



# Residence Insect Identification Form

Schutter Diagnostic Lab - Insect  
119 AgBioScience Facility  
P.O. Box 173150  
Montana State University  
Bozeman, MT 59717

Date \_\_\_\_\_  
(MM/DD/YY)

Client Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Structure insect is associated with \_\_\_\_\_

Household pests-What part of the building/house was the insect found? \_\_\_\_\_

Approximate date problem first appeared \_\_\_\_\_  
(MM/DD/YY)

Comments - Describe problem  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check insect problem:

- Biting/Stinging                       Nuisance                       Infesting plant
- Damaging                                 Infesting food                 In Stored Products

Degree of Infestation:

- Light                                         Moderate                       Severe

Do you have children or pets in the home?

- Yes                                         No

Are you completely opposed to the use of pesticides in the home or will you use them if necessary?

- Yes                                         No

List any treatments applied for the problem: \_\_\_\_\_

Did they work?

- Yes                                         No

What would you like you to use? \_\_\_\_\_

Agent \_\_\_\_\_ Email \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_