

**Agriculture Plant/Weed ID**

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**Client fills out the following:**

**ID first 3 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 a taproot or fibrous roots only attached to one plant? (circle one) Yes / No / Don't Know

Total Property Acreage (acres) \_\_\_\_\_

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

Are you limited to organic management techniques? Yes / No

Have you sprayed it with anything? Yes/No

If so, what did you spray and when? \_\_\_\_\_

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 or graze livestock in this area? Yes / No / Maybe

Would you like management strategies? Yes / No

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

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

.....  
**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: \_\_\_\_\_