

326A Magill Rd
Kensington Park SA 5068
Phone: 08 8 33 222 99

HOMEOWNERS APPLICATION FOR HOUSESITTER

FOR HOSPITAL PATIENTS

(before filling in Application please read notes)

NAME (S).....

ADDRESS.....

.....Post Code.....

HOME PHONE NUMBER.(H)..... Mob.

E MAIL ADDRESS.....

HOSPITAL STAYING
IN.....

HOSPITAL ADDRESS.....

HOSPITAL PHONE NO.....FLOOR.....WARD

DATES OF HOSPITAL STAY - If not sure please give approx. details, to the best of your knowledge

FROM.....TO.....

DETAILS OF FAMILY MEMBER OR CLOSE FRIEND WHO YOU MAY CHOOSE TO HELP US ORGANISE YOUR HOUSESIT IN YOUR ABSENCE.

Name.....Phone No.....

Relationship to you.....

PETS

DOG (S).....CATS (S).....OTHER.....

IF DOGS-ARE THEY INDOOR OR OUTDOOR?.....

NAME(S).....

BREED.....

Please tell us if your pets require any special attention.....

.....

.....

Please ad extra page (s) if you have pets. See notes.

GARDEN

Is your garden extensive and if so how large ?.....

What type of garden is it ? (tick)

FLOWER.....INDOORPLANTS.....FRUIT TREES.....NATIVE.....

TREES.....POTTEDPLANTS.....CACTII.....O/DOORFISHPOND.....

How much time does it take per week to maintain ?

Are you prepared for your house sitter to use water at your expense to maintain garden in its current state ?.....

What specific items or parts of your home do you consider may need special attention ?

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(If any more space required, please add your own pages. **Whatever you feel is important for us to know to help with looking after your property needs to be in writing so that it will not be forgotten**)

Do you have a Swimming Pool ?.....If yes what type ?.....

Do you have a Spa ?..... Sauna?.....

I/We.....

hereby authorise Housesitting Services Pty Ltd to find us a House Sitter (s) for the approx. period stated. We have read and understood the information included which explains the service. We also acknowledge that a fee of \$340 is payable upon acceptance of Housesitter at Interview.

Signed.....

Signed.....

Please note that your signature on this page is an indication to us that our services will be required at approx. the dates requested.

Please post your application to your nearest office or email it or fax it to us.;

Our email address is; mckenna@housesittingservices.com.au

As soon as we receive your application, we will contact you and acknowledge that we have received it.

WE WILL LOOK AFTER YOUR HOME AS THOUGH ITS OUR OWN