



The University of Georgia  
**College of Agricultural and Environmental Sciences**  
 Cooperative Extension Service

## HOMEOWNER IPM PLANT DISEASE & INSECT FORM

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

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

- Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_
- FOR INSECTS: Damaging Plants , Biting/Stinging , Infesting Food , Nuisance , Curiosity/ID
- Date planted: \_\_\_\_\_ 4. Follow up to DDDI? (Sample #) \_\_\_\_\_
- When did you first notice this problem? \_\_\_\_\_
- How has it spread since then? \_\_\_\_\_
- Amount and/or pattern of spread? \_\_\_\_\_
- Any other significant problems such as insects, fertility, weeds, etc.? \_\_\_\_\_
- Number of plants grown: \_\_\_\_\_ 10. Percent of plants affected: \_\_\_\_\_
- 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

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

13. 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 RESOURCES, COLLEGE OF VETERINARY SCIENCES

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