



Turf Pest Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
P.O. Box 173150
Montana State University
Bozeman, MT 59717

Date (MM/DD/YY)

Client Name Email

Address Phone

Grass species

Comments - Describe problem

Was turf: Seeded OR Sodded

Location of turf:

- Green, Tee, Fairway, Lawn, Sod farm, Athletic field, Park, Cemetery, 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