Nez Perce County
1239 Idaho Street
Lewiston, ID 83501
(208) 799-3096

Date: _____

Plant Diagnostic Clinic
LAWN OR TURF PLANT PROBLEM DIAGNOSIS FORM

Name _____ Phone (daytime) _____

Address _____ Cell Phone _____

City _____ Email _____

State _____ Zip _____ County _____

Commercial applicator ___ yes ___ no _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your lawn/turf problem and recommend the action you need to take.

1. Where does the problem exist:
   - All over lawn
   - Patchy or in spots
   - In sunny areas
   - In shady areas
   - Under trees
   - Near sidewalk or structure
   - On a slope
   - On high spot
   - On low spot
   - Heavy use area
   - Where air movement is little or none
2. When did you first notice the

   What is the weather like when the problem is the worst
   - Cool
   - Moist

   - Is it yellow
   - Tips of blade look burned
   - Scalped look
   - Mower blade dull
4. If problem is patchy:
   What size is the average patch? _____

   What color is the patch? _____
   - Solid shape
   - Frog-eye shape
   - Other shape _____
   - Are there mushrooms present?

5. If patchy:
   Do you have pets, especially dogs? Yes No
   Did something spill on the lawn? Yes No

9. Fertilizing:

Do you fertilize yourself or have a service do it? _____

How often do you fertilize? _____

When did you last fertilize _____

What kind of fertilizer? Liquid Pellets

What kind of dispenser? Drop Whirlybird

How much did you feed? _____

Do not write in diagnosis space.

Diagnosed by: _____

Diagnosis: