

**Mahoning County Plant and Pest Clinic – Form**

<http://mahoning.osu.edu>

490 South Broad Street Canfield, Ohio 44406

Phone 330-533-5538

Fax 330-533-2424

1. Please provide your information to get an appropriate response:

Today's Date: \_\_\_\_\_

Question Came via: Call-In \_\_\_\_\_ Walk-In \_\_\_\_\_ E-Mail \_\_\_\_\_

Sample Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Homeowner \_\_\_\_\_ Commercial/Ag Company \_\_\_\_\_ Agricultural/Farm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Facebook Messenger \_\_\_\_\_

2. Please provide information about the plant/insect related to your question:

**Plant/Shrub/Tree Issue:**

Type & Age of Plant:

**Insect Information**

Location:

- Near House  Near Driveway/Sidewalk
- Sun  Part Sun  Light Shade  Full Shade
- Area Remains Wet:  Under Overhang
- Other info on plant location/special treatment:

Date Noticed \_\_\_\_\_

Outdoor  Indoor \_\_\_\_\_

Where? \_\_\_\_\_

Flying  Crawling

Other Information \_\_\_\_\_

3. What is your question? Please describe the problem, giving detail:

<u>Total # of Questions</u>	<u>A/P</u> Annuals/Perenn	<u>F/V</u> Fruits/Veggie	<u>I</u> Insects	<u>LA</u> Lawns	<u>S/G</u> Soil/Garden	<u>T/S</u> Trees/Shrubs	<u>W/I</u> Weed/Invasive	<u>Wild</u> Wildlife	<u>Other</u>

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**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

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# FOR OFFICE USE ONLY – Diagnosis

Master Gardener Name \_\_\_\_\_ Date Started \_\_\_\_\_

4. Notes: MGV Problem description, progress notes, customer contact notes or other information pertaining to answering the question(s). *Include MGV name and date for each entry.*

5. Identify what the problem is/was and what information was sent to the customer. *Separately list the institution(s), title of fact-sheet/article and fact-sheet number if available.*

6a. How was the information given to the customer? (Circle)

US Mail

Email

Office Pick-Up

Phone Conversation

Facebook message

6b. Did you instruct the customer on using IPM? (circle) – Yes No

6c. Did you instruct the customer to read label if using herbicides or pesticides? (circle) – Yes No

7. Closed MGV Name: \_\_\_\_\_ Date: \_\_\_\_\_

8. Data Entered MGV Name: \_\_\_\_\_ Date: \_\_\_\_\_