



**CENTER FOR
HOME GARDENING**

Missouri Botanical Garden • University Extension

Plant Doctor Plant Identification Form

Received by: _____

Date: _____

Missouri Botanical Garden • University Extension

Gardener (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Member: Yes No

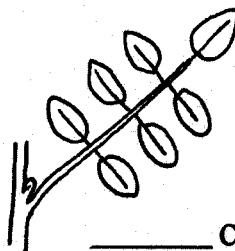
Please answer the following questions:

City and State where the sample was collected: _____

Where was the plant growing? (e.g. in a lawn, along the roadside, in the woods, in a garden, etc.)

How large was the plant (in feet)?

Are the leaves: _____ Simple



_____ Compound

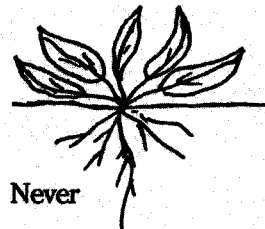
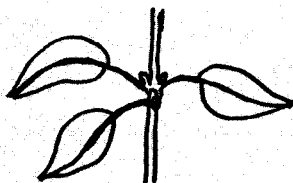
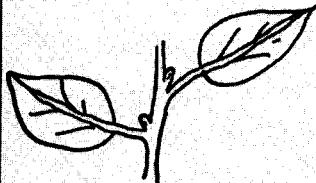
In what pattern are the leaves arranged on the stem (note location of buds)?

_____ alternate

_____ opposite

_____ whorled

_____ basal



Does the plant produce flowers and fruits?

_____ Yes

_____ Never

Describe color, size and shape: _____

IDENTIFICATION: