The University of Georgia
College of Agricultural and Environmental Sciences
Cooperative Extension Service

HOMEOWNER PLANT DISEASE CLINIC FORM

Enter information from this sheet into the online DDDI system before shipping. DDDI will generate a PDF form with a unique sample number used to track the sample. Print the PDF form and send with the sample.

Date:_____ Client's Name:_____
Plant Name:_____ Address:_____
Plant Variety:_____

Sample Submitted by (Other than Grower/Owner): Phone:__(_____)_____

1. Which part of the plant is showing symptoms? ☐Above ground ☐Below ground ☐Both above and below ground
2. Which part of the plant has been examined for symptoms? ☐Above ground ☐Below ground ☐Both above and below
3. Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc. Include any addition information that may be contributing to the problem:

4. When planted:_____ 5. When did you first notice this problem:_____
6. How has it spread since then?_____
7. Other significant problems (insects, fertility, weeds, etc.)_____
8. Number of plants grown:_____ ☐Plants ☐Acres.
9. Is problem affecting: ☐ Single plant; ☐ Scattered plants; ☐ Group of plants; ☐ Most of planting
10. Percent of plants affected:_____
11. Type of irrigation:_____ Frequency:_____
12. Exposure, such as sunny, shaded, mixed?_____

Association with Terrain:	**Soil Moisture:**	**Soil Type:**	**Soil Drainage:**	**Weather Conditions:**	**Temperature:**
☐ No association	☐ Dry	☐ Clay	☐ Good	☐ Dry	☐ Cold
☐ In low areas	☐ Moist	☐ Loam	☐ Fair	☐ Humid	☐ Moderate
☐ In uplands	☐ Wet	☐ Sandy	☐ Poor	☐ Wet	☐ Hot
☐ Near road, driveway, residence, edge of field					

13. Previous Plantings One Year Ago:_____ Two Years Ago:_____
    Problems on Previous Plantings:_____

14. Chemicals Applied (This information may help us determine disease potential. Please indicate type: fertilizers, weed killer, insecticides, or fungicides. If nothing was applied, indicate "None Applied"):
    Chemical:_____ Rate:_____ Date Last Applied:_____
    Chemical:_____ Rate:_____ Date Last Applied:_____
    Chemical:_____ Rate:_____ Date Last Applied:_____

COUNTY:_____ **AGENT**:_____

PUTTING KNOWLEDGE TO WORK

COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES, COLLEGE OF FAMILY AND CONSUMER SCIENCES,
WARNELL SCHOOL OF FOREST RESOURCES, COLLEGE OF VETERINARY SCIENCES