



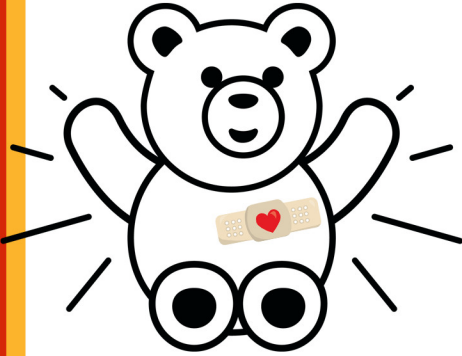
TEDDY BEAR HOSPITAL



PATIENT INTAKE FORM



PATIENT INFORMATION:



Patient Name: _____

Patient Age: _____

Gender: _____

Fur Color: _____

Reason for visit: _____

GUARDIAN INFORMATION:



PLEASE MAKE SURE THE BELOW INFORMATION IS ACCURATE AND LEGIBLE SO THAT WE CAN RETURN YOUR TEDDY TO THE CORRECT HOME.

Guardian Name: _____

Address: _____

Phone Number: () _____

Guardian Signature: _____ Date: _____

PLEASE ALLOW 4-6 WEEKS FOR OUR HOSPITAL STAFF TO ASSESS THE INJURY, PERFORM SURGERY & DELIVER HOME SAFELY. DUE TO CAPACITY OF HOSPITAL STAFF, SURGERY MAY BE DELAYED FOR EXTENDED PERIODS OF TIME.



TEDDY BEAR HOSPITAL
SPONSORED BY SNI VALLEY FIRE PROTECTION DISTRICT
1600 S. BROADWAY, OAK GROVE, MO 64075
(816) 690-6990

