Rodent Control Service Agreement

Your Company Name
Address
City, State Zip
Phone Number

Description of structure(s) to be serviced:

Service Name

Address

City

State Zip

Telephone

Date of Service:

Billing Name

Address

City

State Zip

Telephone E-mail

Reason for Visit:

- ☐ Inspection / Consultation
- ☐ Animal Removal
- ☐ Trapping
- ☐ Deodorize
- ☐ Exclusion Repairs
- ☐ Other _____

Rodent to be Controlled:

- ☐ Gray Squirrel
- ☐ Flying Squirrel
- ☐ Roof Rats
- ☐ Norway Rats
- ☐ Field Mice
- ☐ Other _____

Recommended Exclusion Repairs:

Location:

- ☐ Interior
- ☐ Exterior
- ☐ Basement
- ☐ Crawl Space
- ☐ Attic
- ☐ Other _____

Trapping Program:

- ☐ 2 Weeks
- ☐ Start Date: _____
- ☐ Other _____
- ☐ End Date: _____
- ☐ # of Traps Used: _____
- ☐ Area Service: _____

Payment Terms:

Inspection Fee: $ _____

Setup Fee: Non-refundable $ _____

Total (Due at time of service.) $ _____

Materials:

- ☐ Aluminum Sheet Metal
- ☐ Siding: _____
- ☐ Formet Sheet Metal
- ☐ Plywood: _____
- ☐ Copper Stuff-It
- ☐ Wood: _____
- ☐ IPF Foam
- ☐ Other: _____

Method of Payment:

- ☐ Cash
- ☐ Check # _____
- ☐ Credit Card # Exp. Date _____ Auth. Code _____

Client understands they are responsible to provide access to the property when **Your Company Name** requests it, especially when traps are set inside the building. Client is also responsible to remove items from the access area(s) that may be damaged or soiled from **Your Company Name** work. The client is responsible for the security of the traps. Should the traps be stolen or damaged, client agrees topay replacement cost.

Recommendations:

Technichians Signature

Clients Signature

Date _____

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