

Suncatchers Inn GUEST PROFILE



Feline Guest: _____ **Date:** _____
Age (birthday): _____
Vaccination Record: date of _____
Spay/Neuter date: _____

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 veterinary clinic (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) _____