

# Landscaping Client Form Template

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## COMPANY INFORMATION

[Your Company Name]

[Address]

[Phone Number]

[Email Address]

[Website]



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## CLIENT INFORMATION

**Full Name:**

**Preferred Title/Name:**

*(How would you like us to address you?)*

**Primary Phone Number:**

**Secondary Phone Number:**

**Email Address:**

**Emergency Contact:**

*(Name and phone number)*

**Mailing Address (if different from service address):**



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## PROPERTY INFORMATION

**Service Address:**

**Property Type:** *(Check one)*

- Residential (Owner-occupied)
- Residential (Rental)
- Commercial
- HOA/Community

**Lot Size:** *(e.g., 500sqm)*

**Access Information:** *(Gate codes, key locations, parking restrictions, equipment access limitations)*

**Existing Landscaping Features:** *(Check all that apply)*

- Irrigation/Sprinkler System
- Patios/Walkways/Hardscaping
- Drainage Systems
- Slopes/Retaining Walls
- Fire Pit/Outdoor Fireplace
- Pool/Spa
- Other:



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**Sunlight Patterns:** *(Check one)*

- Mostly Full Sun (6+ hours direct sun)
- Partial Sun/Shade (4-6 hours direct sun)
- Mostly Shade (2-4 hours direct sun)
- Full Shade (Less than 2 hours direct sun)
- Mixed Conditions

**Soil Type:** *(Check one if known)*

- Clay
- Sandy
- Loamy
- Rocky
- Not Sure

**Pets on Property:** *(Types and names – important for plant selection and service scheduling)*

**Property Photos or Diagrams Attached:** *(Optional)*

- Yes – Photos attached
- No



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## LANDSCAPING SERVICES

**Requested Services:** *(Check all that apply)*

- Landscape Design
- Lawn Care & Maintenance
- Tree & Shrub Care
- Irrigation System Installation/Repair
- Seasonal Services *(please specify):*
- Mulching
- Weed Control
- Fertilization
- Pest Control
- Other:

**Preferred Service Frequency:** *(Check one)*

- Weekly
- Bi-weekly
- Monthly
- Seasonal
- One-time Project
- As Needed

**Preferred Service Start Date:**

**Special Instructions or Areas of Concern:**



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## COMMUNICATION PREFERENCES

**Preferred Communication Method:** *(Check one)*

- Phone Call
- Text Message
- Email

**Best Time to Contact:** *(Check one)*

- Morning (8 am – 12 pm)
- Afternoon (12 pm – 5 pm)
- Evening (5 pm – 8 pm)
- Weekends Only
- Anytime

**Preferred Service Days:**

**Preferred Service Times:**



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## BUDGET INFORMATION

**Project Budget Range:** *(Check one)*

- Under \$1,000
- \$1,000 – \$2,500
- \$2,500 – \$5,000
- Over \$5,000

**Top Priority for This Project:** *(Check one)*

- Curb Appeal
- Functionality
- Sustainability
- Low Maintenance
- Entertainment/Outdoor Living
- Privacy
- Other:

**Are you interested in phased projects?** *(Check one)*

- Yes, I'd like to spread the work over time
- No, I prefer to complete everything at once

**Have you worked with a landscaper before?** *(Check one)*

- Yes
- No, this is my first time



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**Are you open to alternative materials or design suggestions to stay within budget?** *(Check one)*

- Yes, I'm open to suggestions
- Somewhat, depending on the suggestion
- No, I have a specific vision



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## LEGAL DISCLAIMERS & CONSENT

### Required Acknowledgments: *(Initial each)*

\_\_\_\_\_ I acknowledge that I have read and agree to the Service Level Agreement (SLA), including scope of work, responsibilities, and cancellation terms.

\_\_\_\_\_ I understand and agree to the liability disclaimer regarding potential damage to underground utilities or undisclosed property hazards.

\_\_\_\_\_ I agree to the payment policy, including deposit requirements, due dates, and applicable fees.

\_\_\_\_\_ I have read and agree to the privacy policy regarding data collection and storage.

### Optional Consents: *(Initial if you agree)*

\_\_\_\_\_ I consent to the use of before-and-after photos of my property for marketing purposes.

\_\_\_\_\_ I consent to receive automated service reminders via text message and/or email.

\_\_\_\_\_ I would like to receive newsletters and promotional offers about your services.



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## ADDITIONAL INFORMATION

How did you hear about us?

**Additional Comments or Special Requests:**

**Referral Information:** *(If referred by existing client)*

**CLIENT SIGNATURE:**

**DATE:**

**COMPANY REPRESENTATIVE:**

**DATE:**

*Thank you for choosing our landscaping services! We will review your information and contact you within 24-48 hours to discuss your project and schedule an initial consultation.*



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**FOR OFFICE USE ONLY**

**Date Received:**

**Received by:**

**Initial Consultation Scheduled:**

**Assigned Team Members:**

**Estimated Project Start Date:**

**Notes:**

