Cropland Pest Identification Form

Date (MM/DD/YYYY)

Client Name ___________________________ Email ___________________________
Address __________________________________ Phone __________________________

Plant associated with damage ______________________ Variety ______________________

Planting date, age of plant or size ___________________________

Comments - Describe problem and give tentative diagnosis

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Approximate date problem first appeared (MM/DD/YYYY)

Did the problem show up all at once? □ Yes □ No

Is the problem getting worse? □ Yes □ No

Pest Distribution: □ Few □ Common □ Abundant □ Extreme

Number of acres or % plants affected ___________________________

Crop history last 2 years ___________________________________________

History of neighboring crops _______________________________________

Degree of injury: □ Light □ Moderate □ Severe

Degree of infestation: □ Light □ Moderate □ Severe

Describe the pattern of pest problem in the field or area: ___________________________

Terrain associated with the problem: □ Sloped □ High area □ Irregular □ Low area

Is edibility, forage value of interest? □ Yes □ No

Irrigation practices: Frequency __________ Amount __________
□ None □ Drip □ Overhead/hand □ Sprinkler □ Other __________

Could injury be related to the weather? □ Yes □ No
Weather conditions preceding development of the problem:
- Rain
- Windy
- Humid
- Clear
- Drought
- Adequate moisture
- Excess moisture

Date __________
Amount __________
Temperature __________

Check the plant part affected:
- Leaves/needles:
  - Upper Surface
  - Lower Surface
- Branches/twigs
- Petiole
- Stem/stalk
- Flowers
- Fruit/seed
- Crown
- Growing Tips
- Roots
- Bulbs/rhizomes
- Tubers
- Buds
- Other __________

Check the symptoms that apply:
- Bleached
- Shoot/tip blight
- Insect boring
- Browning/scorched
- Canker
- Chewed
- Cracked
- Damping off
- Dead Areas
- Decayed
- Dieback
- Distortion/curling
- Entire leaf eaten
- Fasciations
- Frogeye
- Fruit/veg rot
- Galls
- Holes chewed
- Leaf skeletonized
- Frass
- Insect damage
- Excretions
- Cast skins
- Interveinal browning
- Interveinal yellowing
- Loose bark
- Marginal browning
- Marginal yellowing
- Mottle/mosaic
- Patches/rings/arcs
- Dead
- Plant part gone
- Poor growth
- Purple leaves
- Root rot
- Scabby lesions
- Seedling blight
- Seed rot
- Shedding/thinning
- Shot hole
- Slime flux
- Soft rot
- Spotted
- Stem rot
- Stippling/speckling
- Streak
- Stubby roots
- Stunted
- Rot
- Webbing
- Wet wood
- Wilted
- Witches broom
- Worny fruit
- Yellowing
- Other __________

Problem distribution on the plant:
- This season's growth
- Last season's growth
- Bottom of plant
- Top of plant
- One side of plant
- Scattered
- Limited
- Widespread
- Other __________

Check reason for identification:
- Biological Control
- Damaging Crops/Plants
- Regulatory Concern
- Stored Product Pest
- Animal Pest
- Possible Immigrant
- Survey
- Other __________

Agent __________________________ Email __________________________
County __________________________ Phone __________________________

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