PLANT IDENTIFICATION REQUEST FORM
Revised 2/2016

(To be completed by Master Gardener receiving the sample)

Plant Clinic ___________________________ Date ___________________________

Master Gardener ___________________________ (one name only)

EMAIL

Client - Please fill out this form as completely and accurately as you can. Print or write clearly. One sample per form.

CLIENT NAME: __________________________________________________________ Date: ___________________________

ADDRESS (street, P.O. Box) ___________________________

CITY, STATE, & ZIP _______________________________________________________

PHONE: ___________________________ (number where you can be reached in the daytime)

EMAIL

INSTRUCTIONS FOR SUBMITTING PLANT SAMPLES

Many times accurate identification of a specific plant becomes difficult due to incomplete information, insufficient or poor samples, or improper packaging. Samples should be fresh and consist of leaves attached to stems, twigs, or branches, including the growing tip. Include flowers, seeds and fruit if available. Samples should be 6 inches to 12 inches, more if it is a large-leaved plant. The sample should come directly from the plant itself and not a portion or leaf that has fallen to the ground. Please submit samples in a plastic bag. Do not use paper bags, tape, or envelopes. This completed sheet should be attached to the outside of the plastic bag. Photographs of the plant are welcome, but not as a substitute for live samples. Images of your plant can be sent to vceffxlab@gmail.com. Please be sure the message includes your name and the clinic/office where you dropped off the sample. Please check the box at right if sending images by email. □

Please circle one or more of the listed alternatives for each question on both sides of this form and provide any other relevant information.

Is your sample: a tree, shrub or bush, vine, weed, flowering herbaceous (not woody), grass, indoor plant (tropical), other ___________________________.

Is your sample: an evergreen (keeps leaves all year), or deciduous (loses leaves in fall or winter)

(OVER) –Please complete reverse side
If plant is deciduous (leaves fall off in winter), what color were the leaves in the fall? ________________.

If your sample is a tree, how tall is it: 4-8 ft, 9-15 ft, up to 25 ft, taller than 25 ft.

If your sample is a shrub or bush, approx. how large is it: (Height and width, ex. 4 ft. X 4 ft.)__________.

If your sample is an herbaceous (not woody) plant - how tall is it now? _______. What is the tallest you have seen it grow? ________________.

Do you think this plant is: planted by somebody, volunteer seedling, growing in the wild, do not know.

How old is the plant: Newly planted/sprouted, 1-2 yrs., 3-5 yrs., 6-10 yrs., 10 yrs. +, do not know.

Location of the plant:
Cultivated area - lawn, flower garden, vegetable garden, container, around the house (foundation plant)
Growing wild - in woods, a field, roadside, ditch, other ____________________________
Sun exposure - full sun, morning sun only, midday/afternoon sun only, dappled shade, full shade
Soil Moisture - a wet area (incl near downspout), dry area, not especially wet or dry
Other info about growing conditions at the site: ____________________________________________________

Does the plant bloom: yes, no, do not know.

other ____________________________

B) If you can, please describe the flower (color, size of bloom, a single bloom or several flowers clustered together, shape and fragrance)
__________________________________________

Describe berries, fruit or pods: (size, shape, color, fragrance) ____________________________

Additional Information - Please provide any thoughts, observations, or other information that might be useful.
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Do you want recommendations to control, remove, or care for this plant?

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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.