



PLANT IDENTIFICATION FORM

Schutter Diagnostic Lab
119 Plant BioScience Facility
Montana State University
Bozeman, MT 59717

Date (MM/DD/YY)

Client Name Email

Address Phone

Accompanying this form is a plant sample to be identified. Please answer all items before submitting the plant sample.

1. Sample collected by: Phone:

Address:

2. Sample was collected where? In this Montana county:

In or near this Montana city, town, or major landmark:

If not Montana, specify where:

3. Sample was collected in this habitat (=PDIS "host"): (circle proper item or specify below)

cropland lawn garden house pasture forest roadside rangeland aquatic

crop-field: crop = other:

4. Sample is this kind of plant: (circle proper item)

landscape garden house wild plant other

5. Sample is from this form of plant: (circle proper item)

tree shrub vine herb cactus grass moss other

6. Prevalence: (circle proper item) abundant several scattered few or just one

7. Other plant information:

8. Email identification info: yes no Email address:

After receiving identification results, if you would like to have a control recommendation, please call either Melissa Graves (home/garden weeds) at 994-5690 or Fabian Menalled (cropland weeds) at 994-4783.

COUNTY AGENT

COMMENTS: (for use by Herbarium)

Blank lines for comments