###### MASTER GARDENER HOME VISIT REPORT

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

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

 **Problem as identified by Client:**

|  |
| --- |
|  |

 **Observation:**

 **Test Procedures (as applicable):**

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

 **Recommendations:**

|  |
| --- |
|  |

 **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:** |  |