FLEA TREATMENT PREPARATION FORM

The following steps are required and will assist in the elimination of your flea infestation.

Please make required preparations the day prior to your scheduled service day. All steps must be completed for treatment to be performed.

Please prepare ALL rooms. Your entire apartment must be treated.

1. ____ Clear ALL floors, even closet floors must be cleared of all objects to give your technician access to all floor surfaces.
2. ____ Vacuum and clean ALL rugs, carpets and furniture especially between and under cushions. Mop all tile and vinyl floors. Sweep all wood and concrete floors.
3. ____ Remove Pets. Pets cannot remain in the home during treatment. It is recommended that pets be professionally treated the same day as treatment. Fish tanks and aquariums must be shut off and covered with plastic.
4. ____ Wash or dispose of all pet bedding. If laundering, wash pet bedding separately from other linens in hot water.
5. ____ Show technician where pets sleep, rest and eat.
6. _____ People and pets must vacate unit for three hours.

FAQ:

Q: What will the technician do to treat for fleas in your home?

A: A fine insecticide/growth regulator aerosol will be applied to all floor areas and potentially infested areas. These areas may include carpet, rugs, tile, furniture, pet bedding, pet resting spot, and under furniture cushions.

Q: Will all fleas die immediately after treatment?

A: No. Nearly all fleas present will be killed by the time you return home. However, don't be alarmed if you see some fleas 3-4 weeks after treatment. These fleas are typically newly hatched from their protective pupal case and will be killed by the residual effects of the insecticide.

Q: How soon can you vacuum following treatments?

A: Normal vacuuming can be resumed 24 hours after your home has been treated and should continue every 3-4 days following treatment for 4-6 weeks.

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PLEASE LEAVE THIS SIGNED PART OF FORM IN ENVIROSMART MULTIFAMILY PEST SOLUTIONS LOG BOOK

I have read, understand and will follow the required preparations for flea treatment.

_____Unit#_____Date_____

Signed by Resident