

INSECT IDENTIFICATION FORM

RETURN TO:

Family & Community Health
Texas A&M AgriLife Extension Service
21017 CR 171
Angleton, TX 77515

INFORMATION ON SPECIMENS:

Locality: _____ (city)
_____ (county)

Date Collected: _____

Collector: _____

Host or habitat:

___ Feeding on plant
 Kind _____
 Part _____

___ Feeding on animal
 Kind _____

___ Found in structure
 Where _____

___ Other _____

MATERIAL SENT BY:

Name: _____

Business: _____

Address: _____

City: _____

State: _____ Zip: _____

Date: _____

Phone: () _____

E-Mail: _____

Sample Number: _____

DEGREE OF INFESTATION:

___ Light ___ Moderate
___ Heavy ___ Unknown

DISTRIBUTION OF INFESTATION:

___ Local ___ Widespread
___ Unknown

PLEASE NOTE: Specimens will be identified to a level that is required for management.

FOR OFFICE USE ONLY

	Common Name	Order	Family	Genus	Species
Name of Insect:	_____				
Remarks on Biology, Distribution or Control	_____				

Extension Agent Responding: _____ Date: _____