



Cornell University
Cooperative Extension
Putnam County

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Diagnostic Checklist for Plant Samples

(Trees, Shrubs, Vegetables, Fruits, Flowers, Houseplants)

Cost: \$10.00 per sample (Make checks payable to Cornell Cooperative Extension)

Name:	FOR OFFICE USE ONLY		
Business Name <i>(if applicable)</i> :	Number of samples:		
Mailing Address:	Amount Paid:		
	CCE Employee:		
City: _____ State: _____ Zip: _____	Date Tested:		
Date: ___/___/___ Phone Number: _____			
Send report to the following email address <i>(Please print clearly)</i> :			

Please provide as much information as possible on both sides of this form.

Type and Size of Plant

1. Circle type of plant:

Tree Grapes Bulb
Shrub Vegetable Houseplant
Vine Herb Berry
Fruit Tree Annual Flower
Perennial Flower Biennial Flower
Other: _____

2. Common and/or scientific name:

3. Size of plant: height _____ width _____

4. How old is the plant? _____

Location of Plant

5. How long has the plant been growing in its present location? ___ days ___ months ___ years

6. If planted recently (past few years) was it originally:
___ balled & burlapped ___ bare rooted ___ don't know
___ grown in container ___ transplanted from another location
___ Other (explain): _____

7. Circle all that apply regarding this plant:

Full Sun Shade Partial sun/shade
Sandy soil Clay-like soil Loamy soil
Dry soil Wet soil Seashore site
Street tree Near driveway In a lawn
Raised bed In a container Near a sidewalk
Windy site Hot/dry site In a flower box
Site prone to flooding with ___ salt water ___ fresh water
Mulch applied on soil near plant at ___ inch depth
Compost applied on soil near plant at ___ inch depth
Other situations (describe): _____

Construction/Grade changes

8. Did any construction occur within root zone?

___ This year ___ last year ___ 2 or more years ago

9. Has the soil grade been increased/decreased?

Explain: _____

Watering Practices

10. What watering methods do you use?

___ Irrigation system ___ Manual sprinkler
___ Rainfall only. ___ Hand watered

(Please proceed to the questions on the back of this page)

Building Strong and Vibrant New York Communities

11. How often is water applied? _____

12. For how long do you water?

_____ 15 min _____ 1/2 hr _____ 1 hr _____ 2 hr

Other: _____

Pesticide/Fertilizer Applications

13. List any pesticides (herbicide, insecticide, fungicide) or fertilizers that were used on or next to this plant:

Pesticide/Fertilizer	Date Applied
_____	_____
_____	_____

Plants in Containers (outdoors) or Raised Beds

14. Containers:

Diameter _____ Depth _____ Length _____

clay plastic wooden

Other: _____

15. Soil in the container/raised bed:

Potting soil Sand/peat mix Garden soil

Plant Problem Description

16. Circle ALL those that apply (and/or describe the problem at the end of the next column)

- Stems or leaves wilting
- Leaf edges brown (scorched)
- Leaves with mottled colored
- Leaves entirely brown
- Leaf spots
- Leaves dropping or falling off
- Leaves/stems distorted
- Sap oozing from stems, branches, etc.
- Galls (swellings on stems or leaves)
- Plant is thinning out (produces less leaves)
- Holes in stems or branches
- Holes in tree trunks
- Dead branches or stems noticed
- Mushrooms near the base of a tree/on branches
- Plant does not produce flowers
- Flowers fall off the plant too soon
- Spots on fruit
- Sticky substance found on leaves, stems, etc.
- Black sooty substance found on leaves, stems, etc.
- Fine webbing noticed on leaves, stems, etc.
- White powdery film on leaves
- White cotton-like substance on leaves/stems
- Damage starts at the tips/end of stems, branches
- Damage is only noticed on older foliage/stems
- Damage is only noticed on new foliage/stems

- Damage is noticed throughout the plant
- Damage is noticed only on one side of the plant
- Damage is noticed randomly through the plant
- Damage is only on the top of the plant
- Damage is only on the bottom of the plant

17. When was the problem first noticed?

18. Was the plant healthy:

Last autumn	yes	no
Last summer	yes	no
Last spring	yes	no

19. Is this the only plant affected? yes no

If no, list other plants: _____

20. Is the problem getting worse? yes no

21. Has this problem occurred before? yes no

#22 & #23 For Plants Growing Indoors Only

22. Is plant growing in a greenhouse? yes no

23. Number of hours of continuous sunlight the plant receives in this location? _____

A. Exposure to sunlight (direction of window):

North south east west window

Plant is _____ feet from the window

B. Artificial light sources (if used):

Florescent light incandescent light

Plant is _____ inches from the light source.

Light source is on for _____ hours daily.

Use the space below to describe the problem in your own words and provide any other pertinent information:
