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Date: _____
Time: _____

Design Questionnaire

(Please print clearly)

Client Name: _____ Home Phone: _____

Address: _____ Mobile Phone: _____

City: _____ Email: _____

These questions are designed to give our Designers more information about you and your garden needs. The more information you can provide for us, the more useful your Consultation will be.

Please describe the area you are interested in working with:

Which direction does the area face? _____

Is the area sunny or shady? _____ Soil Conditions: ____ wet ____ dry

Are there any plants you would like to include? _____

Are there any plants, colors, or types of plants that you dislike? _____

Would you consider yourself: ____ a black thumb ____ beginner ____ willing to learn
____ seasoned gardener

Please tell us any more information that you think would be helpful (you may use the back of this sheet): _____
