

PLANT IDENTIFICATION FORM

Schutter Diagnostic Lab 119 Plant Biosciences Facility P.O. Box 173150 Montana State University Bozeman, MT 59717

Date _					,					
Client Name						_ Email				
						Phone Zip				
1.	Sample collected by:					Phone:				
	Address:									
2.	In which county was the sample collected?									
	Nearest to what 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 from this form of plant: (circle proper item)									
	grass	herb (wil	ldflower/f	orb)	vine	shrub	tree	moss	other	
	s that grow ho	rizontally belo	ow ground a	nd send i	up new sho	ots at some di	stance from	be rhizon the parent plar	nt, meaning	
		anopy cov	er (full su	un, part	t shade,	full shade), and soi	lude any a I moisture be).		.g. plant
7. 8.	Prevalence: (circle proper item) few or just one scattered abundant Other plant information:									
9.	Email ide			es om abo	no ove):					
Please	call 406-99	4-6297 or	refer to "	Plant Ic	dentificati	on" website	e at	e and promp		cation.
Agent	t					Cour	nty			7/12