

UGA-PDC_FORM_002

Department of Plant Pathology Plant Disease Clinic 2105 Miller Plant Sciences Bldg.

120 Carlton Street Athens, GA 30602

HOMEOWNER PLANT DISEASE CLINIC FORM

Fill out this form and send with the sample

Date:	Client's Name:
Plant Name:	Address:
Plant Variety:	
•	Email:
	Phone:
1. Which part of the plant is showing sympton	ms? Above ground Below ground Both above and below groun
2. Describe the abnormal plant's appearance, addition information that may be contribut	such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc. Include any ng to the problem:
3. When planted:	4. When did you first notice this problem:
5. How has it spread since then?	
6. Other significant problems (insects, fertilit	y, weeds, etc.)
7. Number of plants grown:	Plants Acres
8. Is problem affecting: Single plant;9. Percent of plants affected:	Scattered plants; Group of plants; Most of planting
10. Type of irrigation:	Frequency:
11. Exposure, such as sunny, shaded, mixed?	
12. Previous Plantings One Year Ago: Problems on Previous Plantings:	Two Years Ago:
13. Chemicals Applied (This information help insecticides, or fungicides. If nothing was	s us determine contributing factors. Please indicate type: fertilizers, weed killer, applied, indicate "None Applied"):
Chemical:	Rate: Date Last Applied:
	Rate: Date Last Applied:
Chemical:	Rate: Date Last Applied:
COUNTY:	AGENT:

PUTTING KNOWLEDGE TO WORK

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