

[The purpose of this document is to give the person you designate (Your "Agent") broad powers to make health care decisions for your animal(s), including power to require, consent to or withdraw any type of care or medical treatment for any medical condition and to admit or discharge your animal(s) from any hospital, clinic or other institution. This document does not impose a duty on your agent to exercise granted powers; but when a power is exercised, your agent will have to use due care to act for your benefit and in accordance with this form. A court can take away the powers of your agent if it finds the agent is not acting properly. You may name co-agents and successor agents under this form, but you may not name a health care provider who may be directly or indirectly involved in rendering health care to your animal(s) under this power. Unless you expressly limit the duration of this power in the manner provided below, until you revoke this power or a court acting on your behalf terminates it, your agent may exercise the powers given herein throughout your lifetime, even after you become disabled, incapacitated or incompetent. It is recommended that you keep a copy of this document in your tow vehicle, along with a copy of the "To First Responders" document, which provides additional contact information and details on the care and treatment of the animals. If there is anything about this form that you do not understand, you should consult a lawyer.]

## LIMITED POWER OF ATTORNEY FOR ANIMAL HEALTH CARE

LIMITED POWER OF ATTORNEY made this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_. I/We, (name) \_\_\_\_\_, of  
(address) \_\_\_\_\_,  
(city) \_\_\_\_\_, (state) \_\_\_\_\_, (zip code) \_\_\_\_\_,  
hereby appoint: my (relationship) \_\_\_\_\_ (appointee  
name) \_\_\_\_\_ as my  
attorney-in-fact (my "agent") to act for me and in my name in any way I could act in  
person to make any and all decisions for me concerning the care, medical treatment,  
hospitalization, and to require, withhold or withdraw any type of medical procedure  
for my animal(s), even though death may ensue. My agent shall also have full power  
to make a disposition of any part or all of my animal's body for medical purposes,  
authorize autopsy and direct the disposition of my animal's remains.

This power of attorney shall become effective on (start date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and  
continue until: (check one)  (end date) \_\_\_\_/\_\_\_\_/\_\_\_\_, or  until further notice.

If any agent named by me shall die, become legally disabled, incapacitated or  
incompetent, or resign, refuse to act, or be unavailable, I name the following:

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I am fully informed as to all contents of this form and understand the full import of this grant of powers to my agent.

\_\_\_\_\_  
Principal(s)

\_\_\_\_\_  
Print Name(s)

The principal(s) has had an opportunity to read the above form and has signed the above in our presence. We, the undersigned, each being over eighteen years of age, hereby witness the principal's signature at the request and in the presence of the principal, and in the presence of each other; the day and year above set out.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name & address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name & Address

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_, by (name)\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Justice of the Peace

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

