



Office use Only:

Entered Date:

Initial:

Pest/Vermin Verification Form 44a

I _____ hereby state that pest/vermin control measures were implemented on date _____
using _____
Used by date of products are as follows _____.

By signing this form I am agreeing that I have taken measures and if coordination unit staff see pest or vermin at my home I agree to redo the control measures.

Signed by:

Date:



Office use Only:

Entered Date:

Initial:

Pet Verification Form 44b

I _____ hereby state that any and all animals kept at my registered care premises have ongoing Worming and Flea control measures in place.

By signing this form I am agreeing that I have taken measures and if coordination unit staff request I will agree to redo the control measures.

Signed by:

Date: