



JeffCo Plant Diagnostics

Email: plantclinic@jeffco.us

Phone: 303-271-6627

Address: 15200 W 6th Ave, Suite C, Golden, CO 80401

Date: _____

Sample #: _____

CONTACT INFORMATION

PLANT SAMPLE SUBMISSION FORM

Diagnosis fee 20\$ for Jefferson County Residents

Submitter name: _____

Phone No.: _____

Billing address: _____

City/state/zip code: _____

County: _____

Email: _____

If we are not able to complete diagnosis/identification, we will send the sample to the CSU Statewide Plant Diagnostic Clinic for evaluation (CSU SPUR). Client will be charged CSU SPUR rates in addition to the Jeffco fee.

I give the JeffCo Clinic permission to do this: _____ (please sign here).

CSU SPUR will send the final report to the client, and CSU will bill the client directly in accordance with their fees. If you wish for Jeffco volunteers to help with treatment suggestions, please bring the results back to us. You can schedule a meeting with a diagnostician at plantclinic@jeffco.us

SERVICE REQUESTED

☐ Disease Diagnosis

☐ Plant Identification

☐ Other: _____

Plant Species/Variety: _____

When did you first notice the problem? _____

SYMPTOMS

☐ Abnormal growth

☐ Stunted growth

☐ Browning

☐ Yellowing

☐ Wilting

☐ Leaf spots

☐ Leaves dropping

☐ Rot

☐ Tip dieback

☐ Other: _____

PARTS AFFECTED

☐ Entire plant

☐ Leaves

☐ Branches

☐ Flowers

☐ Stem/trunk

☐ Roots

☐ Fruit/seed

☐ Other: _____

AFFECTED AREA

☐ Top

☐ Bottom

☐ New growth

☐ One side of plant

☐ Scattered on plant

☐ Other: _____

AFFECTED PLANTS

☐ Single plant

☐ Entire plant

☐ Edge of field

☐ Scattered plants

☐ Groups of plants

☐ Sunny areas

☐ Shaded areas

☐ Sloped areas

☐ Partial sun

☐ Wet areas

☐ Other: _____

Describe plant history and care (e.g., plant age, fertilizers used, pesticides used, etc.).

Use back of page if needed.



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TURFGRASS SUBMISSION FORM

HISTORY

When was the lawn established? _____

What species turfgrass do you have? _____

How was the soil prepared prior to lawn establishment? _____

Does the affected area have a lot of foot traffic (children, pets, etc.)? Yes ☐ No ☐

WATER MANAGEMENT

Do you use an irrigation system? Yes ☐ No ☐ If yes, what kind? _____

How many times per week is the lawn watered? _____

How long do your sprinklers run? _____

MOWING

Do you mow? Yes ☐ No ☐ If yes, how often? _____

Do you remove lawn clippings? _____

AERATING

Do you core aerate your lawn? Yes ☐ No ☐ If yes, how often? _____

PRODUCT APPLICATION

Do you fertilize your lawn? Yes ☐ No ☐ If yes, how often? _____ What kind? _____

Have you used any insecticides or pesticides? Yes ☐ No ☐

If so, what kind? _____

What was it used for? _____

When were they applied? _____

Have you used any herbicides? Yes ☐ No ☐

If so, what kind? _____

What was it used for? _____

When were they applied? _____