

HORTICULTURAL DIAGNOSTIC FORM

Date: _____

Please choose which applies:

Plant ID/Diagnosis: Yes No

How do you wish to be notified? Check option:

Insect ID: Yes No

Email Phone Mail

Tick ID: Yes No

Name		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

PLANT INFORMATION: Please explain the problem you are having with your plant. What type of Plant?

If you wish to send pictures of insects, plants, shrubs or tree, please send clear & close photos to:
pdixon@co.ocean.nj.us

INSECT ID: Where did you find the insect: _____

If you wish to send pictures of insects, send clear and close photos to: pdixon@co.ocean.nj.us

TICK INFORMATION: Do you want your tick returned to you for testing purposes? Yes No

How many ticks do you have? _____

Tick found on: Human Pet Other

If you wish to send a picture of a tick, please send clear & close photos to: sservidio@co.ocean.nj.us

Follow us on Instagram: <https://www.instagram.com/rceoceancounty/>

Like us on Facebook: <https://www.facebook.com/RCEOceanCounty/>

STAFF USE ONLY

Based upon the sample presented, we have determined to the best of our ability that the tick is identified as:

	Larvae	Nymph	Adult	Female	Male
AMERICAN DOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LONE STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEER TICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Engorged?</u>	Yes _____	No _____		
	<u>Alive?</u>	Yes _____	Yes _____		

Comments: _____

STAFF USE ONLY

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

Control/Management: _____

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.

Client notified: _____ Spoke to client: _____ Left message for client: _____

Fact sheet sent to Client: _____ YES _____ NO

Name of **RCE of Ocean County Staff** _____



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