



Landscape Design Questionnaire

Name: _____

E-mail: _____

Phone: _____

Address: _____ City: _____ ZIP: _____

Site Conditions

- **Location:** _____ (ex. front, foundation, patio area, backyard)
- **Light Conditions**
_____ **Full Sun** _____ **Part Sun** _____ **Part Shade** _____ **Full Shade**
Full sun= 6+ hours of direct sun
Part Sun/ Part Shade= 4-6 hours of direct sun
Full Shade= less than 4 hours of direct sun
- **Soil Conditions**
_____ **Dry** _____ **Well Drained** (no standing water) _____ **Poor Drainage** _____ **Moist/ Wet**
- **Maintenance** (How often do you like to work in the garden?)
_____ **1x week** _____ **Every 2 weeks** _____ **1x Month** _____ **Rarely (No desire to)**
- **Pets in yard?**
_____ **Yes, I have (type of animal)** _____ **No**
- **Children?**
_____ **Yes, (how many, and age)** _____ **No**
- **New Construction?**
_____ **Yes** _____ **No**

Personal Preferences

Plants you like? _____

Plants you dislike? _____

Colors you like or dislike? _____

Styles you like? (ie., formal, cottage, prairie, native, casual, manicured) _____

Special needs and concerns: _____

****Disclaimer****

Please keep in mind that landscape advice given on the sole use of photos and information that is provided by the customer may result in inaccuracy of the number and type of plants needed. Quantities and placement of plants may vary once you physically lay them out in the area that was discussed. Site conditions that could affect the overall design might not be visible in the photos, or answered in the questionnaire.