



MASTER GARDENER CONTACT LOG

AT-HOME Calls

First Time Contact | YES: NO:

Phone Transfer Email Other? (Explain)

Soil Test Number:

Master Gardener: Date:

Client Information:

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
City/State:	<input type="text"/>	ZIP:	<input type="text"/>

Demographic Information: **(MUST BE FILLED OUT)**

Gender: | Male: Female: Unknown:

American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Hispanic or Latino.	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White	<input checked="" type="checkbox"/>
Unknown	<input type="checkbox"/>		

Reason for Contact:

Recommendation:

Publications/Links:

Is Home Visit Necessary? YES: NO:

Who is Assigned Visit?

Horticulture Agent's Comments:

Reviewed By: _____ Date: _____