



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

VCE/MG \_\_\_\_\_

## York-Poquoson VCE Client Insect ID Form

Client name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Description of the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How serious is the damage?

Where did you find this insect? \_\_\_\_\_

For Plant Pest: What plant was this insect on? \_\_\_\_\_

1) Distribution: One plant  Several plants  Scattered  Clumped  Widespread

2) Number of pest observed:  one  few  abundant  too numerous to count

3) Damage:  Roots  Bark  Twigs/Stems  Leaves  Buds  Fruit

Please provide a sample of the live plant.

For inside pests: 1) In what part of the building or house was this insect found? \_\_\_\_\_

2) What food was the insect found in? \_\_\_\_\_

3) Number of pest observed:  one  few  abundant  too numerous to count

Previous occurrence and control applied? \_\_\_\_\_

Any pesticides been applied recently?  No  Yes \_\_\_\_\_

At what rate? \_\_\_\_\_

Do you desire a control recommendation?  No  Yes

Are you  Commercial Grower  Farmer  Homeowner  Urban Pest Control Operator  Medical Doctor

Park, School, Nature Center  other \_\_\_\_\_?

Comments: \_\_\_\_\_

\_\_\_\_\_

If dropping off: ensure that your name is on each sample item. Drop samples into the green container at the front office.