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(Part 1- PDF)

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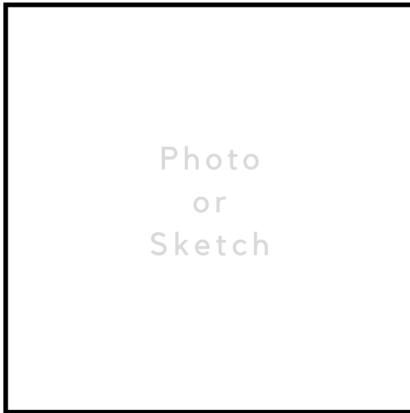
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The image features a central text area framed by watercolor illustrations of various green leaves and branches. The top corners are decorated with clusters of rounded, dark green leaves. The bottom corner is filled with a more complex arrangement of different leaf shapes, including some with small, light-colored flowers or buds. The background is white, and the central text is set against a solid light green rectangular backdrop.

Gardening Planner

PLANT PROFILE SHEET

Common Name:



Botanical Name:

Variety:

Color/Appearance:

Purchased from:

Cost:

Date planted:

Indoor ☐

Outdoor ☐

Plant Label Code:

Location planted/Garden Bed No:

☐ Annual ☐ Perennial ☐ Biennial | Hardiness: ☐ Tender ☐ Half-hardy ☐ Hardy

Blooming Time: Jan Feb Mar April May June July Aug Sep Oct Nov Dec

Type of Plant: ☐ Houseplant ☐ Flower ☐ Creeper ☐ Climber ☐ Bush ☐ Shrub
☐ Herb ☐ Evergreen ☐ Fern ☐ Tree ☐ Other:

Typical Mature Height & Weight: Current Height&Width:

Use: ☐ Food/Cooking ☐ Drinks/tea ☐ Medicinal ☐ Oxygen ☐ Other:

Likes to grow with

(Companion planting):

Avoid to grow with:

Bee-friendly? ☐ yes ☐ no

Repels insects:

 Toxic to humans? ☐ extremely ☐ Mildly ☐ Moderatel ☐ No

Toxic to cats/ dogs? ☐ extremely ☐ Mildly ☐ Moderatel ☐ No

PLANT CARE & MAINTENANCE

Sun exposure: ☐ Full sun ☐ Part sun ☐ Part shade ☐ Full shade

Sunlight Need:     

Watering Need:          How often to water:

Fertilizer Need:      How often to fertilize:

Soil type needed: Soil PH:

Fertilizer to use:

Chemicals to use:

Pruning needs:

Instructions & Maintenance:

Notes:

SEED INFORMATION SHEET

Seed:

Label No:

Staple
your
seed bag
here

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Preparation before sowing: _____

Soaking: ☐ yes

☐ no

Sowing Depth: _____

Space between seedlings: _____

Space between rows of seeds: _____

Germination Time: _____ Days to mature: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no

💧 Watering Instructions: _____

Planned Location/Garden Bed No: _____

Notes:

Seed:

Label No:

Staple
your
seed bag
here

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Preparation before sowing: _____

Soaking: ☐ yes

☐ no

Sowing Depth: _____

Space between seedlings: _____

Space between rows of seeds: _____

Germination Time: _____ Days to mature: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no

💧 Watering Instructions: _____

Planned Location/Garden Bed No: _____

Notes:

BULB INFORMATION SHEET

Bulb Name:

Label No:

Staple
your
bulb bag
here

Botanical Name of plant: _____

Variety/Style: _____

Color: _____

Bulb purchased from: _____

Preparation before planting: _____

Drainage available: ☐ yes

☐ no

Planting Depth: _____

Space between bulbs: _____

Soil Preparation: _____

Germination Time: _____ Days to grow/sprout: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor Best time for planting: _____

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no

💧 Watering Instructions: _____

Planned Location/Garden Bed No:

Notes:

Bulb Name:

Label No:

Staple
your
bulb bag
here

Botanical Name of plant: _____

Variety/Style: _____

Color: _____

Bulb purchased from: _____

Preparation before planting: _____

Drainage available: ☐ yes

☐ no

Planting Depth: _____

Space between bulbs: _____

Soil Preparation: _____

Germination Time: _____ Days to grow/sprout: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor Best time for planting: _____

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no

💧 Watering Instructions: _____

Planned Location/Garden Bed No:

Notes:

TUBERS, RHIZOMES, CORMS INFORMATION SHEET

Plant Name: _____

Label No: _____

Picture/
Sketch
or
Staple
your
"seed"
bag
here

Botanical Name of plant: _____

Variety/Style: _____

Color: _____

Purchased from: _____

Preparation before planting: _____

Drainage available: ☐ yes
☐ no

Planting Depth: _____

Space between plants: _____

Soil Preparation: _____

Germination Time: _____ Days to grow/sprout/mature: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor Best time for planting: _____

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no 💧 Watering Instructions: _____

Location to be planted: _____ "Seed" Stored: _____

Notes:

Bulb Name: _____

Label No: _____

Staple
your
bulb bag
here

Botanical Name of plant: _____

Variety/Style: _____

Color: _____

Bulb purchased from: _____

Preparation before planting: _____

Drainage available: ☐ yes
☐ no

Planting Depth: _____

Space between bulbs: _____

Soil Preparation: _____

Germination Time: _____ Days to grow/sprout: _____

Plant Seeds Conditions: ☐ Indoor ☐ Outdoor Best time for planting: _____

Preferential air temperature: _____ Air Condition: _____

Preferential soil temperature: _____ Soil type: _____

☀ Light: ☐ yes ☐ no 💧 Watering Instructions: _____

Planned Location/Garden Bed No: _____

Notes:

NOTES

[illegible]

Date:

Home Planners Co

SEED INVENTORY

Seed:

Label Code:

Note:

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Growth rate: _____

Quantity left: _____

Buy again? ☐ yes ☐ no

Seed:

Label Code:

Note:

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Growth rate: _____

Quantity left: _____

Buy again? ☐ yes ☐ no

Seed:

Label Code:

Note:

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Growth rate: _____

Quantity left: _____

Buy again? ☐ yes ☐ no

Seed:

Label Code:

Note:

Botanical Name: _____

Variety: _____

Seed purchased from: _____

Growth rate: _____

Quantity left: _____

Buy again? ☐ yes ☐ no

Story

Name:

Date:

[illegible]

Inventory

[illegible]

[illegible]

tory

[illegible]

Story

[illegible]

ppings

[illegible]

Story

[illegible]

Inventory

[illegible]

ry

Name:

Date:

[illegible]

Story

[illegible]

[illegible]

.....

[illegible]

[illegible]

A decorative graphic featuring stylized green leaves and a white horizontal band. The leaves are rendered in various shades of green, with some showing detailed veins. A white horizontal band runs across the middle of the graphic. Below the band, there are several small, dark green, teardrop-shaped leaves. The overall design is clean and modern.

[illegible]

glance

Name:

Date:

[illegible]

Home Planners Co.

ng

[illegible]

Notes :

=====

Year:

Year:

Garden Plants

Notes:

Home Planners Co.

Monthly Planting Schedule

Year: _____

Flowers

January

February

March

April

May

June

July

August

September

October

November

December

Notes:

Monthly Planting Schedule

Year: _____

Fruits & Veggies

January

February

March

April

May

June

July

August

September

October

November

December

Notes:

Year:

Year:

Notes:

January
February

January
February
March

January
March
April

April

May

June

July

August
Sept

August
September

September
October

October

ember
Dec

December

Fruit Crop

Calendar

Year: _____

January

February

March

April

May

June

July

August

September

October

November

December

Notes:

Fruit:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Fruit:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Fruit:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Fruit:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Fruit:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Veggies Crop Calendar

Year: _____

January

February

March

April

May

June

July

August

September

October

November

December

Notes:

Veggie:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Veggie:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Veggie:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Veggie:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Veggie:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Plant Crop

Calendar

Year: _____

January

February

March

April

May

June

July

August

September

October

November

December

Notes:

Plant:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Plant:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Plant:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Plant:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

Plant:

Sow:

Plant:

Harvest:

Plant Care & Treatment:

ent Log

Name:

Date:

[illegible]

PEST & DISEASE TREATMENT

Plant Label#

Location planted/Garden Bed No: _____

Problem & Symptoms: _____

Any other plants infected: ☐ yes. Specify: _____
☐ no

Date:	Treatment/Changes done:	Result:
☐		
☐		
☐		
☐		
☐		
☐		
☐		

Notes: _____

Plant Label#

Location planted/Garden Bed No: _____

Problem & Symptoms: _____

Any other plants infected: ☐ yes. Specify: _____
☐ no

Date:	Treatment/Changes done:	Result:
☐		
☐		
☐		
☐		
☐		
☐		
☐		

Notes: _____

Garden budget

SEEDS & BULBS

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE PLANTED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

ITEMS FOR LAWN & YARD & OTHER

ITEM	QUANTITY	AVERAGE COST PER ITEM	DESCRIPTION	OTHER DETAILS	ALLOCATED BUDGET

Garden budget

FLOWER & BEDS

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE PLANTED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

SHRUBS & BUSHES & HEDGES

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE PLANTED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

Garden budget

ITEMS FOR PONDS & POOLS

ITEM	QUANTITY	AVERAGE COST PER ITEM	DESCRIPTION	OTHER DETAILS	ALLOCATED BUDGET

TREES

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE PLANTED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

Garden budget

LANDSCAPING

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE PLANTED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

GARDEN TOOLS, EQUIPMENT & ACCESSORIES

ITEM	QUANTITY	AVERAGE COST PER ITEM	TO BE STORED WHERE?	OTHER DETAILS	ALLOCATED BUDGET

Garden budget

OTHER

ITEM	QUANTITY	AVERAGE COST PER ITEM	DESCRIPTION	OTHER DETAILS	ALLOCATED BUDGET

OTHER

ITEM	QUANTITY	AVERAGE COST PER ITEM	DESCRIPTION	OTHER DETAILS	ALLOCATED BUDGET

Plant Shopping List

Priority	Plant	Description	Vendor	Qty	Cost

Notes :

vest

[illegible]

Notes :

OTHER GARDEN
INFORMATIONThis image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

GARDEN NOTES

Date : / /

A watercolor illustration of various green leaves and branches. Some branches have small, light-colored flowers or buds. The leaves are in different shades of green, from light to dark. The background is white with some faint, light-colored circular patterns. A large, light green rectangular box is centered on the page, containing the title text.

Gardening Planner

Part 2

Garden Checklist

Day

Month

NO.

TO DO

Y / N

		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
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		☐	☐
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		☐	☐
		☐	☐
		☐	☐
		☐	☐
NOTES			



GARDEN PLANNER

MONTHLY TO-DO LIST



January

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

February

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

March

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☐	_____
☐	_____

April

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May

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June

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July

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August

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September

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☐	_____

October

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☐	_____
☐	_____

November

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☐	_____
☐	_____
☐	_____

December

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____



GARDEN PLANNER

SEASONAL TO-DO LIST



Month _____

Early Spring

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Late Spring

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Summer

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☐	_____
☐	_____

Early Fall

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☐	_____
☐	_____
☐	_____
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☐	_____
☐	_____
☐	_____
☐	_____

Late Fall

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Winter

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____



GARDEN PLANNER

MONTHLY TO-DO LIST



Month _____

Garden Beds

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Lawn

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Fruits & Veggies

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Trees & Other

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Shrubs & Bushes

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Seeds & Bulbs

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

COMPOST BIN CARE

COMPOST BIN NO.	DATE WHEN				OTHER DETAILS
	FRESH MANURE ADDED	PILE IS TOSSED	WATERED	COMPOST REMOVED & ADDED	

GARDEN TRACKER

WEEK OF _____

	PLANT / CROP / OTHER	TO DO	WATER
Monday			         
Tuesday			         
Wednesday			         
Thursday			         
Friday			         
Saturday			         
Sunday			         



TOTAL HOURS OF SUNLIGHT

☐ Full Sun
☐ Partial Sun/Shade
☐ Shade

☐ FULL SUN: AT LEAST 6 HOURS OF FULL SUN TO 8-12 HOURS.
☐ PARTIAL SUN / PARTIAL SHADE: FOUR TO SIX HOURS OF DIRECT SUN
☐ SHADE = LESS THAN FOUR HOURS OF DIRECT SUN.

[illegible]

Year:

[illegible]

cklist

Home Planners Co

WEEKLY HOUSEPLANT TRACKER

☐ Water

☐ Fertilize

☐ Treat with chemical

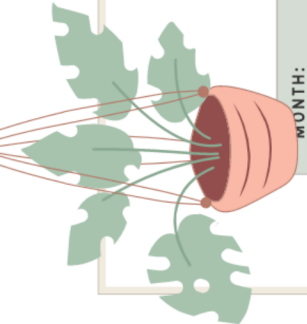
☐ Other: _____

MONTH:		WEEK OF:						
ROOM:		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
ROOM:		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
ROOM:		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
ROOM:		M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



WEEKLY HOUSEPLANT TRACKER

☐ Water

☐ Fertilize

☐ Treat with chemical

☐ Other: _____

MONTH:		WEEK OF:						
	ROOM:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
	ROOM:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
	ROOM:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
	ROOM:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

WEEKLY FLOWER TRACKER

☐ Water

☐ Fertilize

☐ Treat with chemical

☐ Other: _____

MONTH:		WEEK OF:						
#	FLOWERBED:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
#	FLOWERBED:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



WEEKLY PLANT/FLOWER TRACKER

☐ Water

☐ Fertilize

☐ Treat with chemical

☐ Other: _____

MONTH:		WEEK OF:						
#	PLANT/BED	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
#	PLANT/BED	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
#	PLANT/BED	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MONTH:		WEEK OF:						
#	PLANT/BED:	M	T	W	T	F	S	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

☐ Other:

1

1

5

MONTHLY GARDEN GOALS



♡

♡

♡

♡

♡

♡

♡

♡

♡

YEAR:

MONTH:

WEEK:

WEEKLY GARDEN SCHEDULE

	MON	TUE	WED	THU	FRI	SAT	SUN
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							

MONTHLY PLANNER

MONTH / YEAR:

	MON	TUE	WED	THU	FRI	SAT	SUN
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							
WEEK 5							



TASK LIST

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐



NOTES



MONTHLY GOALS:



JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

My Garden Journal Page

Name:

Date:

GARDEN PLAN

DATE:

NOTE:

[illegible]

GARDEN PLAN

DATE:

NOTE:

This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines that intersect to form small squares across the entire surface. There are no margins, text, or other markings on the paper.

GARDEN PROJECT

DATE:

NOTE:

A large grid of small dots, arranged in approximately 30 rows and 40 columns, covering the majority of the page. This grid is intended for users to draw or write their garden project details.

Measure garden and draw borders. Create a layout and design the garden with the plants' mature sizes in mind.

[illegible]

DATE:

☐ 3-6 hours without late day direct sunlight

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light blue lines. There are no margins, text, or other markings on the page.

Home Planners Co

GARDEN BED PLANNER

Garden Bed Number:

2

1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐
5	☐	☐
6	☐	☐
7	☐	☐
8	☐	☐
9	☐	☐
10	☐	☐
11	☐	☐
12	☐	☐



JOURNAL

Garden
journal

DATE: _____

TOP 3 THINGS:

☐ _____

☐ _____

☐ _____

WHAT EMOTIONS HAVE YOU FELT TODAY?



GARDEN PROGRESS TRACKER:



WHAT INSPIRED YOU OR WHAT DID YOU LEARN?

THINGS TO REMEMBER

☐ _____

☐ _____

☐ _____

[illegible]

PLANT TAGS

WITH REFERENCE NUMBER

No:

Plant:

Year:

No:

Plant:

Year:

No:

Plant:

Year:

No:

Plant:

Year:

No:

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