

County _____

RESIDENTIAL/STRUCTURAL/MEDICAL/VETERINARY/OTHERS

Client's Name _____

Agent's name (if known) _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Host (if applicable): _____ Infestation: ___one ___ several ___ severe

Where was Insect Found:

Insect

Problems:

- | | | |
|--|--|---|
| <input type="checkbox"/> nuisance | <input type="checkbox"/> infesting foods/feeds | <input type="checkbox"/> found on furniture/bedding |
| <input type="checkbox"/> biting/stinging | <input type="checkbox"/> damaging wood | <input type="checkbox"/> clothing/wool damage |
| <input type="checkbox"/> blood sucking | <input type="checkbox"/> structural damage | |

Date of sample collection: _____ Insecticides used? (what, when): _____

- Requested Information: Identification Life cycle or habits If it causes damage
 Control measures Other

Additional comments:

For office use