



INTEGRITY TREE SERVICES

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TREE & SHRUB CARE DIVISION

Providing Scientific Diagnosis & Treatment Services

TREE & SHRUB REPORT FORM

Name: _____ Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Fax: _____
Email: _____ Refer to Invoice # _____

GENERAL INFORMATION

PLANT PARTS AFFECTED <input type="checkbox"/> Entire Plant <input type="checkbox"/> Stems <input type="checkbox"/> Leaves/Needles <input type="checkbox"/> Twigs/Limbs <input type="checkbox"/> Roots <input type="checkbox"/> Trunk <input type="checkbox"/> Fruit <input type="checkbox"/> Flowers	TREE/SHRUB LOCATION <input type="checkbox"/> Front Yard <input type="checkbox"/> North <input type="checkbox"/> Side Yard <input type="checkbox"/> West <input type="checkbox"/> Back Yard <input type="checkbox"/> South <input type="checkbox"/> Lawn <input type="checkbox"/> East <input type="checkbox"/> Field <input type="checkbox"/> Natural Area <input type="checkbox"/> Plant/Mulch Bed	PROBLEM DISTRIBUTION <input type="checkbox"/> Upland <input type="checkbox"/> Near Drive/Road <input type="checkbox"/> Slopes <input type="checkbox"/> Side Yards <input type="checkbox"/> Low Areas <input type="checkbox"/> Near a Residence <input type="checkbox"/> Front Yard <input type="checkbox"/> Back Yard
NATURE OF INJURY <input type="checkbox"/> Poor or Abnormal Growth <input type="checkbox"/> Wilting <input type="checkbox"/> Yellowing <input type="checkbox"/> Plant Death <input type="checkbox"/> Boring <input type="checkbox"/> Leaf/Needle Drop <input type="checkbox"/> Cupping <input type="checkbox"/> Chewing <input type="checkbox"/> Dieback <input type="checkbox"/> Rot <input type="checkbox"/> Galls/Cankers	PREVALENCE <input type="checkbox"/> Entire Planting <input type="checkbox"/> Single Localized Area <input type="checkbox"/> Several Localized Areas <input type="checkbox"/> Few Scattered Plants	SOIL TYPE <input type="checkbox"/> Sandy <input type="checkbox"/> Clay <input type="checkbox"/> Muck <input type="checkbox"/> Silt Loam
		EXTENT OF THE DAMAGE <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
		DRAINAGE <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		TYPE OF SAMPLE TAKEN, if any <input type="checkbox"/> Leaves <input type="checkbox"/> Twigs <input type="checkbox"/> Soil <input type="checkbox"/> Other

OTHER BACKGROUND INFO.

Tree/Shrub Species: _____

Water pH: _____

Diameter/Height of plant: _____

How many plants affected? _____

Sunny or shaded? _____

Construction near this plant within the past 5 years? _____

CHEMICAL USE HISTORY

This year: _____

Last year: _____

SITE CHANGES

Fertilization history: _____

Grade changes: _____

Other: _____

This year: _____

Last year: _____

SOIL PROPERTIES

pH: _____

Amount of Compaction: Light Moderate High

Soil Moisture (currently): Dry Moderate Saturated

Watering: Frequency _____ Volume _____

ROOT INSPECTION

Root flare visible: _____

Root zone covered by: Mulch Lawn Stone Other

Visible damage: _____

Fungal bodies/Fruit present: _____

*Used with permission by Michigan State University

"YOUR CARES are OUR CARES!"

CONSULTING • TREE & SHRUB CARE • FERTILIZATION • PRUNING • TREE REMOVAL • STUMP GRINDING • 24 HR. EMERGENCY • LAND CLEARING

