



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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Biting/Stinging | <input type="checkbox"/> Nuisance | <input type="checkbox"/> Infesting plant |
| <input type="checkbox"/> Damaging | <input type="checkbox"/> Infesting food | <input type="checkbox"/> In Stored Products |

Degree of Infestation:

- | | | |
|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|--------------------------------|-----------------------------------|---------------------------------|

Do you have children or pets in the home?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

List any treatments applied for the problem: _____

Did they work?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

What would you like you to use? _____

Agent _____ Email _____

County _____ Phone _____