

# Morris Arboretum Plant Clinic Form

## Specimen Identification

*Please note that a sufficient sample should include flower (if flowering), many leaves, and a root system if herbaceous.  
Please indicate below if the sample is a cutting.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Location of specimen (i.e. backyard weed, purchased unknown plant, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the sample a clipping or entire plant? If clipping, please describe height and growth habit of plant (i.e. small tree, shrub, herbaceous, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Habitat description – Please comment on the amount of sunlight, watering, and drainage of the area

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for submission (i.e. gain personal knowledge, want information on removal, want to purchase it, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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### Office Use

Specimen Identification: \_\_\_\_\_

Date: \_\_\_\_\_

Contacted person? \_\_\_\_\_

# Morris Arboretum Plant Clinic Form

## Pest & Disease Diagnostic

*Please note that sample should include sufficient material where damage is occurring. If insects are included, please place in a plastic bag.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Name of Plant: \_\_\_\_\_

\_\_\_\_\_

(Common name)

(Scientific name)

Location of specimen (backyard planting, indoor window plant, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Habitat – Please describe amount of watering, sunlight, soil drainage, etc.

\_\_\_\_\_  
\_\_\_\_\_

Describe in detail the symptoms and when it first started to occur, age of plant, recent events surrounding the plant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for submission (i.e. overall plant health is declining, seeking treatment information, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Office Use

Diagnostic: \_\_\_\_\_

Date: \_\_\_\_\_

Contacted person? \_\_\_\_\_