TEDDY BEAR HEALTH CERTIFICATE

Bear Patient Name: ____________________________

Next of Kin: ____________________________ (Owner's name here)

Well Bear Tender Loving Care Syndrome (TLC):

___ Too Much ___ Just Right ___ Not enough

Ailing Bear Symptoms:

___ Loss of Limb ___ Paw ___ Arm ___ Leg ___ Old Age
___ Stuffing Herniation ___ Weakness of Seams ___ Color Loss

RX:

Hug Bear Twice Daily________

Bed Rest with Owner ________

Date______________________

Checked by: __________________________

B.D. (Bear Doctor)