

# TREATMENT ESTIMATE

[Company Name]  
[Address]  
[Phone/Email]

Estimate #: [000]  
Date: [MM/DD/YYYY]  
Valid Until: [Date]

## Client Information:

[Customer Name]  
[Service Address]  
[Phone Number]

## Pet/Property Details:

Pet Name(s): [Name/Species]  
Treatment Area: [Indoor/Outdoor/Sq Ft]  
Infestation Level: [Light/Moderate/Heavy]

Service / Product Description	Qty/Size	Unit Price	Total
Initial Inspection & Assessment	-	\$	\$
Flea/Tick Topical or Oral Application	-	\$	\$
Yard/Perimeter Spray Treatment	-	\$	\$
Indoor Fogging / Residual Spray	-	\$	\$
Follow-up Visit (Recommended)	-	\$	\$

Subtotal: \$0.00

Tax: \$0.00

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**Total Estimate: \$0.00**

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**Notes:** This is an estimate only. Final costs may vary based on actual surface area or severity of infestation found during treatment. Safety precautions (evacuation time for pets/humans) will be provided upon booking.

Thank you for your business.