



CENTER FOR
HOME GARDENING

Missouri Botanical Garden • University Extension

Received by: _____

Date: _____

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: