



ADMITTING :

Date Admitted: ___/___/___

Admitting Clerk: _____

PATIENT'S INFORMATION:

Patient's Name: _____

Patient's Age: _____ Gender: _____ Height: _____ Fur Color: _____

Has your bear ever had medical attention before? Y or N

Is he/she allergic to any medication? Y or N

If Yes, please describe: (Chocolate, hugs, kisses, etc, . . .) _____

Description of bear's Injury/Ailment: _____

Do we have permission to perform emergency surgery? Y or N

PARENT OR GUARDIAN INFORMATION:

Name: _____ Age: _____

Address: _____

Town/City: _____ State: _____ Zip code: _____

Phone: Day: (___) ___ - ___ Evening: (___) ___ - ___

Email Address: _____

Owner's Signature: _____ Date: ___/___/___

PLEASE NOTE: We can admit only Vermont Teddy Bears to the Bear Hospital.™
If you're not sure yours is an authentic Vermont Teddy Bear,
please call us at 800-988-8277.

If you have any questions or concerns about your Teddy Bear please call us at 800-988-8277.

*The Vermont Teddy Bear Hospital
P.O. Box 965, or 6655 Shelburne Road, Shelburne, Vermont 05482*

This Section For Bear Hospital Employees

RELEASE :

Date Released: ___/___/___

Hospital Representative: _____

Comments/Further care needed: _____
