

DATE: _____

FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

Your soil test results will be emailed to you.

If you prefer a hard copy mailed to you, check here _____

For Office Use Only:
Lab Sample No.

Name _____		1 TEST REQUESTED:	2 SOIL TYPE:	3 SAMPLE NAME:
Address _____		<input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, OM, NO ₃) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., Zn) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC) <input type="radio"/> Other _____	<input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	(i.e. Flowers, Shrubs, Etc.) _____
City _____ ST _____ Zip _____				
Phone _____ County: _____				
E-mail _____				
4	SAMPLE AREA:	Was the sample made from a mix of 4 or more areas? _____ Yes _____ No		
5	RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):			
Flowers <input type="radio"/> Annual Flowers (marigolds, zinnias, etc.) <input type="radio"/> Spring-flowering Bulbs (Tulip, Hyacinth, etc.) Are these flowers or other ornamentals already planted? _____ How old are they? _____ (i.e. number of years since planting.)		<input type="radio"/> Perennial flowers (list types below) _____	Woody Plants <input type="radio"/> Roses <input type="radio"/> Shrubs (list types) <input type="radio"/> Cannas <input type="radio"/> Caladiums <input type="radio"/> Dahlias <input type="radio"/> Lilies <input type="radio"/> Iris <input type="radio"/> Peonies <input type="radio"/> Day Lilies <input type="radio"/> Wildflowers <input type="radio"/> Other _____	
6	CONDITION OF PLANT(S)			
Plant growth in sampled area:		If only a few plants show abnormal growth, list which type(s): _____		
<input type="radio"/> Normal <input type="radio"/> Abnormal _____ (describe) <input type="radio"/> Not planted yet		_____		
7	CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):			
a	How often do you fertilize?	When do you fertilize?	What kinds of fertilizer do you use?	
<input type="radio"/> Every Year <input type="radio"/> Twice a Year <input type="radio"/> Every other Year <input type="radio"/> Never <input type="radio"/> Other _____		<input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____	<input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High Nitrogen (33-0-0, 20-4-8, etc.) <input type="radio"/> Organic (manure, etc.) <input type="radio"/> "Starter Fertilizer" for transplants <input type="radio"/> Other _____	
d	How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)		8 INDICATE SPECIAL PROBLEMS:	
<input type="radio"/> Every year <input type="radio"/> Every other year <input type="radio"/> Twice a year <input type="radio"/> Never <input type="radio"/> Other _____		<input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____		
Has manure or compost recently been applied? _____ Yes _____ No				

Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil recommendation will be to you.