



INSECT DIAGNOSTIC FORM

Date _____

Received by _____

Name		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

Date collected _____

Degree of Infestation light moderate severe

PLEASE CIRCLE ALL THAT APPLY

Where found	House Pest	Part Affected on Plant	Plant Symptoms
Yard/landscape	Attic	Leaves	Yellowed/Browning
Lawn	Cabinets	Branches	Stunted
Vegetable garden	Pantry	Flowers	Branch death
Landscape plant	Basement	Fruit/seed	Cracks/wounds branches
House	Bedroom	Bark	Cracks/wounds trunk
Food	Near window	Other	Leaf margins
Other	Light source		Leaf drop or wilt
	Other		Odd growth or oozing

Clients comments _____

**Best insect identification occurs with intact specimens.
Scotch tape mounting is not recommended for proper identification.**

