****

**FLEA TREATMENT PREPARATION FORM**

**THE FOLLOWING STEPS ARE REQUIRED AND WILL ASSIST IN THE ELIMINATION OF YOUR FLEA POPULATION**

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 home 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 technicians where pets sleep, rest and eat.
6. \_\_\_\_ People and pets must vacate 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 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 effect of the insecticide.

**Q. How soon can you vacuum following treatment?**

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

*I have read and do understand the procedures stated above and have also received treatment instructions*

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please make a copy for the resident and leave the original in the U.P.P binder*