

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? _____

Shrubber [] gph? _____

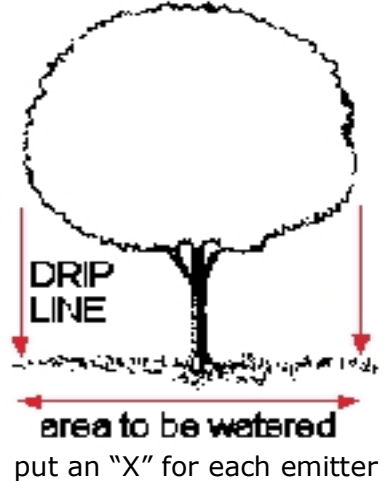
Other: _____

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!