



Insect Identification Form
(Insects, Spiders, and Other Arthropods)

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

Date: _____

Client Name: _____

Email: _____

Address: _____

Phone: _____

County: _____

Please make sure to write all of your contact information clearly.

Where was insect found? (**check one**) Inside home Farm Public or commercial building
 Residential yard or garden Plant (specify type): _____
 Tree (specify type): _____ Other: _____

If on a plant/tree, please check the parts that were affected:

Leaves Branches, twigs Fruit/Seed Tubers
 Upper Surface Stem/Stalk Roots Other: _____
 Lower surface Flowers Bulbs/Rhizomes

If on a plant/tree, please check any of the following symptoms that you noticed:

Yellowing Browning Stunting
 Intervinal yellowing Leaf spots Defoliation
 Dead areas Holes Shotholing
 Dieback Distortion/curling Chewing
 Galls Stem/Stalk Scarring
 Webbing Mottling/silvery Other: _____

Please describe your watering regime: _____

Have you applied any pesticides/other control measures? Yes No Please list: _____

Comments - Describe problem. Is there any additional information you would like to add?

County Extension Office only

Agent _____

County _____

Administrative Staff/Personnel _____

Please list all emails you would like the reports to be sent to: _____

Is it ok if the Insect Diagnostician contacts the client with questions? _____