



INSECT AND PLANT DIAGNOSTIC FORM

Macomb County MSU Extension

21885 Dunham, Suite 12
Clinton Township, MI 48036

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Sample Type (Plant type and variety, if known): _____

Describe problem:

Click appropriate categories:

OTHER BACKGROUND

How long at site? _____
 Height of plant? _____
 Pesticides used? **YES** or **NO**
 What pesticides? _____
 Method of watering? _____
 How much water? _____
 How often fertilized? _____
 Sunny or shaded? _____

PREVALENCE

Entire planting
 Single localized area
 Several localized areas
 Few scattered plants
 How many plants affected? _____
 Total number of plants _____

PROBLEM DISTRIBUTION

Upland Slopes
 Low areas
 Near drive or road
 Edge of field near a residence
 Other _____

SOIL TEXTURE

Sandy Clay
 Loam Muck

DRAINAGE

Good Fair
 Poor

MULCH

Type: _____
 Depth: _____

EXTENT OF DAMAGE

Light Moderate
 Severe

INSECTS

Describe in detail where insect was found _____
 When was the insect first noticed? _____
 How many insects were found? _____
 Describe any damage you can attribute to this insect _____
 What has been done to control this pest? _____
 Other helpful information (time of day found, weather conditions, light or dark, etc.) _____

Identification and Recommendations:

Extension Staff: _____

Date: _____