

Wildman Lake Lodge, Inc.
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Hunting Guest Information Form

We are naturally concerned about the welfare of our guests and would appreciate your providing the following information to help us better prepare for your Alaska hunt. **Please return this form by mail or scan and Email it to us at your earliest convenience.**

First Name: _____ Last Name: _____ Phone: _____

Date of Birth: ____/____/____ Height: _____ ft./in. Weight _____ lbs. Sex: ____ M / F

In case of emergency please notify: _____ Relationship: _____

Phone: _____ Alternate: _____ Phone: _____

1. Have you been hospitalized in the past year? _____ If YES, for what?

2. Have you been treated recently for any illness? _____ If YES, describe:

3. Are you currently taking any prescription medication? _____ Y / N

Please list: _____

4. Are you diabetic? _____, Type ____ Do you have high blood pressure? _____

5. Do you require any special diet for medical reasons? _____ If YES, describe:

6. Please list any known allergies: _____

7. Describe your physical condition: () Excellent () Good () Fair () Poor

8. Do you smoke cigarettes? _____ Do you exercise regularly? _____

Date _____

Signature: _____