

SITE VISIT and DIAGNOSIS REQUEST FORM

Please fill out all items above the dotted line * Denotes a required field

Name*

Service Requested* (circle one): Plant ID Pest or Disease Diagnosis Site Visit Office Consultation

Address*

Email address* _____ Phone Number _____

Plants (include variety/cultivar if known):

Sun Exposure: Full / Partial / Shade

What fertilizers, pest control products, or herbicides have been applied within 100 feet of this planting in the past six months?

Brief description of the problem* (Include the appearance of the plant(s), colors or patterns on the leaves, the extent of the problem, and the size of the planting area)

Current Irrigation Practices* Irrigation frequency*: _____ Depth of water application*: _____ Irrigation time of day*: _____	Fertilization products used*: _____ Fertilizer frequency*: _____ Pest control products used*: _____
---	---

Monthly water bill: _____ Annual landscape replacement budget: _____	Annual pest control budget: _____ Annual fertilizer budget: _____ <small>(May want to pick the most important budget questions, not ask them all)</small>
---	---

Consultation scheduled for:	Contact Hours:
-----------------------------	----------------

This is what we discussed:

My recommendations are:

Follow-up via (email/phone/site visit) scheduled for: (Suggestion: scan this completed form and file it by date of planned follow-up or attach it to an Outlook calendar appointment to ensure follow up)