



BEDBUG SPRAY

PREP SHEET

(*Cimex lectularius* Linnaeus)

Dear Residents,

Here are a few **crucial** steps to help for Bedbug elimination, your cooperation is greatly appreciated:

- Strip the bedding off the bed prior to treatment and place in large plastic garbage bag. Wash with soap and hot water and dry on HIGH heat immediately after treatment.
- Pick up any loose items off the floor prior to your treatment.
- All clothes on the floor need to be placed in a plastic garbage bag, wash with soap and hot water and dry on HIGH heat immediately after treatment.
- Get rid of any cardboard boxes and replace with plastic storage containers.
- Clean and vacuum the entire home VERY WELL prior to treatment.
- All furniture in the bedroom needs to be cleaned off and cleaned out. Remove all “knick-knacks” and items of side tables and dressers.

PET SAFETY-Remove food and water from dishes and wash with hot soapy water after treatment. All pets need to be removed.

YOUR SAFETY-Please leave your unit during treatment and plan to not return for at least two hours after treatment.

RECOMMENDATIONS-Purchase a mattress cover for both mattress and box-spring after treatment to prevent reinfestation.

RETURNING HOME-Please note that items may be disturbed during treatment to optimize elimination of Bedbugs. Items will be left disturbed to dry from treatment.

It is crucial that these instructions are carried out prior to treatment so that our service technician can start treatment immediately. If not, it is at the discretion of the Service Technician at Complete Pest Control if treatment will be made and if warranty will be available for treatment. Should the unit need to be rescheduled, there will be a rescheduling fee of \$150.00. Complete Pest Control is not responsible for results of clothing being washed with hot water and dried on HIGH heat. By signing this Prep Sheet, the customer has read and fully understands the provisions of this Prep Sheet with all its terms and conditions without limitations.

Customer: _____ Date: _____

By: _____ Date: _____

(Complete Pest Control Representative)