

HORTICULTURAL DIAGNOSTIC FORM

Date: _____

Please choose which applies: Tick ID: ☐ Plant ID/Diagnosis: ☐ Insect ID: ☐

Client will wait: Yes ☐

No ☐

How do you wish to be notified? Email ☐ Phone ☐ Mail ☐

Name		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

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: oceanag@njaes.rutgers.edu

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:
oceanag@njaes.rutgers.edu

INSECT ID: Where did you find the insect: _____

If you wish to send pictures of insects, send clear and close photos to: oceanag@njaes.rutgers.edu

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