

**Please fill out a form for your plants.**

**Plant Name:** \_\_\_\_\_

**TYPE:** Houseplant   Herbs   Water Plants   Seeds  
Bulb   Annual   Perennial   Vegetable   Tropical

**SUN:** Full   Partial   Shade

**WATER:** Lots   Average   Drought Tolerant

**FLOWERS:** Y N   If yes, color? \_\_\_\_\_

**FRUIT:** Y N   If yes, color & size \_\_\_\_\_

**Final Size of Plant:** \_\_\_\_\_

**Comments about the plant:**

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