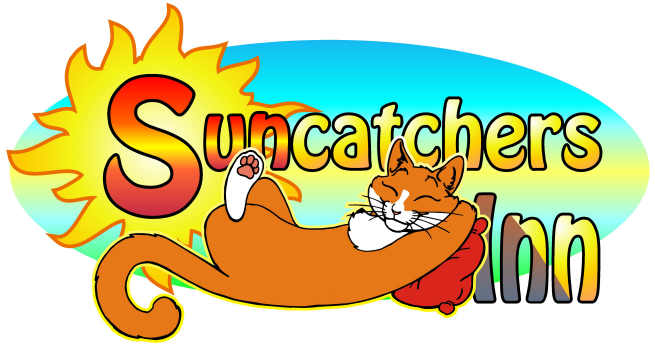


Suncatchers Inn GUEST PROFILE

Date In: _____ Feline Guest: _____
 Second Guest: _____ Age(s): _____
 Vaccinations (last date of): _____
 Spay/Neuter: Y / N



Welcome! Please fill in all the information we'll need

OWNER INFO & WHEREABOUTS

Name(s):	
Home Address:	
Where I'll/we'll be:	
Phone:	Cell phone:
Date/time expected home:	E-mail:

INSTRUCTIONS

Meals and snacks:
Food schedule:
Allergies:
Medications:
Likes/dislikes:
Favorite toys or games:
I/We give you permission to use photographs for website or advertising purposes YES NO

ADDITIONAL INFORMATION

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MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name/address):	Phone:
Emergency veterinarian (name/address):	Phone:
I/We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care. YES NO CONTACT US FIRST	

EMERGENCY CONTACT INFORMATION

Name of Contact:	
Phone #:	Email:

OWNER'S SIGNATURE(S) _____