



Client Pre-Visit Questionnaire

Please fill out to the best of your ability prior to meeting with our landscape designers. Thank You!

NAME: _____

LANDSCAPE ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONE: _____ EMAIL: _____

1. Please select any outdoor activities or spaces you would like to incorporate:

- | | | |
|----------------------------------------------------|------------------|-----------------------|
| Entertaining/Parties | Reading/Relaxing | Meditation/Quiet Area |
| Sunbathing | Fireplace/Pit | BBQ |
| Outdoor Shower | Water Areas | |
| Sports (golf, bocce ball, volleyball, soccer, etc) | | |

Other: _____

2. Please select any landscape features you would like to incorporate:

- | | | |
|-------------------------|---------------------------|----------------------|
| Pool and/or Hot Tub | Trees (Install / Removal) | Artwork / Sculpture |
| Patio / Deck | Transplanting | Pet Runs |
| Walls | Benches / Seating | Hobby Garden |
| Grass / Turf | Irrigation | Compost Bins |
| Walkways / Paths | Boulders / Rock | Patio Heaters |
| Water Features | Driveway / Parking Pad | Raised Garden Beds |
| Fire Pit / Fire Feature | Shrubs / Perennials | Arbors / Pergola |
| Outdoor Kitchen | Annuals | Playset |
| Landscape Lighting | Rainwater Reclamation | Shed / Pool Pavilion |
| Outdoor Audio System | Dry Streambed / Drainage | Koi / Goldfish Pond |

Other: _____

3. Please select if you have a preferred design style:

- | | | | |
|-------------------|----------------|--------------------|-------------|
| Bi-Level Bungalow | Cabin | Contemporary | Craftsman |
| Farmhouse | Quad Level | Ranch | Traditional |
| Victorian | English Garden | Mid-Century Modern | |

Other: _____

4. Please select which type of landscaping design you prefer?

- Linear - Straight Lines
- Organic/Curves
- Mixture: Linear & Organic

5. Are there any areas of your yard that may require screening for privacy or from the sun? Are there any views you want to preserve? _____

6. Please describe any areas of erosion, poor soil, standing water or drainage issues.

7. Please list any plants you want to incorporate into your landscaping plans.

8. Please list any plants you dislike or do not want in your landscaping plans.

9. Please add any desires you have that were not mentioned in our questionnaire.

10. Do you live in your home: Full Time Part Time*

***If you are a part-time resident, please select the months you will be in your home:
(This will help with plant selection and the enjoyment of bloom time)**

JAN	APRIL	JULY	OCTOBER
FEB	MAY	AUGUST	NOVEMBER
MARCH	JUNE	SEPTEMBER	DECEMBER

11. Anticipated Budget Range:

\$7,001-\$10,000	\$10,001-\$15,000	\$15,001-\$25,000	
\$25,001-\$40,000	\$40,001-\$60,000	\$60,001-\$80,000	
\$80,001-\$100,000	\$100,001-\$200,000	\$200,001+	Unknown

12. Many times, installation is completed in phases if needed. What would be the most important areas to complete first? _____

Which areas would you consider installation at a later date? _____

13. If you have any HomeOwners' Association guidelines, please supply a copy as well as a copy of your home survey/plot plan (showing how your house sits on the lot.) These may be a paper copy or digital (.PDF, .DWG) format. Email to info@creativelandscapinginc.com.