

**ADVANCE DIRECTIVE
DURABLE POWER OF ATTORNEY FOR PET CARE**

I, _____ hereby appoint _____ of _____
Address _____ City _____ State _____ Zip _____

Telephone Number(s): Daytime _____ Evening _____ as my agent to make any and all pet care decisions for my pet(s), except to the extent that I state otherwise in this document or as prohibited by law. This durable power of attorney shall take effect in the event that I become unable to care for my pet(s).

STATEMENT OF DESIRES, SPECIAL PROVISIONS AND LIMITATIONS REGARDING CARE OF MY PET(S)

If I am unexpectedly hospitalized, I have made arrangement with _____ of _____ to care for my pet(s) in a responsible manner. I authorize payment of these services from my assets. Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize my agent to direct that my pet(s) be humanely euthanized, the fee for which will be paid from an account set up from my assets.

Circle and initial your choice: If I should become permanently institutionalized:

1. (_____) I authorize my agent to use his/her best judgment in finding good homes for my pet(s). If necessary my agent is authorized to seek the help of an animal shelter, veterinarian, an animal adoption service, and or a breed rescue/relocation organization to assist in the placing of my pets. I realize that there is the possibility that my pet(s) may have to be euthanized if suitable homes cannot be found.
2. (_____) I have made arrangements with _____ of _____ to care for my pet(s) for the rest of his/her/ their natural life span.

Other specific desires: In the event that the person I have appointed is unable, unwilling, unavailable, or ineligible to act as my pet care agent, I hereby appoint the following as alternates:

Name	Address	City	State	Zip	Telephone
1.					
2.					

I hereby release the names person(s) and/or institution(s) relying on this Durable Power of Attorney for Pet Care from any and all liability to me or to my estate for any actions taken pursuant to this Advance Directive and hold them harmless for their reliance on any instruction of the designated agent or alternate.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ of _____, 20____

(Signature of Pet Owner)

I declare that the principal appears to be of sound mind and free from duress at the time of the signing of this Durable Power of Attorney for Pet Care and that the principal has affirmed that he or she is aware of the document and is signing it freely and voluntarily.

WITNESS _____ ADDRESS _____

WITNESS _____ ADDRESS _____

NOTARY PUBLIC:

My Commission Expires:

LIST OF PETS:

Name	Species/Breed	Permanent ID (tattoo, microchip, etc.)	Age at DPA signing
1.			
2.			
3.			
4.			