



HOMEOWNER PLANT DISEASE CLINIC FORM

Date: _____

Client Name: _____

Type of Turf: _____

Address: _____

Phone: _____

Email: _____

Which part of turf is showing symptoms: above ground below ground both

Which part of the turf has been examined for symptoms: above ground below ground both

Describe the abnormal appearance of the turf and any additional information you feel may be contributing to the issue: _____

When was turf established: _____ When did you notice problem: _____

How has it spread since being established: _____

Any other significant problems (insects, weeds, etc.) _____

Is problem affecting: Single plant; Scattered plants; Group of plants; Most of planting

Property size: _____ Percentage of turf affected: _____

Type of irrigation: _____

Frequency: _____

Exposure: Sunny Shaded Mixed

Terrain: No association; Low areas; Uplands;
 Near road, driveway, residence, edge of field

Soil Moisture: Dry Moist Wet

Soil Type: Clay Loam Sandy

Soil Drainage: Good Fair Poor

Temperature: Cold Moderate Hot

Problems on previous plantings: _____

Chemicals Applied (This information may help up determine disease potential. Please indicate types applied: fertilizers, weed killer, insecticides, fungicides. Notate if nothing applied.

Chemical: _____ Rate: _____ Date Last Applied: _____

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