

University of Idaho Plant/Weed Identification Request Form

<http://www.cals.uidaho.edu/weeds2>

Erickson Weed Diagnostic Laboratory
 PSES Dept., University of Idaho, PO Box 442339
 Moscow, Idaho 83844-2339

Date:
 Phone: 208-885-7831
 Fax: 208-885-7760

Submitter's Name:		Client's Name:	
Business:		Business:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
County:	Phone:	County:	Phone:
Fax:	E-Mail:	Fax:	E-Mail:

Required data for Plant Identification

Weed location (GPS or from county map): Latitude: _____ Longitude: _____ or
 Quarter-Section: _____ Section: _____ Range: _____ Township: _____

Approximate directions to or description of the location:

Web source for Latitude/Longitude data (www.googleearth.com). Do address search then click on Available Image (topo map) click on INFO button, Lat/Long will appear on map.

In what situation were the plants found

<input type="checkbox"/> Turf/Lawn	<input type="checkbox"/> Vegetable garden	<input type="checkbox"/> Flower bed	<input type="checkbox"/> Orchard
<input type="checkbox"/> Field/Crop	<input type="checkbox"/> Pasture	<input type="checkbox"/> Meadow	<input type="checkbox"/> Forest
<input type="checkbox"/> Riparian	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Roadside	<input type="checkbox"/> Other

Plant Information

Plant size:	Flowers:	Fruits:	Plant age:	Root system:
Height (inches):	Color:	Color:	<input type="checkbox"/> Annual	<input type="checkbox"/> Taproot
Width (inches):	Size (inches):	Size (inches):	<input type="checkbox"/> Perennial	<input type="checkbox"/> Fibrous
				<input type="checkbox"/> Rhizomes
Plant type: <input type="checkbox"/> Tree <input type="checkbox"/> Shrub <input type="checkbox"/> Vine <input type="checkbox"/> Herbaceous <input type="checkbox"/> Evergreen				

Unique features (leaves, odor, thorns, etc.): _____

Additional Plant and Site Information

How many years at Location:	Area infested:	Ground covered:
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> A few plants	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1 year	<input type="checkbox"/> Less than 1 acre	<input type="checkbox"/> 1 to 10%
<input type="checkbox"/> 2 to 5 years	<input type="checkbox"/> 1 to 10 acres	<input type="checkbox"/> 10 to 50%
<input type="checkbox"/> More than 5 years	<input type="checkbox"/> 10 to 100 acres	<input type="checkbox"/> 50 to 100%

If it is causing concern, describe the reason and the problem:

Information requested other than identification:

Prescription for control depends on a great many factors; more background information may be needed to prescribe a control measure. Inquire of your county agricultural Extension Educator weed specialist or other licensed consultant if control information is requested.