

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: Plant Specimens Questionnaire

Please answer all questions to the best of your ability. All specimens should be **fresh** when collected. Be sure to collect a representative sample showing the plant in various stages or decline if possible. Place sample in a plastic bag and put 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.

Plant Damage Patterns and Descriptions

1. Is this type of plant the only one affected?
 Only this one Others also
2. Is the damage confined to one portion of the plant or does it seem widespread? Please describe.

3. Does damage start at the top of the plant and work its way down, or does it start at the bottom and work its way up? Starts at Top Starts at Bottom Not applicable
4. If transplanted in the past year, how often do you water? _____
5. Has there been construction in the area recently?
 Yes No
6. Have you used herbicides (weed killers) anywhere on your property this year?
 Yes No
7. When did you first notice the problem? _____
8. Has the problem progressed over time or does it seem the same?
 Progressive Stays Same
9. Is there a clear line between good and bad areas, or is there a gradual transition from good to bad?
 Clear Line Transition Zone
10. What type or plant or tree is this? _____

Additional Comments:
