of plant _____ When was plant planted in this location _____
5. Size of plant—approximate size (height and/or width) _____
6. Please describe the problem in comparison to a normal specimen in your own words, then check all that apply: _____

Patterns:

On affected plant:

- | | |
|--|--|
| _____ started at bottom and moves up | _____ started at top and moves down |
| _____ entire plant is affected | _____ damaged only on tips of branches |
| _____ damage only on one side
(N__ S__ E__ W__) | _____ damaged only on inside branches |

In landscape/planting:

- | | |
|--------------------------------|--|
| _____ scattered plant affected | _____ several plants in a row affected |
| _____ only one plant affected | _____ all similar plants affected |

7. Illustrate or describe pattern of damage.

8. When did you first notice the problem? _____
_____ happened very quickly _____ happened gradually
_____ is getting worse _____ is not getting worse

9. Has this plant ever had this problem before? ____ Yes ____ No If yes, when: _____

10. Are other plants of the same variety in your landscape/garden similarly affected? ____ Yes ____ No If yes, which ones and where are they located? _____

11. Do other plants of different varieties in your landscape/garden show the same symptoms? ____ Yes ____ No If yes, which ones and where are they located? _____

12. Plant parts affected and how affected (check all that apply):

<input type="checkbox"/> Flowers _____ spots _____ wilted _____ distorted _____ insect injury _____ other _____	<input type="checkbox"/> Fruit _____ blotches _____ dry _____ distorted _____ rotten/mushy _____ other _____	<input type="checkbox"/> Leaves/needles _____ spots ____ wilted _____ fall off ____ rolled _____ distorted _____ yellowish _____ brown _____ other _____
--	---	--

<input type="checkbox"/> Roots _____ brown (internally) _____ rotted _____ chewed _____ few roots other _____	<input type="checkbox"/> Twigs _____ dead _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> Stems _____ dead _____ decayed area _____ sticky/weepy _____ other _____
--	---	---

<input type="checkbox"/> Large branches _____ dead _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> Trunk _____ dead/losing bark _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> Whole plant _____ wilted _____ distorted _____ stunted _____ other _____
--	---	---

13. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant? ____ Yes ____ No If yes, what did you find? _____

14. How was the plant planted? (check all that apply)

_____ balled & burlapped	_____ peat/manure/compost	_____ fertilizer applied at planting
_____ plastic pot	_____ added to backfill	_____ or right after planting
_____ bare root	_____ peat/paper pot	_____ planted by landscaper
_____ pot/burlap removed	_____ other _____	_____ planted by previous owner
_____ from root ball	_____ don't know for sure	

15. Mulched with:
 nothing grass clippings bark mulch (type _____)
 other _____

16. How is plant watered?
System:
 hand watered
 sprinkler
 set sprinkler system
 drip/soaker hose/porous wall hose

Where is water applied:
 overhead watering
 individual emitter per plant
 water with lawn
 watered directly at base of plant

Watering frequency:
 times a week for _____ minutes each time
 as needed with checking soil
 as needed without checking soil but relative to weather conditions

17. Where is the plant situated?
 in garden next to driveway under eaves
 in lawn next to pool plant is shaded
 in landscape bed next to garage/carport full sun
 in landscape berm/mound next to road exposure N__ S__ E__ W__
 on lot line next to house windy location
 on a slope next to sidewalk other _____
 in nursery next to fence/deck/patio
 in greenhouse

18. Soil situation:
 sandy soil lots of rocks white crust on soil
 loamy soil introduced top soil shallow soil 6" or less depth
 clay soil good drainage soil the builder left
 poor drainage

19. Chemicals applied to plant or applied to nearby plants:

_____ insecticide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fungicide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fertilizer	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____

20. Have any of these weed killers been used in your landscape/garden within the last two years?
 Roundup, Kleen-up, Knock Out – when & where _____
 Triox, Noxall, Spike, other soil residual pesticides – when & where _____
 Casoron – when & where _____
 Other soil sterilant herbicides _____

21. Do you use a separate sprayer when applying weed-killers and insecticides/fungicides?
 Yes No

22. Have any of these happened to your affected plant or within your yard or garden in the past 3 to 5 years?
 construction or heavy equipment over soil
 change of soil grade—landscaping, pool installation
 soil/root injury—septic work, trenching, root removal or cutting, pool installation, construction
 addition to soil of a volume of organic matter or other soil additives
 trunk, bark injury—injury to plant from lawn mover or weed eater, staking wire, rope, twine
 extreme drought—no irrigation for several months in spring, summer, or fall months
 driveway or road paving nearby

23. What do you think the problem is? _____

