



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
<input type="checkbox"/> Landscape	<input type="checkbox"/> Houseplants	<input type="checkbox"/> Human	<input type="checkbox"/> Household pest
<input type="checkbox"/> Commercial turf	<input type="checkbox"/> Orchard	<input type="checkbox"/> Dog	<input type="checkbox"/> Wood
<input type="checkbox"/> Home lawn	<input type="checkbox"/> Commercial greenhouse	<input type="checkbox"/> Cat	<input type="checkbox"/> Stored food
<input type="checkbox"/> Row crop	<input type="checkbox"/> Pasture	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetable garden	<input type="checkbox"/> Commercial vegetables		
<input type="checkbox"/> Plant nursery	<input type="checkbox"/> 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: _____

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

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. GARY B. JACKSON, Director **F1142 (POD-01-17)**