

Agriculture Plant/Weed ID and Management

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Client fills out the following:

ID first 2 free then \$3.00 each

Name: _____

Date: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Email: _____

Plant Sample Submitted is: _____ Desired Species _____ Weed Species _____ Just want to know _____

What kind of roots does it have horizontal roots connected to other same plants? Yes / No / Don't Know

Or fibrous roots only attached to one plant? Yes / No / Don't Know

Area of weed growth? (sq. ft. or acres) _____

Are you limited to organic control? Yes / No

Have you sprayed it with anything? Yes/No

If so, what did you spray? _____

Is there desirable vegetation growing with this weed? Yes / No / Don't Know

If yes, describe: _____

Do you have livestock grazing in the same area as this plant? Yes / No

Which animals? _____

Do you plan to cut hay in this area? Yes / No / Maybe

Would you also like management strategies? Yes / No

Do you have surface water (ponds, creek, river, irrigation ditch, etc.) visible for all or part of the year? Yes / No / Don't Know

Do you have ground water within 10 feet of the soil surface? Yes / No / Don't Know

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For office use only:

- This Form Stays With Extension Office -

ID & Recommendation by:(name of SAM volunteer) _____

ID of sample: _____

Recommendations suggested for control: _____

List reference materials sent to client: _____