###### MASTER GARDENER HOME VISIT REPORT

|  |  |
| --- | --- |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client** |  | **Phone:** |  |
| **Address:** |  | | |

**Problem as identified by Client:**

|  |
| --- |
|  |

**Observation:**

**Test Procedures (as applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Soil Test:** |  | **Insect Drench:** |  |

**Recommendations:**

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| --- |
|  |

**Publications:**

|  |
| --- |
|  |

**Demographic Information: (MUST BE FILLED OUT)**

## Indicate Numbers in Boxes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender: | Male: |  | Female: |  | **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **American Indian or Alaska Native** |  | Asian |  |
| **Black or African American** |  | **Hispanic or Latino.** |  |
| **Native Hawaiian or Other Pacific Islander** |  | **White** |  |
| **Unknown** |  |  | |

|  |  |
| --- | --- |
| **Master Gardeners:** |  |