



# Insect Identification Form

Mail insect samples to: Extension Entomology Lab  
Box 9775  
Mississippi State, MS 39762-9775

Date Submitted:

Sample No. (for office use):

Client name:

County:

Address:

City & Zip:

Phone number:

Email:

Extension agent name and county (if sample submitted by agent or county office)

Name:

County:

Situation where pest occurred (check one):

**Pests of plants\***

**Pests of man or animals**

**Pests in buildings or homes**

Landscape

Houseplants

Human

Household pest

Commercial turf

Orchard

Dog

Wood

Home lawn

Commercial greenhouse

Cat

Stored food

Row crop

Pasture

Other:

Other:

Vegetable garden

Commercial vegetables

Plant nursery

Other:

\*Please identify host plant (if known):

Additional information/description of problem:

If you desire a recommendation for control, please indicate: Homeowner or Commercial

Identification and control recommendations (for office use):

Specialist:

Date:

Mississippi State University is an equal opportunity institution. Discrimination is prohibited in university employment, programs, or activities based on race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, genetic information, status as a U.S. veteran, or any other status to the extent protected by applicable law. Questions about equal opportunity programs or compliance should be directed to the [Office of Civil Rights Compliance](#), 231 Famous Maroon Band Street, P.O. 6044, Mississippi State, MS 39762.

Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. ANGUS L. CATCHOT JR., Director **F1142 (POD-04-26)**