

VT DEPT. OF FORESTS, PARKS & RECREATION

Environmental/Agricultural Laboratory Building

Attn: Forest Biology Lab

103 South Main Street • Waterbury, VT 05671-0409
802.241.3606



Tree Health Report

ID # _____

Name: _____

Date of Request: _____

Reported by: _____

Mailing Address: _____

Request Method

Town: _____

Telephone Inquiry

County: _____

Site Visit

Phone: _____

Sample Delivered

Is this an urgent request?

Email: _____

By Mail

Road Atlas Grid: _____

Description of Problem:

Host: _____

<p><u>Location</u></p> <input type="checkbox"/> Ornamental/Shade Tree <input type="checkbox"/> Christmas Tree(s) <input type="checkbox"/> Sugarbush <input type="checkbox"/> Forest (specify type below) _____ <input type="checkbox"/> Other _____	<p><u>Tree Age/Size</u></p> <input type="checkbox"/> Seedling <input type="checkbox"/> Sapling <input type="checkbox"/> Pole <input type="checkbox"/> Mature <input type="checkbox"/> Overmature <input type="checkbox"/> Recent Planting <input type="checkbox"/> Other _____	<p><u>Extent of Condition</u></p> Est. acreage _____ OR No. of trees _____	<p><u>Pattern</u></p> <30% of trees 30-50% of trees >50% of trees	<p><u>Contributing Factors</u></p> <input type="checkbox"/> Logging <input type="checkbox"/> Grazing <input type="checkbox"/> Construction <input type="checkbox"/> Improper Planting <input type="checkbox"/> Tapping <input type="checkbox"/> Other _____
<p><u>Parts Affected</u></p> <input type="checkbox"/> Roots <input type="checkbox"/> Buds <input type="checkbox"/> Boles <input type="checkbox"/> Twigs <input type="checkbox"/> Leaders <input type="checkbox"/> Flowers <input type="checkbox"/> Branches <input type="checkbox"/> Fruit <input type="checkbox"/> Foliage <input type="checkbox"/> Whole Tree <input type="checkbox"/> None <input type="checkbox"/> Other _____	<p><u>Symptoms/Signs</u></p> <input type="checkbox"/> Yellowing <input type="checkbox"/> Wilting <input type="checkbox"/> Brooming <input type="checkbox"/> Resinosis <input type="checkbox"/> Gnawing <input type="checkbox"/> Reddening <input type="checkbox"/> Stunting <input type="checkbox"/> Canker <input type="checkbox"/> Dieback <input type="checkbox"/> Chewing <input type="checkbox"/> Defoliation <input type="checkbox"/> Flagging <input type="checkbox"/> Callus <input type="checkbox"/> Dead top <input type="checkbox"/> Frass <input type="checkbox"/> Conks <input type="checkbox"/> Boring <input type="checkbox"/> Girdling <input type="checkbox"/> Dying <input type="checkbox"/> Webbing <input type="checkbox"/> Other _____ <input type="checkbox"/> Mortality <input type="checkbox"/> None			<p><u>Severity on Affected Trees</u></p> <50% of crown or stem >50% of crown or stem

Comments: _____

Action Taken:

Date of Observation/Sample Collection: _____

<p><u>Collection Method</u></p> <input type="checkbox"/> Hand <input type="checkbox"/> Pole Pruner <input type="checkbox"/> Other _____	<p><u>Life Stage</u></p> <input type="checkbox"/> Egg <input type="checkbox"/> Larva <input type="checkbox"/> Pupa <input type="checkbox"/> Adult	<p><u>Sample sent to: Forest Biology Lab</u></p> Lab ID Number _____ Other _____
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Comments: _____

Probable Cause:

Recommendations:

References Provided: _____

Needed: _____

For More Information Contact: _____

Final Date: _____