

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 approximately 8 inches of the plant if possible. One leaf or flower sample does not make a positive ID possible.

Circle all that apply.

Plant Description: Tree Shrub Vine Perennial Annual Weed House plant

Evergreen or deciduous (loses its leaves)? _____

Plant Height _____ Does it flower? YES NO

If it flowers, what color 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? _____

FOR STAFF USE ONLY

Based upon the provided sample and information, we have concluded that the specimen to be:


The information given herein is supplied with the understanding that no discrimination is intended and no endorsement by Cooperative Extension is applied.

Other questions may be answered by calling the Ocean County Master Gardener Helpline at 732-349-1245.

Master Gardener Volunteer

RCE of Ocean County Staff

Date



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