



Turf Disease Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
Montana State University
Bozeman, MT 59717

Date _____

Client Name _____ **Email** _____

Address _____ **Phone** _____

City _____ **Zip** _____

Type of grass _____

Was the grass seeded or sodded? _____ When? _____

Approximate date problem first appeared _____

Describe the location/environment: _____

Describe the pattern of disease problem in the turf: _____

Irrigation used Please circle: Yes or No

Type of system _____

Frequency _____

Amount _____

Agent _____ **County** _____

Please see back

Pesticides used Please circle: Yes or No

(give name and rate if possible) fungicide _____
insecticide _____
herbicide _____

Fertilizer used Please circle: Yes or No

(give name and rate if possible) fertilizer _____

Please list other cultural practices used (aeration, dethatching, etc.) _____

Did the problem show up all at once? Yes No

Is the problem getting worse? Yes No

Check symptoms on the turf (check as many as apply):

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Leaf Spot | <input type="checkbox"/> Frog eye/Dead areas | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bleached | <input type="checkbox"/> Patches/Rings/Arcs | |
| <input type="checkbox"/> Yellowing | <input type="checkbox"/> Poor growth | |

Terrain associated with problem (check as many as apply):

- | | | |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Low area | <input type="checkbox"/> Irregular | <input type="checkbox"/> Sloped |
| <input type="checkbox"/> Level | <input type="checkbox"/> High area | <input type="checkbox"/> Other _____ |

Soil Type:

- | | | |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Clay | <input type="checkbox"/> Fill | <input type="checkbox"/> Sandy |
|-------------------------------|-------------------------------|--------------------------------|

Aspect of the site where sample was collected:

- | | | |
|-------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> East | <input type="checkbox"/> North | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> West | <input type="checkbox"/> South | |