

Client Information – *Please fill out completely*

First Name: _____ Last Name: _____
 Email: _____ Phone: _____ ZIP: _____
 Address: _____ Town: _____ State: _____

Category Woody ___ Herbaceous ___ Lawn ___ Vegetable ___ Fruit ___ Weed ___

Plant Information

Name/Variety/Cultivar: _____
 Briefly Describe the Problem:

When first noticed? _____ Has the problem occurred before? _____
 When was the plant planted? _____ Are nearby plants affected? _____
 Plant size Height: _____ Width: _____ Approx. Age: _____

Plant Care

Is the plant watered? ___ Overhead Irrigation ___ Drip Irrigation ___ Hand Watered ___
 How often is it watered? _____ For how long? _____
 Is the plant fertilized? ___ When? _____ With what? _____ How much? _____
 Has the plant been treated with anything else? ___ With what? _____
 When? _____
 Is the plant mulched? ___ With what? _____ Area & depth _____

Site & Symptoms

Site	Soil	Moisture	Exposure	Parts affected	Symptoms
<input type="checkbox"/> Forest	<input type="checkbox"/> Coarse/sandy	<input type="checkbox"/> Dry	<input type="checkbox"/> Full sun	<input type="checkbox"/> Leaves/needles	<input type="checkbox"/> Browning
<input type="checkbox"/> Landscape	<input type="checkbox"/> Fine/clayey	<input type="checkbox"/> Moist	<input type="checkbox"/> Part sun/shade	<input type="checkbox"/> Branch/stem	<input type="checkbox"/> Leaf spots
<input type="checkbox"/> Garden bed	<input type="checkbox"/> Topsoil/loam	<input type="checkbox"/> Wet	<input type="checkbox"/> Shade	<input type="checkbox"/> Flowers	<input type="checkbox"/> Leaf drop
<input type="checkbox"/> Container	<input type="checkbox"/> Potting soil	Drainage	<input type="checkbox"/> Wind	<input type="checkbox"/> Fruit	<input type="checkbox"/> Yellowing
<input type="checkbox"/> Indoor/Ghse	<input type="checkbox"/> Compacted	<input type="checkbox"/> Good	<input type="checkbox"/> Salt spray	<input type="checkbox"/> Roots	<input type="checkbox"/> Wilting
<input type="checkbox"/> Field/roadside	<input type="checkbox"/> Soil test	<input type="checkbox"/> Moderate			<input type="checkbox"/> Dieback
		<input type="checkbox"/> Poor			<input type="checkbox"/> Rot
					<input type="checkbox"/> Holes

IN ADDITION to the above information, please email good photos of healthy and diseased plant parts to gardeners@capecod.gov or submit a fresh sample of the plant including both healthy and diseased tissue.

Place samples in a plastic bag and deposit in the designated box at the Cape Cod Cooperative Extension Office - 1358 MA-28, South Yarmouth, MA 02664

For Office Use Only

CASE # _____

Intake Date: _____

Intake Master Gardener Name: _____

Intake Method Email Phone Walk-in/Mailbox

MG Actions/Research/Notes

MG Diagnosis & Response

Diagnosis : _____

Supporting document (Links to fact sheets used)

Response Method Email Phone

Response Made By: _____

Response Date: _____