

therapy.



The Vermont Teddy Bear Hospital 6655 Shelburne Road, Shelburne, Vermont 05482

	// PLEASE SEND BEAR			erk: EAR NAKEI	
PATIENT'S INI	FORMATION:				
Patient's Name:					_
Patient's Age:	Gender:	Height:	Fur Color:		
Has your bear ever	had medical attention befor	e? Y or N	When?		
Is he/she allergic to	any medication? Y or N				
If Yes, please descr	ibe:				
Description of bear	's Injury/Ailment:				_
Do we have permiss	sion to perform emergency	surgery? Y	or N		
On the rare occasion	on that a specific Bear fur-	color or otl	her design is disco	ntinued, makin	g it impossible for us to
equal value. PARENT OR G	UARDIAN INFORMA	TION:			
Name:			Age:		_
Address:					_
Town/City:		State: _	Zip code:		_
Phone: Day: () Eve	ning: (_)		
Email Address:					_
Owner's Signature:			Date:/	_/	_
PLEASE NOTE:	*We can admit only Verm	ont Teddy	Bears to the Bear H	Iospital. [™] If you	are unsure if yours is an
authentic Vermont	Teddy Bear, please call us a	nt 800-988-	8277.		
*Our lifetime guara	antee applies to the bears t	hemselves	, not outfits or acc	essories.	
*All of our bears ar	e machine washable! Our E	Bear Hospita	al does not have the	e ability to wash	bears admitted to the
hospital. Please foll	ow the care instructions on	our website	e, http://www.verm	iontteddybear.co	om/lifetime-guarantee,
or contact our custo	mer service department for	washing in	structions.		

*Please allow up to 4 weeks for our hospital staff to assess the injury, perform the surgery, and help with physical