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### **Bed Bug Treatment Preparation Sheet**

In order to have a successful treatment to eliminate the active Bed Bug infestation, we will need your COMPLETE COOPERATION. Pesticides alone will not eliminate the problem. You will need to follow these instructions carefully and perform all required tasks in the order in which they are noted.

#### **You will need the items noted below:**

- Access to washer and high-heat dryer
- Vacuum cleaner with disposable bags
- Strong trash bags w/ties

#### **Complete each step below by the day of extermination, preferably the day of if time allows:**

1. Collect and remove all washable fabric items from all rooms, to include closets, pantries, laundry room, etc.
2. Wash and dry on HOT and then seal items in strong trash bags. Each load should be dried twice.
3. Safely remove items sealed in bags from the home and do not return them until after treatment has been performed.
4. Remove all clutter from the interior of the home, to include boxes, bags, piles of items, etc.
5. Vacuum all surfaces with a strong-suction vacuum cleaner, then immediately dispose of the bag inside a strong trash bag and throw away into waste container outside.
6. Move ALL furniture at least three feet away from walls and pull carpet loose from the floor around the baseboards in all rooms and closets.
7. Destroy and throw away any infested items and furniture that you are willing to part with. You can prevent re-use by destroying these items.
8. Seal mattresses and covers with certified bed bug encasements and keep sealed for at least one year. NOTE: These may be placed on after treatment and can be purchased from LEVEL UP HOME SERVICES, LLC.
9. All people and pets (to include birds, fish, reptiles, and other small animals) must remain out of the dwelling for at least four hours after treatment has been completed.

By signing this form, I, \_\_\_\_\_, understand and agree to these terms and conditions. I also understand that if all the steps noted above are not entirely fulfilled, treatment may be declined a rescheduling fee may be assessed.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date