

**Wildman Lake Lodge, Inc.**  
**Mail to: PO Box 108 - Mountain Home, TX 78058**  
**Telephone: 830-640-3536 - Email: fish@wildmanlodge.com**

**Fishing 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 arrival at Wildman Lake Lodge. **Please return this form by mail or e-mail at your earliest convenience.**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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, describe below:

\_\_\_\_\_

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

\_\_\_\_\_

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

Please list: \_\_\_\_\_

4. Are you diabetic? \_\_\_\_\_ Do you have high blood pressure? \_\_\_\_\_

5. Do you **require** any special diet or foods? \_\_\_\_\_ If YES, describe below:

\_\_\_\_\_

6. Please list any known allergies. \_\_\_\_\_

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

8. Couples Only: We prefer our room with: \_\_\_\_\_ Twin Beds \_\_\_\_\_ King Size Bed

9. ( ) I plan to use LODGE spinning gear. - ( ) I plan to RENT lodge fly fishing gear.

Date \_\_\_\_\_

Signature: \_\_\_\_\_