



Cropland Pest Identification Form

Schutter Diagnostic Lab
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Date _____
(MM/DD/YY)

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/YY)

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Rain
Date _____
Amount _____ | <input type="checkbox"/> Windy
<input type="checkbox"/> Cloudy
<input type="checkbox"/> Heavy dews
<input type="checkbox"/> Humid | <input type="checkbox"/> Hail
<input type="checkbox"/> Drought
<input type="checkbox"/> Adequate moisture
<input type="checkbox"/> Excess moisture |
| <input type="checkbox"/> Temperature _____
<input type="checkbox"/> Clear | | |

Check the plant part affected:

- | | | |
|--|---|---|
| <input type="checkbox"/> Leaves/needles:
<input type="checkbox"/> Upper Surface
<input type="checkbox"/> Lower Surface | <input type="checkbox"/> Stem/stalk
<input type="checkbox"/> Flowers
<input type="checkbox"/> Fruit/seed
<input type="checkbox"/> Crown
<input type="checkbox"/> Growing Tips | <input type="checkbox"/> Roots
<input type="checkbox"/> Bulbs/rhizomes
<input type="checkbox"/> Tubers
<input type="checkbox"/> Buds
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Branches/twigs
<input type="checkbox"/> Petiole | | |

Check the symptoms that apply:

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

Problem distribution on the plant:

- | | | |
|--|---|---|
| <input type="checkbox"/> This season's growth
<input type="checkbox"/> Last season's growth
<input type="checkbox"/> Bottom of plant | <input type="checkbox"/> Top of plant
<input type="checkbox"/> One side of plant
<input type="checkbox"/> Scattered | <input type="checkbox"/> Limited
<input type="checkbox"/> Widespread
<input type="checkbox"/> Other _____ |
|--|---|---|

Check reason for identification:

- | | | |
|--|---|---|
| <input type="checkbox"/> Biological Control
<input type="checkbox"/> Damaging Crops/Plants
<input type="checkbox"/> Regulatory Concern | <input type="checkbox"/> Stored Product Pest
<input type="checkbox"/> Animal Pest
<input type="checkbox"/> Possible Immigrant | <input type="checkbox"/> Survey
<input type="checkbox"/> Other _____ |
|--|---|---|

Agent _____ Email _____
County _____ Phone _____