



# Yard and Garden Pest Identification Form

Schutter Diagnostic Lab - Insect  
119 AgBioScience Facility  
P.O. Box 173150  
Montana State University  
Bozeman, MT 59717

Date \_\_\_\_\_  
(MM/DD/YY)

Client Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Plant associated with damage \_\_\_\_\_ Variety \_\_\_\_\_

Planting date, age of plant or size \_\_\_\_\_

Comments - Describe problem  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate date problem first appeared \_\_\_\_\_  
(MM/DD/YY)

Where was the plant grown and where was it purchased? \_\_\_\_\_

Did the problem show up all at once or gradually?  Yes  No

Is the problem getting worse or staying the same?  Yes  No

Degree of injury:  Light  Moderate  Severe

Degree of infestation:  Light  Moderate  Severe

Pest Distribution  Few  Common  Abundant  Extreme

Describe the pattern of pest problem in the field or area: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Is there a relationship between the problem and the site? How near? \_\_\_\_\_

- No
- Driveway, sidewalk, fence, road
- Building/foundation
- Gas or sewer lines
- Swimming pool
- Excavation/construction
- Other \_\_\_\_\_

- Problem distribution and/ or location within the site:  North  South  East  West
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Single plant      | <input type="checkbox"/> Shaded area           | <input type="checkbox"/> Rocky area        |
| <input type="checkbox"/> Scattered plants  | <input type="checkbox"/> Partially shaded area | <input type="checkbox"/> Protected area    |
| <input type="checkbox"/> Groups of plants  | <input type="checkbox"/> Sunny area            | <input type="checkbox"/> Windy area        |
| <input type="checkbox"/> Entire planting   | <input type="checkbox"/> Wet area              | <input type="checkbox"/> Planting edge     |
| <input type="checkbox"/> Certain varieties | <input type="checkbox"/> Dry area              | <input type="checkbox"/> Planting turn row |
| <input type="checkbox"/> Other_____        | <input type="checkbox"/> Other_____            | <input type="checkbox"/> Down row          |

Check the plant part affected:

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

Check the symptoms that apply:

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

Soil Drainage:  Good  Moderate  Poor

Could injury be related to the weather?  Yes  No

Irrigation practices:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> None          | <input type="checkbox"/> Sprinkler      | <input type="checkbox"/> Amount_____ |
| <input type="checkbox"/> Drip          | <input type="checkbox"/> Other _____    |                                      |
| <input type="checkbox"/> Overhead/hand | <input type="checkbox"/> Frequency_____ |                                      |

Is edibility, forage value of interest?  Yes  No

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Agent \_\_\_\_\_ Email \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_