

Insect Sample Form

Name: _____

Date: _____

Address: _____

Email: _____

Phone: _____

Please answer the following questions about your insect problem as best as you can, and we'll be back with you our next working day. Thanks!

1. Where was the insect found? _____

2. Have any pesticides been applied to the insect that you are submitting as a sample? _____ What kind? _____
When? _____
3. How many were present in this location? _____

4. Have you seen these same insects in years past? _____
5. If the insect was found in the landscape, what type of plant was it on? _____
6. When did you first notice this insect on this type of plant? _____
7. Did this insect do any damage to the plant? _____
8. What does the damage look like? _____

9. Would you like a control recommendation? _____
10. Do you have children or pets in the areas where the control may be applied? _____

For Master Gardener Use: Please enter on log sheet; Identification, Recommendation		
Remove host, replace w/resistant	Biological	Sanitation
Cultural	Chemical	Mechanical
	Do nothing/monitor	