

FOR OFFICE USE ONLY

No. of Samples: _____
Amount Paid: _____
Balance Due: _____
Date Received: _____
 Mail-In
 Walk-In

Name: _____

Address: _____

Zip: _____

Phone: _____

Email: _____

Fee: \$10.00 per sample

Please make checks payable to URI

What's the best way to contact you? Phone Email

URI Plant Protection Clinic: Insect Questionnaire

Please answer all questions to the best of your ability. If possible, submit several insects in a crush-proof container (ie. pill bottle, film container) to keep specimen intact as it goes through the mail. Place samples in a padded mailer envelope, along with your payment and the completed questionnaire. Walk-in clients may follow the above procedures and leave samples with the Center receptionist.

Insect Patterns and Descriptions

Insects Found in the Home

1. In what room(s) of the house did you find the insects? _____
2. Are they found in or near food products? Yes No Don't know
3. Are they usually dead or alive when found? Dead Alive Some dead, some alive
4. Do you have (check all that apply): Basement Crawl space Garage Air Conditioner
 Fireplace Wood stored in or near home Mulched foundation plantings
5. Do you see any signs of damage to wood or tubes of mud going up the basement wall or the outside of you foundation? Yes No

Insects Found Outdoors

1. Where are they a problem (check all that apply): Vegetables Fruit Annuals Perennials
 Ornamental trees/ shrubs Other: _____ Lawn (fill out separate lawn questionnaire)
2. Type of plant damage (check all that apply): Holes in fruit Leaves skeletonized Webbing
 Boring inside plant Speckling Yellowing leaves Entire leaf eaten Chewed off roots
 Chewed at base of stems Notches out of leaves Other: _____

Pesticide Information

1. Have you used any insecticides? Yes No
What was the name of the product? _____
2. Are you completely opposed to the use of pesticides in the home, or will you use them if necessary?
 Opposed Will use

Additional Comments:
