

## PLANT DIAGNOSIS REQUEST SUBMISSION FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Plant Variety: \_\_\_\_\_ Current Size: \_\_\_\_\_

Years since planted or transplanted: \_\_\_\_\_ Symptoms first noticed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms spreading? [  ] Morning Sun [  ] All Day Sun [  ] Shade [  ]

Lawn, Flower bed, Pot, House? \_\_\_\_\_ Recent Landscape work? \_\_\_\_\_

Watering days per week \_\_\_\_\_

Type of emitter; Drip? [  ] gph? \_\_\_\_\_  
 Shrubbler [  ] gph? \_\_\_\_\_

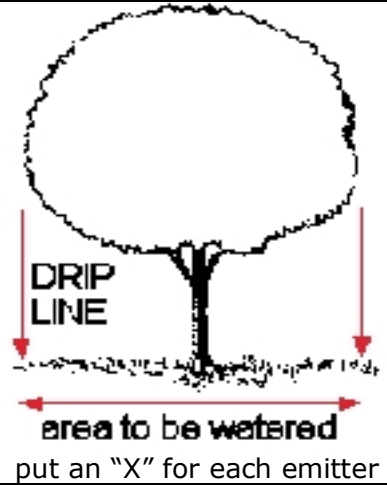
Other: \_\_\_\_\_

Watering minutes: \_\_\_\_\_ times per day: \_\_\_\_\_

Number of emitters \_\_\_\_\_ Location \_\_\_\_\_

Emitter / Canopy Coverage % \_\_\_\_\_

Soil OVER rootball [  ] none [  ] inches/fraction



Last time fertilized: \_\_\_\_\_ Fertilizer: \_\_\_\_\_

Last use of Insecticide: \_\_\_\_\_ what: \_\_\_\_\_ Last use of Fungicide: \_\_\_\_\_ what: \_\_\_\_\_

Use of any weed killer in the vicinity: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_

Neighbors use of weed killer: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_

Insects observed in your landscape: \_\_\_\_\_

Comments: \_\_\_\_\_

NOTICE: When we do not receive complete information regarding your plant, we can not make accurate diagnosis of what might be the problem. The fundamental issues related to watering must be addressed no matter how certain you are that watering is not the problem. Effective troubleshooting requires that we understand every parameter regarding your plant. Often a plant has serious issues and is located near to, and cared for exactly like a different plant that is doing fine. In these cases it is not unusual that there are significant soil differences even though the two plants are in close proximity. Please bear with us as we ask you these many questions. It is only our hope and intent to discover ALL the problems and potential problems with your plant.

**YOUR PATIENCE WITH OUR PROFESSIONAL CURIOSITY IS IMPORTANT AND APPRECIATED!**