

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: _____

Telephone: _____ E-mail: _____

Plant Identifiers:

☐ Tree (height) _____ ☐ Shrub (height) _____

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☐ Fruit (color/shape) _____

☐ Flowers (color/shape) _____

☐ Seed (container shape) _____

☐ Partial sun ☐ Full sun ☐ Needs shade

☐ Groundcover ☐ Broadleaf ☐ Grass

Location: ☐ Lawn ☐ Pasture ☐ Cropland ☐ Other _____

Time of year first observed: _____

Additional Notes/Remarks:

Sample:

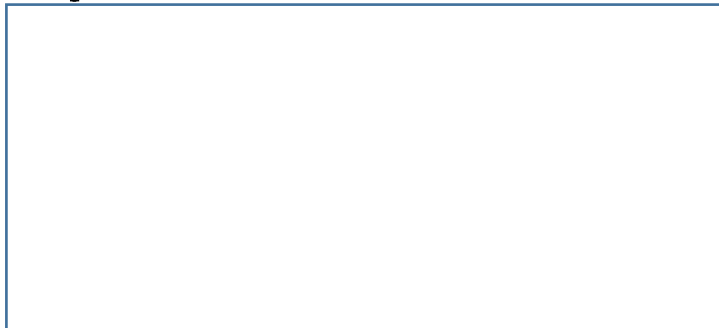
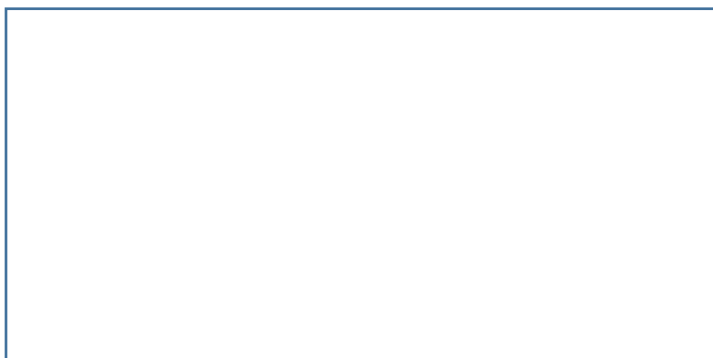


Photo:



-----OFFICE USE ONLY-----

Common Name/Species Name: _____

Toxicity:

☐ Toxic to livestock: _____

☐ Toxic to humans: _____

Control Recommendations:

Follow-Up with Client:

Date: _____ Time: _____ ☐ Farm Visit ☐ In-office ☐ Phone ☐ Voice Message

Evaluator/Agent Name: _____