

Approximately how many insect/spiders have you noticed? _____

When did you first notice them? (Dates) _____

What time of day were they observed? _____

Are the insects attracted to light? _____

(Additional Information) - Please provide any observations, background, or other information that might be useful.

If you have photographs of the insect/spider that might provide additional information (such as webbing, egg masses, casings or different life stages) you can attach them to this form or email them to vceffxlab@gmail.com. Please be sure the message includes your name as shown on the form and the clinic/office where you dropped off the sample.

Please check the box at right if sending images by email

Do you want recommendations for control of this insect/spider? Yes, no (circle one)