

**UNIVERSITY OF FLORIDA**  
**Suwannee County Extension**

**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: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Plant Identifiers:**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Tree (height) _____          | <input type="checkbox"/> Shrub (height) _____        |                                      |
| <input type="checkbox"/> Fruit (color/shape) _____    | <input type="checkbox"/> Flowers (color/shape) _____ |                                      |
| <input type="checkbox"/> Seed (container shape) _____ |  |                                      |
| <input type="checkbox"/> Partial sun                  | <input type="checkbox"/> Full sun                    | <input type="checkbox"/> Needs shade |
| <input type="checkbox"/> Groundcover                  | <input type="checkbox"/> Broadleaf                   | <input type="checkbox"/> Grass       |

Location:

- Lawn       Pasture       Cropland       Other \_\_\_\_\_

Time of year first observed: \_\_\_\_\_

**Additional Client Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Common Name/Species Name:** \_\_\_\_\_

**Toxicity:**

Toxic to livestock: \_\_\_\_\_

Toxic to humans: \_\_\_\_\_

**Sample:**

**Photo:**

**Additional Notes/Remarks:**

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**Control Recommendations:**

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**Follow-Up with Client:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method:     Farm Visit     In-office     Phone     Voice Message

**Evaluator/Agent Name:** \_\_\_\_\_

Extension programs are open to all people regardless of race, color, sex, religion, disability or national origin. In accordance with the Americans with Disabilities Act, any person needing a special accommodation to participate in any activity should contact the Suwannee County Cooperative Extension Service at 1302 Eleventh Street, SW, Live Oak, Florida 32060 or telephone (386) 362 - 2771 at least five working days prior to the event. Hearing impaired can access the foregoing telephone by contacting the Florida Relay Service at 1 - 800 - 955 - 8770 or 800 - 955 - 8772 (TDD).