



Date given to client: _____
 Clients Initials _____

**DEWEY PEST CONTROL
 INSTRUCTION SHEET FOR FLEAS AND TICKS
 ALL PESTICIDES WILL BE USED IN ACCORDANCE WITH MANUFACTURER'S LABEL**

TO WHOM IT MAY CONCERN:

In order to give you the best possible service, with the least inconvenience to you, we would appreciate your cooperation with these instructions before and after our technician treats your premises. Please take a few moments to read and become familiar with the content.

BEFORE

Vacuum all areas including pet resting and sleeping areas. Particular attention should be paid to areas between the baseboard and floor, closets, behind and on upholstered furniture. After vacuuming, the vacuum bag should be disposed of outside the premises to avoid it becoming a flea reservoir leading to re-infestation. **Please refrain from using any other products during our treatment program, as this can result in over application resulting in health risks and can affect the results or efficacy of our treatment program.**

1. All clothing, toys, pet dishes, etc., must be picked up from the floor and closets. Pet beds should be removed and cleaned.
2. Aquariums should be sealed off with a plastic covering, and filter turned off for a four (4) hour period.
3. Beds should be stripped.
4. Pets should be treated with a flea control product (at the time of service) and kept off treated areas until completely dry.
5. All windows should be closed for maximum effect.

NOTE: All persons must vacate for four (4) hours. Persons with ailing health, pregnancy, or infants must vacate for twenty-four (24) hours and/or follow their doctor's advice.

AFTER

1. Upon returning to the premises, open the windows for a short period of time.
2. After treatment, vacuuming will reduce the number of fleas. Dispose of vacuum bag immediately.
3. Old bedding of pets should be removed and replaced with fresh clean bedding.
4. Turn aquarium filter back on & remove plastic covering.

YOUR APPOINTMENT IS FOR: FOLLOW UP INSPECTION/TREATMENT: (IF NECESSARY)

DATE: _____ TIME: _____ DATE: _____ TIME: _____

If there is any change in plans, please call _____ Thank You

NOTE: Surrounding wild life such as squirrels, skunks, opossum, or feral cats carrying fleas/ticks can simply pass through your property dropping pests along the way. ALTHOUGH Treatments will help with the control, there is no 100% guarantee of keeping these pests off your property. See your technician regarding helpful tips to eliminate conditions conducive to future pest issues.

NOTICE

State law requires that you be given the following information:

CAUTION - PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board, and apply pesticides that are registered and approved by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the state finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and Dewey Pest Control immediately. For further information, contact Dewey Pest Control. For Health Questions contact the County Health Department. For Application information contact the County Agricultural Commissioner and for Regulatory information contact the Structural Pest Control Board. (SEE REVERSE SIDE FOR TELEPHONE NUMBERS)

The pest(s) to be controlled: _____ FLEAS _____ TICKS _____ OTHER _____
INSECT CONTROL CHEMICALS: (the pesticides actually used will be checked here or left on a door hanger or service order.)

_____ DEMAND CS – Lambda-Cyhalothrin _____ PRECOR IGR – Methoprene _____ BIFEN I/T – Bifenthrin
 _____ DRAGNET-SFR-Permethrin _____ HARMONIX -- Pyrethrins _____ ULTRACIDE-Pyriproxyfen
 _____ MICROCARE – Pyrethrins _____ ALPINE- Dinotefuran _____ OTHER _____

Client Signature _____ Client Address and Unit No. _____
 Revised 4/2014 **Please sign and return (1) copy to your Technician, (Tech to attach to QA Report).**

REFUSED SERVICE: _____ NOT PREPARED: _____
 Client initials: _____



DEWEY PEST CONTROL CO.

INSTRUCTION SHEET FOR ROACHES, ALL PESTICIDES WILL BE USED IN ACCORDANCE WITH MANUFACTURER'S LABEL

TO WHOM IT MAY CONCERN:

In order to give you the best possible service, with the least inconvenience to you, we would appreciate your cooperation with these instructions before and after our technician treats you premises. **In the event that everything is not ready, another appointment will need to be made by the client, at an additional charge.**

BEFORE

1. Remove all items from kitchen cupboards (lower and upper), dishes, pots, pans, glassware, foodstuff, canned goods, etc. Place them on a table and cover with a sheet (cupboards will not be treated if items are left inside). Take all drawers out and turn them upside down on a counter top.
 2. If any items are left on the kitchen floor or adjacent areas, keep them at least three (3) feet from the wall (bare area).
 3. Empty medicine cabinets, counter tops and all cabinets under bathroom sinks (towels, toilet tissue, medicines, etc.).
 4. Be sure the following areas have been cleaned/disinfected and free of dirt, dust, grease, and roach droppings prior to our arrival: **Kitchen cupboards, baseboards, door jamb facing, stove (underneath and behind) refrigerator, and counter tops.**
 5. **Pull stove and refrigerator away from wall.**
 6. **NOTE:** Dewey Pest Control recommends **all persons must vacate for 4 hours** and until treated areas have dried. Persons with ailing health, pregnancy or infants must vacate for 24 hours and/or follow their doctor's advice.
 7. **Remove all pets for at least a four (4) hour period.** Pet birds must be removed for twenty-four (24) hours.
 8. Aquariums should be sealed off with plastic coverings, and the filter tuned off for a four (4) hour period.
- AFTER**
1. Upon returning to the premises, open windows for a short period of time. Thoroughly ventilating treated areas following application can reduce potential odors.
 2. Turn aquarium filter back on & remove plastic covering.
 3. It is important to implement proper sanitation along with scheduled treatments.

YOUR APPOINTMENT IS FOR:

FOLLOW UP INSPECTION/TREATMENT: (IF NECESSARY)

DATE _____ TIME _____ DATE _____ TIME _____

If there is any change in plans, please call _____ Thank you.

NOTICE

State law requires that you be given the following information:

CAUTION – PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board, and apply pesticides that are registered and approved by the California Department of Pesticide Regulation and the United States Environment Protection Agency. Registration is granted when the state finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and Dewey Pest Control immediately. (SEE REVERSE SIDE FOR TELEPHONE NUMBERS)

For further information, contact any of the following: Dewey Pest Control; for Health Questions – the County Health Department; for Application Information – the County Agricultural Commissioner and for Regulatory Information – the Structural Pest Control Board.

The pest to be controlled: _____ ROACHES _____ OTHER _____

The pesticides used and the active ingredient:

INSECT CONTROL CHEMICALS: (The pesticides used will be checked here or left on a door hanger or service order.)

_____ ARILON-Indoxacarb _____ ONSLAUGHT FAST CAP- _____

_____ Esfenvalerate _____ BIFEN I/T – Bifenthrin

_____ DEMAND CS— Lambda-Cyhalothrin _____ PHANTOM – Chlorfenapyr

_____ GENTROL IGR- Hydroprene _____ SUSPEND SC – Deltamethrin _____ OTHER _____

_____ OTHER _____ TRANSPORT-Acetamiprid/ Bifenthrin _____ OTHER _____

Client Signature _____

Client Address and Unit No. _____

Revised 4/2014

Please sign and return (1) copy to your Technician, (Tech to attach to QA Report).

REFUSED SERVICE: NOT PREPARED:

Client Initials: _____

Date given to client: _____
Clients Initials: _____



DEWEY PEST CONTROL CO.

INSTRUCTION SHEET FOR SILVERFISH, HOUSE ANTS AND STORED FOOD PESTS ALL PESTICIDES WILL BE USED IN ACCORDANCE WITH MANUFACTURER'S LABEL

TO WHOM IT MAY CONCERN:

In order to give you the best possible service, with the least inconvenience to you, we would appreciate your cooperation with these instructions before and after our technician treats you premises. In the event that everything is not ready, another appointment will need to be made by the client, at an additional charge.

BEFORE

- 1) Remove all items from kitchen cupboards (lower and upper), dishes, pots, pans, glassware, foodstuff, canned goods, etc. Place them on a table and cover with a sheet (cupboards will not be treated if items are left inside). Take all drawers out and turn them upside down on a counter top.
- 2) If any items are left on the kitchen floor or adjacent areas, keep them at least three (3) feet from the wall (bare area).
- 3) Empty medicine cabinets, counter tops and all cabinets under bathroom sinks (towels, toilet tissue, medicines, etc.).
- 4) Any scrubbing or cleaning of cupboards, walls or shelves should be done **BEFORE** treating occurs.
- 5) **NOTE:** Dewey Pest Control recommends all persons must vacate for 4 hours and until treated areas have dried. Persons with ailing health, pregnancy, or infants must vacate for 24 hours and/or follow their doctor's advice.
- 6) Remove all pets for at least a four (4) hour period. Pet birds must be removed for twenty-four (24) hours.
- 7) Aquariums should be sealed off with plastic coverings, and the filter tuned off for a four (4) hour period.
- 8) For Ants be sure all possible food items are cleaned up such as soda cans, candy, and anything that can be a potential food source or attractant.
- 9) For Silverfish, assuring areas of your home are moisture free will help to eliminate silverfish.
- 10) For Stored Food Pest is it important to go through all stored food items for infested product such as spaghetti, noodles, cereal, flour, dried fruit, spices etc.... It is recommended to keep stored food products in freezer/refrigerator, or airtight containers.

AFTER

- 1) Upon returning to the premises, open windows for a short period of time. Thoroughly ventilating treated areas following application can reduce potential odors.
- 2) Turn aquarium filter back on & remove plastic covering.

YOUR APPOINTMENT IS FOR:
DATE _____ TIME _____

FOLLOW UP INSPECTION/TREATMENT: (IF NECESSARY)
DATE _____ TIME _____

If there is any change in plans, please call _____ Thank you.

NOTICE

State law requires that you be given the following information:

CAUTION - PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board, and apply pesticides that are registered and approved by the California Department of Pesticide Regulation and the United States Environment Protection Agency. Registration is granted when the state finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and Dewey Pest Control immediately. (SEE REVERSE SIDE FOR TELEPHONE NUMBERS)

For further information, contact any of the following: Dewey Pest Control; for Health Questions - the County Health Department; for Application Information - the County Agricultural Commissioner and for Regulatory Information - the Structural Pest Control Board.

The pest to be controlled: _____ ROACHES _____ SILVERFISH _____ HOUSE ANTS _____ STORED GRAIN PESTS _____ OTHER _____
The pesticides used and the active ingredient:

INSECT CONTROL CHEMICALS: (The pesticides used will be checked here or left on a door hanger or service order.)

_____ ONSLAUGHT FAST CAP-
 _____ Esfenvalerate _____ BIFEN I/T - Bifenthrin
 _____ ARILON-Indoxacarb _____ PHANTOM - Chlorfenvapryr
 _____ DEMAND CS - Lambda-Cyhalothrin _____ SUSPEND SC - Deltamethrin _____ OTHER _____
 _____ GENTROL IGR- Hydroptrene _____ TRANSPORT-Acetamiprid/ Bifenthrin _____ OTHER _____

Client Signature _____

Client Address and Unit No. _____

Date given to client: _____

Clients Initials: _____

Please sign and return (1) copy to your Technician, (Tech to attach to QA Report).

<p>REFUSED SERVICE: NOT PREPARED:</p> <p>Client Initials: _____</p>
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Date given to client: _____

Client Initials _____

BAIT APPLICATION INSTRUCTION SHEET FOR ROACHES
ALL BAIT WILL BE USED IN ACCORDANCE WITH MANUFACTURER'S LABEL

TO WHOM IT MAY CONCERN:

In order to give you the best possible service, with the least inconvenience to you, we would appreciate your cooperation with these instructions before and after our technician treats your premises. In the event that everything is not ready, another appointment will have to be made by the client, at an additional charge. Please take a few moments to read and become familiar with the content.

BEFORE

- 1) Any scrubbing or cleaning of cupboards, walls or shelves should be done before application occurs.
- 2) A bait application will be made to the top and lower corners of the cupboards. Please remove any items that would prevent us from treating these areas.
- 3) Remove all articles from underneath the kitchen and bathroom sinks in order to treat, under the sink, the corners, and the plumbing lines.
- 4) Remove all exposed food. Clean hidden areas, such as under the refrigerator, microwave, and stove where food particles or debris may accumulate. This removes alternate food sources that may compete with the bait.
- 5) Remove bags and boxes and other items that may cause clutter and provide hiding areas for insects.
- 6) Be sure to tell the technician where you have seen cockroaches. This will help the technician place the bait in areas of cockroach activity, making the bait placement more effective.

NOTE: The bait will not adhere to greasy or dusty surfaces, therefore removal of these items is extremely important in bait effectiveness. In the case of cockroaches, proper sanitation is key. Clean and remove any visible roach droppings (fecal matter looks like pepper) that may be left on or around cabinet door hinges, as roaches will feed on their excrement as means of survival. Be sure to clean up any dead roaches and egg capsules as roaches are also scavengers and will feed upon their dead to survive. Keep in mind that a successful baiting program will take time before showing results, and is dependant on tenant cooperation along with proper ongoing sanitation.

AFTER

- 1) Do not move any bait/application. The bait should be left undisturbed. Avoid contact with skin and clothing.
- 2) Do not spray other insecticides after we have treated. This may reduce the attractiveness of the bait and interfere with its ability to kill cockroaches.
- 3) Cockroaches must feed on the bait for it to work. You may see dead cockroaches within 24 hours after the treatment; however, maximum control takes approximately two weeks.
- 4) Many of the cockroaches may die on their feet and appear to be alive. Do not be alarmed! This is a result of the unique mode of action of the active ingredient.
- 5) If live cockroaches are still present three weeks after the initial service, call us so we can determine what follow up treatments may be required.

YOUR APPOINTMENT IS FOR:

DATE: _____ TIME: _____

FOLLOW UP INSPECTION/TREATMENT:

DATE: _____ TIME: _____

If there is any change in plans, please call _____ Thank You

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If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and Dewey Pest Control immediately.

For further information, contact Dewey Pest Control. For Health Questions contact the County Health Department. For Application Information contact the County Agricultural Commissioner and for Regulatory Information contact the Structural Pest Control Board.

The pest(s) to be controlled: _____ ROACHES the pesticides used and the active ingredient:

INSECT CONTROL CHEMICALS: (the pesticides actually used will be checked here or left on a door hanger or service order.)

____ADVION BAIT ARENA- Indoxacarb ____MAXFORCE FC MAGNUM- Fipronil ____MAXFORCE FC SELECT- Fipronil

____ADVION GEL BAIT-Indoxacarb ____MAXFORCE GEL BAIT- Fipronil ____VENDETTA PLUS- Abamectin

____INVICT PASTE- Abamectin ____OTHER _____ OTHER _____

Client Signature _____

Client Address and Unit No. _____

Revised 4/2014

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REFUSED SERVICE: NOT PREPARED:

Client Initials: _____