



# CREATIVE LANDSCAPING & Design

## Client Questionnaire :: Pre-Initial Visit

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

Name:

\_\_\_\_\_

Landscape Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please indicate if you live in your home:      Full-time                      Part-time  
If you are a part-time resident, please circle the months of the year you will be in your home:  
  
Jan.    Feb.    Mar.    Apr.    May    Jun.    Jul.    Aug.    Sep.    Oct.    Nov.    Dec.
2. Please circle any outdoor activities you would like to incorporate into your landscaping:  
  
Entertaining/Parties    Reading/Relaxing    Meditation/Quiet Area    Sunbathing    BBQ  
Outdoor Shower    Fireplace/Pit    Sports (golf, bocce ball, volleyball, soccer, etc)
3. Please circle any landscape features you would like to incorporate into your landscaping:  
  
Vegetable Garden    Rose Bushes    Koi/Goldfish Pond    Water Garden/Waterfall  
Grass/Turf    Fountains    Driveway/Parking Pad    ArtWork/Sculpture    Patio/Deck  
Water Harvesting    Boulders/Rock    Walkways/Paths    Pet Runs    Lighting    Irrigation  
Arbors/Pergola    Dry Streambed/Drainage    Compost Bi    PlaySet    Benches/Seat Walls  
Outdoor Kitchen    Spa/Pool/Hot Tub    Other: \_\_\_\_\_
4. Please circle if you have a preferred design style.  
  
Bi-Level    Bungalow    Cabin    Contemporary    Craftsman    Farmhouse  
Mid-Century Modern    Quad Level    Ranch    Traditional    Victorian  
Other: \_\_\_\_\_
5. Please circle which type of landscaping design you prefer?  
  
Linear - Straight Lines    Organic/Curves    Mixture: Linear & Organic

6. 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?

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

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8. Please list any plants that you know you want to incorporate into your landscaping plans.

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9. Please list any plants that you know you dislike or do not want in your landscaping plans.

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

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11. Anticipated Budget Range:

\$5,001-\$7,000    \$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. If you were to prioritize areas of importance, which would be the most important areas to complete a design and installation? \_\_\_\_\_

And which areas would you consider installation at a later date? \_\_\_\_\_

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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 to [info@creativelandscapinginc.com](mailto:info@creativelandscapinginc.com)

**Thank you for taking your time to complete this pre-visit questionnaire. It will greatly help us in directing our conversations and make the most of our time together.**

**Looking forward to meeting with you soon!**