



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

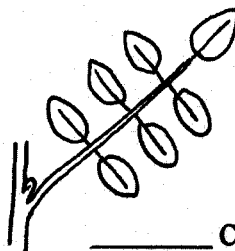
**Please answer the following questions:**

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

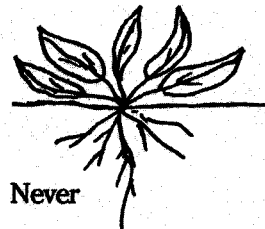
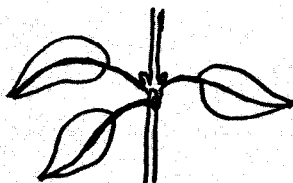
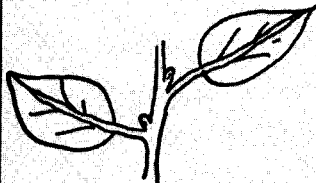
In what pattern are the leaves arranged on the stem (note location of buds)?

\_\_\_\_\_ alternate

\_\_\_\_\_ opposite

\_\_\_\_\_ whorled

\_\_\_\_\_ basal



Does the plant produce flowers and fruits?

\_\_\_\_\_ Yes

\_\_\_\_\_ Never

Describe color, size and shape: \_\_\_\_\_

**IDENTIFICATION:**