



Yard and Garden Pest Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
P.O. Box 173150
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Bozeman, MT 59717

Date _____
(MM/DD/YY)

Client Name _____ Email _____

Address _____ Phone _____

Plant associated with damage _____ Variety _____

Planting date, age of plant or size _____

Comments - Describe problem

Approximate date problem first appeared _____
(MM/DD/YY)

Where was the plant grown and where was it purchased? _____

Did the problem show up all at once? Yes No

Is the problem getting worse? Yes No

Degree of injury: Light Moderate Severe

Degree of infestation: Light Moderate Severe

Pest Distribution Few Common Abundant Extreme

Describe the pattern of pest problem in the field or area: _____

Problem distribution on the plant:
 This season's growth Top of plant Limited
 Last season's growth One side of plant Widespread
 Bottom of plant Scattered Other _____

Is there a relationship between the problem and the site? How near? _____
 No Swimming pool
 Driveway, sidewalk, fence, road Excavation/construction
 Building/foundation Other _____
 Gas or sewer lines

- Problem distribution and/ or location within the site: North South East West
- | | | |
|--|--|--|
| <input type="checkbox"/> Single plant | <input type="checkbox"/> Shaded area | <input type="checkbox"/> Rocky area |
| <input type="checkbox"/> Scattered plants | <input type="checkbox"/> Partially shaded area | <input type="checkbox"/> Protected area |
| <input type="checkbox"/> Groups of plants | <input type="checkbox"/> Sunny area | <input type="checkbox"/> Windy area |
| <input type="checkbox"/> Entire planting | <input type="checkbox"/> Wet area | <input type="checkbox"/> Planting edge |
| <input type="checkbox"/> Certain varieties | <input type="checkbox"/> Dry area | <input type="checkbox"/> Planting turn row |
| <input type="checkbox"/> Other_____ | <input type="checkbox"/> Other_____ | <input type="checkbox"/> Down row |

Check the plant part affected:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Leaves/needles: | <input type="checkbox"/> Stem/stalk | <input type="checkbox"/> Roots |
| <input type="checkbox"/> Upper Surface | <input type="checkbox"/> Flowers | <input type="checkbox"/> Bulbs/rhizomes |
| <input type="checkbox"/> Lower Surface | <input type="checkbox"/> Fruit/seed | <input type="checkbox"/> Tubers |
| <input type="checkbox"/> Branches/twigs | <input type="checkbox"/> Crown | <input type="checkbox"/> Buds |
| <input type="checkbox"/> Petiole | <input type="checkbox"/> Growing Tips | <input type="checkbox"/> Other _____ |

Check the symptoms that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bleached | <input type="checkbox"/> Frass | <input type="checkbox"/> Seed rot |
| <input type="checkbox"/> Shoot/tip blight | <input type="checkbox"/> Insect damage | <input type="checkbox"/> Shedding/thinning |
| <input type="checkbox"/> Insect boring | <input type="checkbox"/> Excretions | <input type="checkbox"/> Shot hole |
| <input type="checkbox"/> Browning/scorched | <input type="checkbox"/> Cast skins | <input type="checkbox"/> Slime flux |
| <input type="checkbox"/> Canker | <input type="checkbox"/> Interveinal browning | <input type="checkbox"/> Soft rot |
| <input type="checkbox"/> Chewed | <input type="checkbox"/> Interveinal yellowing | <input type="checkbox"/> Spotted |
| <input type="checkbox"/> Cracked | <input type="checkbox"/> Leaf spot | <input type="checkbox"/> Stem rot |
| <input type="checkbox"/> Damping off | <input type="checkbox"/> Loose bark | <input type="checkbox"/> Stippling/speckling |
| <input type="checkbox"/> Dead Areas | <input type="checkbox"/> Marginal browning | <input type="checkbox"/> Streak |
| <input type="checkbox"/> Decayed | <input type="checkbox"/> Marginal yellowing | <input type="checkbox"/> Stubby roots |
| <input type="checkbox"/> Dieback | <input type="checkbox"/> Mottle/mosaic | <input type="checkbox"/> Stunted |
| <input type="checkbox"/> Distortion/curling | <input type="checkbox"/> Patches/rings/arcs | <input type="checkbox"/> Rot |
| <input type="checkbox"/> Entire leaf eaten | <input type="checkbox"/> Dead | <input type="checkbox"/> Webbing |
| <input type="checkbox"/> Fasciations | <input type="checkbox"/> Plant part gone | <input type="checkbox"/> Wet wood |
| <input type="checkbox"/> Frogeye | <input type="checkbox"/> Poor growth | <input type="checkbox"/> Wilted |
| <input type="checkbox"/> Fruit/veg rot | <input type="checkbox"/> Purple leaves | <input type="checkbox"/> Witches broom |
| <input type="checkbox"/> Galls | <input type="checkbox"/> Root rot | <input type="checkbox"/> Wormy fruit |
| <input type="checkbox"/> Holes chewed | <input type="checkbox"/> Scabby lesions | <input type="checkbox"/> Yellowing |
| <input type="checkbox"/> Leaf skeletonized | <input type="checkbox"/> Seedling blight | <input type="checkbox"/> Other_____ |

Soil Drainage: Good Moderate Poor

Could injury be related to the weather? Yes No

Irrigation practices:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Amount_____ |
| <input type="checkbox"/> Drip | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Overhead/hand | <input type="checkbox"/> Frequency_____ | |

Is edibility, forage value of interest? Yes No

Agent _____ Email _____

County _____ Phone _____