

Miscellaneous Master Gardener Plant Clinic Questions

Date Question Received: _____

Check location where question was received: In-house plant clinic Off-site plant clinicCommunity
Event
 Phone Call Personal question from friend, neighbor, etc.

Client name: _____

Client mailing address: _____
City _____ State _____ ZIP _____

Home phone: _____ Cell Phone: _____

E-mail address: _____

Nature of question:

Diagnosis:

Resource used (please list book name and page number or web site address) : _____

If sample collected, please indicate date sample was collected: _____

If sent to Puyallup for diagnosis, list date sent to Puyallup: _____

Diagnosed by: _____

Date: _____