

# Plant ID Information Sheet

*It's best to have a sample of the entire mature plant if possible. If not, it's helpful to have samples of any flowers or fruits, as well as leaves or roots.*

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**1. Where was the sample collected (city, county, state, other):**

**2. In what habitat was it found?**

- lawn    garden    roadside    pasture    rangeland    forest    stream/aquatic  
 cropland (*what crop?* \_\_\_\_\_ )    other \_\_\_\_\_

**3. Additional habitat details (ex., canopy shading and soil moisture):**

**4. If you don't have the entire plant, from what type of plant was the sample taken?**

- grass    herb/wildflower    vine    shrub    tree    other \_\_\_\_\_

**5. Sample population present at the collection site (single plant, scattered, large cluster)?**

**6. If roots are not included in your sample, did it appear that neighboring plants of the same type were growing up from shared horizontal roots? (i.e. growing in clusters) or were they more scattered, indicating they were likely growing from seeds?**

**7. Other plant information:**

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Please include an email address or phone number where we can reach you with answers and/or more questions, if we are unable to identify your plant at our booth:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Insect ID Information Sheet

Please bring whole, live insect samples, if possible.

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## 1. Where was the insect found?

- Inside house     Residential yard or garden     Farm     Public or Commercial building
- On a plant (*specify type* \_\_\_\_\_ )
- On a tree (*specify type* \_\_\_\_\_ )
- Other (*specify* \_\_\_\_\_ )

## 2. If on a plant/tree, what parts were affected?

- Leaves                       Branches, twigs             Fruit / Seed             Tubers
- Upper surface             Stem / Stalk               Roots                     Flowers
- Lower surface             Bulbs / Rhizomes
- Other (*specify* \_\_\_\_\_ )

## 4. If on a plant/tree, were there any symptoms present?

- Yellowing                       Browning                       Stunting
- Interveinal yellowing     Leaf Spots                       Defoliation
- Dead areas                       Holes                               Shotholing
- Dieback                               Distortion / Curling             Chewing
- Galls                                       Stem / Stalk                       Scarring
- Webbing                               Mottling / Silvery               Other \_\_\_\_\_

## 5. Have you used pesticides or taken other control measures? Describe:

## 6. Please describe your water regimen:

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_