**PREPARATION CHECK LIST**

Thank you for choosing KNOCKOUT Exterminating. **It is absolutely necessary that the following instructions are followed in order to properly eliminate pests from your apartment.**

**The following preparations must be made** BEFORE **our arrival to benefit and achieve maximum results**

**KITCHEN**

1. **Remove all items (dishes, glassware, utensils, food, and cleaning supplies Ect.) from cabinets and storage.**
2. **Place all open FOOD in refrigerator or sealed in plastic bag.**
3. **All items may be placed on tabletops and covered with a sheet. KEEP FLOOR AREAS CLEAR.**
4. **Empty trash cans, and remove all items including books, documents, and any other items you do not use frequently, as the laws that govern our industry require such.**
5. **Wash down all cabinets and shelving and vacuumed crevices around shelving to remove food debris. This will allow the treatment to be more effective and help prevent re-infestation.**

**BATHROOM**

1. **Remove all items from medicine cabinet, storage cabinet, and drawers.**
2. **Place all personal items (toothbrushes, toothpaste, cosmetics, medication, Ect.) in sealed plastic bags. These bags can be placed in the bathtub, and keep floors clear of these items.**

**BEDROOM**

1. **Remove all items from closet floor and closet shelving.**
2. **Remove items from dresser drawers and cabinets.**
3. **Items may be stacked on beds and covered. KEEP FLOOR AREA CLEAR**

**EXTERIOR/ BALCONY**

1. **Move all pet food, water dishes, pet toys, and children’s toys away from perimeter of the house.**
2. **Trim grass and weeds around the perimeter of the property.**
3. **Remove all debris (leaves, clippings, sticks, boards, Ect.) from house perimeter.**

**PETS**

1. **Arrange to have pets vacated at least four hours.**
2. **Fish tanks must be covered and sealed with plastic. Pumps must be turned off at least four hours**
3. **Pet food dishes should be empty, clean and covered.**
4. **Birds and reptiles must be removed from structure.**

**YOU MUST BE OUT OF THE APARTMENT FOR A MINIMUM OF 3 HOURS**

**Date of service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of approximate arrival between\_\_\_\_\_\_\_&\_\_\_\_\_\_\_**

**Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**