Plant Doctor
Plant Specimen Data Form
Missouri Botanical Garden • University Extension

Plant Identification

Size: ____________________ Age: __________ Indoor: __________ Outdoor: __________

Gardener (please print):

Name: ____________________

Address: ____________________

City: ____________________ State: __________ Zip: __________

Phone (daytime): __________

Member: ☐ Yes ☐ No

Description of problem and ALL pertinent information:

Diagnosis:

Diagnosed by: ____________________

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