

PLANT IDENTIFICATION REQUEST

Date: _____ Received by _____

Name: _____

Address: _____

Town: _____ State: _____ Zip _____

Phone: home _____ work _____ cell _____

Email address: _____

The best sample for identification is to take a branch including leaves, flowers & fruit if possible. One leaf or flower sample does not guarantee a positive ID.

Circle all that apply.

Plant Description: Tree Shrub Vine Perennial Annual Weed House plant

Evergreen or deciduous (loses its leaves)? _____

Plant Height _____ Have you seen flowers? YES or NO

What color are the flowers and during which season? _____

Does it have berries or fruit? Describe. _____

Where is the plant growing?

Lawn Shrub bed Ground cover Stone yard Vegetable garden

Woods Uncultivated area

Describe site: Sunny Shady Wet Soil Dry Soil

Did this plant involved in an adverse reaction with a person (for example: a rash, swelling, digestive upset, etc.)? YES NO

Did plant come from another state? YES NO

Can you offer other information about the plant? _____

