



Landscape Questionnaire

To provide you with the best landscaping design service, we must first get to know you and your family. The answers to the questions below will be used to ensure that your design fits your personality, desires and maintenance requirements. This is broad-based questionnaire, please answer the questions that apply to you, the best you can, thanks.

PERSONAL BACKGROUND (optional)

Family Name:					
Street Address:					
Suburb:					
Postal Code:					
Billing Address (if different):					
Daytime Phone:					
Evening Phone:					
Cell Phone:					
Fax Number:					
Email Address:					
Can You Provide A Plan Of Your Property?	YES / NO				
What size is your property in square metres?					
List Family Members:	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Name</td> <td style="width: 30%; border: none;">Age</td> </tr> <tr> <td style="height: 150px; border: none;"></td> <td style="border: none;"></td> </tr> </table>	Name	Age		
Name	Age				
Your Occupation:					
Your Spouses Occupation:					
Do you have the authority to approve a landscape contract?					
Please List Your Service Providers:	Telephone: Internet: Other:				

<p><i>How did you hear about us?</i></p>	<p><input type="checkbox"/> Beaver Trees <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Trucks <input type="checkbox"/> Referral <input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> Returning Client <input type="checkbox"/> Other _____</p>
<p><i>Are you or any of your family members allergic to any plant material?</i></p>	<p>YES / NO If yes please specify:</p>
<p><i>Do you have any protected trees on your property?</i></p>	<p>YES/NO If yes please specify:</p>
<p><i>What is your primary reason for landscaping? (please indicate)</i></p>	<p><input type="checkbox"/> Personal Use <input type="checkbox"/> Ready to Sell <input type="checkbox"/> Meet Resource/Building Consent Requirements <input type="checkbox"/> Entertainment <input type="checkbox"/> Special Occasions <input type="checkbox"/> Increase Property Value <input type="checkbox"/> Other (Please specify)</p>
<p><i>When entertaining outdoors, how many (approx) would you be entertaining?</i></p>	
<p><i>What is your budget for this landscaping project? This will assist us with planning your project and advising you if your budget is realistic. This can be discussed at your onsite consultation. PLEASE NOTE: This question is optional.</i></p>	<p><input type="checkbox"/> \$5,000 - \$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$25,000 - \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> \$45,000 - \$55,000 <input type="checkbox"/> \$55,000 - \$65,000 <input type="checkbox"/> Over \$65,000</p>

SITE INFORMATION

How long do you plan on living at your residence?	
How long have you lived at your residence?	

PLEASE TICK YES OR NO IF YOU ARE INTERESTED IN INSTALLING OR MODIFYING THE FOLLOWING.	Yes	No
Deck or Patio (building or modifying)		
Children's Play Area or Sports Area		
Swimming Pool		
Spa Pool		
Pergola		
Water Feature		
Outdoor Fire		
Landscape Lighting		
Garden Art or Sculptures		
Irrigation for lawns/garden		
Vege Garden (raised up)?		
Do you have a drainage problem with your yard?	If yes please specify:	
Are there wind pattern problems in your yard?	If yes specify:	
Are there areas you have trouble accessing because of sloping ground?	If yes specify:	
What type of garden interests you? (please tick)	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Mixed <input type="checkbox"/> Other – please specify	

<i>Do you have pets?</i>	YES	NO
<i>If you have pets please state type.</i>	<input type="checkbox"/> Cats <input type="checkbox"/> Dogs	
<i>Are your pets outside?</i>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Always <input type="checkbox"/> Never	
<i>Do you wish there to be a specific area for your pets?</i>		

LANDSCAPE CRITERIA

<i>What vision do you have for your landscape plan? I.e.: what sort of statement do you want to portray to your guests and what sort of landscape would you be most comfortable in?</i>	Please specify:
<i>Please indicate your priorities from the following. Check all that apply.</i>	<input type="checkbox"/> Curb appeal of the house <input type="checkbox"/> Privacy in the back yard <input type="checkbox"/> Privacy on the sides of your yard <input type="checkbox"/> Seasonal Colour <input type="checkbox"/> Winter Interest <input type="checkbox"/> Low Maintenance <input type="checkbox"/> Other
<i>Are there views you wish to focus on?</i>	YES / NO If yes specify:



<i>Do you have any plantings that are sentimentally significant?</i>	YES / NO If yes specify:
<i>Do you want sun or shade on your patio or deck?</i>	SUN / SHADE

<i>Are you going to maintain your landscaping?</i>	YES / NO
<i>On average, how much time will you allow for maintenance on your landscape per week?</i>	_____ hours
<i>Do you wish to reduce, increase, or maintain the time you currently spend working in your yard and garden, and why?</i>	

FINAL QUESTIONS

<i>When do you envisage the project to be completed by?</i>	<input type="checkbox"/> Immediately <input type="checkbox"/> 1-2 Months <input type="checkbox"/> 3-4 Months <input type="checkbox"/> 5-6 Months <input type="checkbox"/> 6-9 Months <input type="checkbox"/> 10-12 Months
<i>What is the key thing in deciding whether you will do business with Beaver Landscaping?</i>	
<i>What would your expectations of us be?</i>	
<i>Thank you for filling out this questionnaire. Please write down any other information you feel is important for us to know about to help with the planning process.</i>	

<i>Please indicate if you would be interested in a free consultation.</i>	YES	NO
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<i>Please indicate if you would be interested in a concept design being done.</i>	YES	NO
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Please return your questionnaire to us at your earliest convenience, so that we can arrange a suitable time for your free consultation.

