

UNIVERSITY OF FLORIDA
Suwannee County Extension

Insect Identification Form

Please fill out **completely** and attach to sample. Use one form per sample.
Thank you!

Client Information:

Client Name: _____ Date: _____

Client Address: _____

Zip Code: _____ Phone: _____

E-mail: _____

Collection Information:

Date and address of collection: _____

Date First Noticed: _____

Response Method:

_____ E-mail
_____ Telephone
_____ Text

Information Requested:

_____ Control information
_____ Species Identification
_____ Other (please explain)

Priority:

_____ Routine
_____ Urgent

Household:

Structural:

_____ Bathroom
_____ Bedroom
_____ Kitchen/Pantry
_____ Family/Living Room
_____ Garage
_____ Patio/Screened Area
_____ Other: _____

Stored Products:

_____ Kitchen/Pantry
_____ Other: _____

Type of Damage:

_____ Annoyance
_____ Wood Damage
_____ Fabric/Textile
_____ Food Damage
_____ Biting Stinging
_____ Other: _____

Signs:

_____ Residue
_____ Feces
_____ Dust
_____ Other

Human/Animal:

_____ Humans
_____ Pets
_____ Livestock
_____ Poultry
_____ Other: _____

Type of Problem:

_____ Animal Irritation
_____ Biting/Stinging
_____ Wounds
_____ Other: _____

Plants:

_____ Ornamentals
_____ Fruit
_____ Vegetables
_____ Forest/Shade tree

_____ Field Crop
_____ Greenhouse
_____ Pasture
_____ Turf