



Turf Pest Identification Form

Schutter Diagnostic Lab
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Date _____
(MM/DD/YY)

Client Name _____ Email _____

Address _____ Phone _____

Grass species _____

Comments - Describe problem

Was turf: Seeded OR Sodded

Location of turf:

- | | | |
|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Green | <input type="checkbox"/> Lawn | <input type="checkbox"/> Park |
| <input type="checkbox"/> Tee | <input type="checkbox"/> Sod farm | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Fairway | <input type="checkbox"/> Athletic field | <input type="checkbox"/> Other _____ |

Did the Lawn green up nicely in the spring time? Yes No

Grass killed? Yes No

Grass thinned? Yes No

How many times do you water per week? 1 2 3 4 5 6 7 Other _____

How many hours do you water each time? 1/2 1 2 3 Other _____

What time of day do you water? 4-12 a.m. 12-6 a.m. 6-4 a.m.

Thickness of thatch? _____

Mowing: Height _____ Frequency _____

Fertilizer:

Type _____

Rate of application (per year) _____

Last date of application _____

Agent _____ Email _____

County _____ Phone _____