

Garden Clinic Questionnaire

Name _____ email _____ phone _____

What would you like to accomplish with plants and/or other garden elements? Are you trying to solve a problem? Examples: flower garden, privacy screen, foundation plants, curb appeal, patio/pool etc.

What is your 'style': Formal informal
symmetrical asymmetrical

Is it: new bed existing bed in need of new plants

What 'appearance' do you want: evergreen flowering specimen plant

Are there plants that you like or don't like? colors or textures you like or don't like? _____

What's the 'sun' exposure? north south east west

Is it sunny at 9am noon 3pm 6pm

Are there existing plantings e.g. trees, or structures –that might create shade? yes no

If yes, please describe _____

What is the area 'grade'? flat gentle slope steep slope

What is your soil like? Good, loamy soil gunky clay rocky

How about drainage? Is the area: wet dry in between

Is the area windy? In summer in winter

Do you have deer other pests or problems

If other, please describe _____

In addition to plants are you interested in adding other garden design elements? e.g fountains, birdbaths, statuary, arbor/trellis, containers, benches etc.

If yes, please describe _____

Do you plan to: install yourself hire an installer

Do you want: low maintenance garden chores

Will you install the garden: all at once in phases

What else should we know about your landscape project? Please use the back side of this form to provide any other information about your project that you would like us to consider.