



## COMMERCIAL PLANT DISEASE CLINIC FORM

Date: \_\_\_\_\_ Plant Grower/Owner's Name: \_\_\_\_\_  
 Plant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Variety: \_\_\_\_\_  
 Sample Submitted by (Other than Grower/Owner): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Grower Category: Consultant , Farmer , Golf Course , Greenhouse , Landscape , Nursery ,  
 Research , Extension Specialist , Other \_\_\_\_\_

**THE FOLLOWING INFORMATION IS IMPORTANT AND COULD HELP US DIAGNOSE THE PROBLEM CORRECTLY.**

1. Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Date planted: \_\_\_\_\_
3. Follow up to DDDI? (Sample #) \_\_\_\_\_
4. When did you first notice this problem? \_\_\_\_\_
5. How has it spread since then? \_\_\_\_\_
6. Amount and/or pattern of spread? \_\_\_\_\_
7. Any other significant problems such as insects, fertility, weeds, etc.? \_\_\_\_\_
8. Number of plants grown: \_\_\_\_\_ or Acres \_\_\_\_\_
9. Percent of those plants or acres affected: \_\_\_\_\_
10. Type of irrigation: \_\_\_\_\_ Frequency: \_\_\_\_\_

| Is the problem affecting:                 | Association with Terrain:               | Soil Moisture:                 | Soil Type:                     | Weather Conditions:            | Temperature:                      |
|---|---|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Scattered plants | <input type="checkbox"/> No association | <input type="checkbox"/> Dry   | <input type="checkbox"/> Clay  | <input type="checkbox"/> Dry   | <input type="checkbox"/> Cold     |
| <input type="checkbox"/> Group of plants  | <input type="checkbox"/> In low areas   | <input type="checkbox"/> Moist | <input type="checkbox"/> Loam  | <input type="checkbox"/> Humid | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Most of planting | <input type="checkbox"/> In uplands     | <input type="checkbox"/> Wet   | <input type="checkbox"/> Sandy | <input type="checkbox"/> Wet   | <input type="checkbox"/> Hot      |

11. Previous Crops One Year Ago: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_  
 Problems on Previous Crops: \_\_\_\_\_

12. Chemicals Applied (This information may help us determine disease potential):  
 Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_  
 Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_  
 Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_

COUNTY: \_\_\_\_\_ AGENT: \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_

### PUTTING KNOWLEDGE TO WORK

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