

## **Information for Determining Insect Problems**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Information desired**

Identification \_\_\_\_\_ Control \_\_\_\_\_

If it causes damage \_\_\_\_\_ Does it sting \_\_\_\_\_

Other \_\_\_\_\_

**Describe problem or damage** \_\_\_\_\_

### **Where was specimen found?**

In home \_\_\_\_\_ What room(s) \_\_\_\_\_ Cellar \_\_\_\_\_ Attic \_\_\_\_\_

Does home have a fireplace? Yes \_\_\_\_\_ No \_\_\_\_\_ In what room(s) \_\_\_\_\_

In yard \_\_\_\_\_ lawn \_\_\_\_\_ tree \_\_\_\_\_ shrub \_\_\_\_\_ flower \_\_\_\_\_

Other place \_\_\_\_\_

Specific host (if possible) \_\_\_\_\_

On cat \_\_\_\_\_ on dog \_\_\_\_\_ on poultry \_\_\_\_\_ on livestock \_\_\_\_\_ other \_\_\_\_\_

### **Degree of infestation**

One \_\_\_\_\_ Several \_\_\_\_\_ Hundreds \_\_\_\_\_

Please put specimen in a crush-proof container and mail to your **local extension office or the Home & Garden Education Center, 1380 Storrs Road, U-115, Storrs, CT, 06269-4115.**

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis \_\_\_\_\_

By whom \_\_\_\_\_

Recommendations \_\_\_\_\_

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