

EXTENT OF PROBLEM: Describe how much, what portion(s) of the plant is affected (leaves only, one or two branches, upper half, lower half, back, front, entire plant, more than one plant, etc.)

WHEN WAS PROBLEM FIRST NOTICED? (Dates) _____

LOCATION OF PLANT

If this plant is growing in a container, describe size and location: _____

If this plant is growing in the ground, describe where (Circle all that apply): lawn, foundation planting, wooded area, bed with large trees, vegetable or flower garden, next to paved surface, near a fence, on hillside or slope, raised bed, fairly level area, in/near swale or low area, near a downspout.

NUMBER OF YEARS AT PRESENT SITE (Circle one): newly planted, 2 – 4 yrs, 5 – 10 yrs, more than 10 yrs.

What was previously planted at this site? (If known) _____

EXPOSURE TO ELEMENTS (Circle all that apply): full sun, morning sun, mid-day sun, afternoon sun, dappled shade, full shade, exposed to summer winds, exposed to winter winds, protected location

Other _____

WATERING (Circle one): rainfall only, water only when dry, water regularly

Please explain how often you water, how much, and method used (i.e. hose, overhead sprinkler, drip, etc)

MULCH: type _____ depth: _____

CHEMICALS USED AND DATES USED: List any fertilizers, pesticides, household chemicals used on or near the plant, incl.

lawn treatment: _____

Do you currently use the services of a professional _____ lawn care, and/or a _____ landscape company?

ADDITIONAL INFORMATION: _____

We welcome photographs of the plant accompanying (but not instead of) the plant sample. Especially useful are pictures of the entire plant in its surroundings and pictures of anomalies on the trunk, root flare, or limbs. Images of your plant can be sent to vceffxlab@gmail.com. Please be sure the message includes your name, the name of the plant and the clinic/office where you dropped off the sample. Please check the box at right if sending images by email

Thank you for using our service. Unless you are leaving this form along with your sample with a Master Gardener volunteer at a plant clinic, you may drop off your sample – with this form attached to the outside of the container – at **Virginia Cooperative Extension Fairfax County Office, 12011 Government Center Parkway, 10th floor, Fairfax, VA 22035.**