Turf Pest Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
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Bozeman, MT 59717

Date (MM/DD/YYYY)

Client Name ___________________________ Email ___________________________
Address _____________________________ Phone ___________________________

Grass species ___________________________

Comments - Describe problem
________________________________________________________________________
________________________________________________________________________

Was turf:  [ ] Seeded OR [ ] Sodded

Location of turf:
[ ] Green   [ ] Lawn   [ ] Park
[ ] Tee     [ ] Sod farm [ ] Cemetery
[ ] Fairway [ ] Athletic field [ ] Other ______________________

Did the Lawn green up nicely in the spring time? [ ] Yes [ ] No

Grass killed? [ ] Yes [ ] No

Grass thinned? [ ] Yes [ ] No

How many times do you water per week? [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] Other ______

How many hours do you water each time? [ ] 1/2 [ ] 1 [ ] 2 [ ] 3 [ ] Other ______

What time of day do you water? [ ] 4-12 a.m. [ ] 12-6 a.m. [ ] 6-4 a.m.

Thickness of thatch? ___________________________

Mowing: Height ______________ Frequency ______________

Fertilizer:
Type ___________________________
Rate of application (per year) ___________________________
Last date of application ___________________________

Agent ___________________________ Email ___________________________
County ___________________________ Phone ___________________________

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