



Insect Identification Form
(Insects, Spiders, and Other Arthropods)

Schutter Diagnostic Lab
119 Plant BioScience Facility
P.O. Box 173150
Montana State University
Bozeman, MT 59717

Date: _____

Client Name: _____ Email: _____

Address: _____ Phone: _____

_____ County: _____

Date specimen was found _____
(MM/DD/YY)

Geographic location (e.g., 6 mi NE of Townsend) _____

Collector's name (if different from above) _____

- Specimen found in residential, farm, public, or commercial building (circle one)
- Specimen found outdoors

If specimen collected outdoors, host plant species: _____

Have you applied any pesticides? Yes No. Please list: _____

Comments - Describe problem. Is there any additional information you would like to add?

Agent _____ County _____