





Date:				
Name:				
City/State/Zip:			County:	
Phone number:	Email:			
1. What is this issue related to:				
Provide as much detailed information as possible related to the specific topic selected above:				
2. Type of forage production: Acres: Climate (last 3 weeks):				
3. Type of forage:				
4. Have any herbicides been applied? Application date: Target weeds:				
Herbicide applied: Rate (pt/ac or oz/ac):				
Herbicide injury symptoms:				
5. Has a soil sample been taken recently? When was the soil sample taken?				
MSU soil test number (AAA#):				
What are the pH and soil test levels for Phosphorus (P), Potassium (K), Magnesium (Mg), and Zinc (Zn)?				
pH: CEC:	Phosphorus (P):		Potassium (K):	
Magnesium (Mg):	Zinc (Zn):		Sulfur (S):	
What were the fertilizer recommendations according to the soil test?				
Lime: Nitrogen:	Phosphate (P	205):	Potash (K2O):	





6. List fertilizers applied, application dates, and amount applied (lb/ac)?

Fertilizer:	Fertilizer:	Fertilizer:
Application date:	Application date:	Application date:
Amount (lb/ac)	Amount (lb/ac)	Amount (lb/ac)
7. Forage production, storage, qualit	y, and feeding:	
Forage type:	Cutting frequency:	
Bale size:	Average # of bales/a	ıc:
Storage method:	Feeding m	nethod:
Forage testing?	When is the forage tested?	
Forage quality analysis ("as receive	d"/"as fed"):	
Dry matter: Crude p	rotein: ADF:	NDF: TDN:
Animal species: St	age of production:	Animal age (months):
Herd size (heads):	Herd average weight (lb):]
8. Is this issue due to forage-related	livestock disorders?	Forage type:
Specific symptoms:		
Suspected disorder:		
Animal species: St	age of production:	Animal age:
If a forage-livestock disorder is susj immediately at (662) 325-1183.	pected, please contact a local veterin	narian or <u>Dr. Carla Huston</u>

Please complete and return to: Rocky Lemus, Extension Forages Specialist, Box 9555, Mississippi State, MS 39762. 662-325-7718 (Office), 662-325-8742 (Fax), Email: RLemus@ext.msstate.edu

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