UNIVERSITY OF FLORIDA

UF/IFAS Extension Suwannee County

Plant Identification

Please fill out client portion completely and attach to sample container for review.

Use one form per sample.

Client Name:	Date:					
Client Address:						
Гelephone:	E-ma	il:				
Plant Identifiers:						
☐ Tree (height)		☐ Shrub (hei	ight)			
☐ Tree (height)		☐ Shrub (height)				
☐ Fruit (color/shape)						
☐ Flowers (color/shape).						
☐ Seed (container shape)		_				
☐ Partial sun	☐ Full sun		□ Needs shade			
☐ Groundcover	☐ Broadleaf		□ Grass			
Location: ☐ Lawn	☐ Pasture	\square Cropland	☐ Other			
Time of year first observed	d:					
Additional Notes/Remarks:						

Sample:				
Photo:				
	OFFICE USE OI	NI V		
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Common Name/Species Name:				
Toxicity:				
☐ Toxic to livestock:				
☐ Toxic to humans:				
Control Recommendations:				
Follow-Up with Client:				
Data: Tima:	□ Form West	□ In office	□ Dhono	Union Massacca
Date: Time:	_ ⊔ rai iii visit	□ III-0IIICe	□ Filone	□ voice message
Employee A mont NI				
Evaluator/Agent Name:				

The University of Florida is committed to providing universal access to all of our events. For disability accommodations such as alternate formats of written material, please contact Suwannee County Extension, (386) 362-2771, at least 1 week in advance.