



MEDICAL POWER OF ATTORNEY

1. Authorization

I, _____, owner of the pet described below, hereby appoint **Alejandra Rolfhus**, as my agent and attorney-in-fact.

2. Purpose and time frame

This limited Power of Attorney is effective from [Start Date] until December 31, 2025, inclusive. It authorizes my agent to make any decisions regarding the medical care and treatment of my pet, with my text-written approval or verbal phone approval, including but not limited to:

- Approving and authorizing any veterinary treatments deemed necessary by our licensed veterinarian, and in case he/she is not available, another licensed veterinary clinic in proximity to our home located at:
 - **Address:** _____

- Transporting my pet to and from the veterinary clinic.
- Executing any consent, release, or waiver of liability required by the veterinary clinic.
- Authorizing emergency care, and, if necessary, humane euthanasia, based on the advice of a licensed veterinarian with my text-written approval or verbal phone approval.

3. Pet's Information

- Pet's Name: _____
- Species and Breed: _____
- Age and Sex: _____
- Distinguishing Features (markings, color, etc.): _____
- _____
- Known Medical Conditions/Allergies: _____

4. Financial Responsibility:

- I accept full financial responsibility for all services and care administered. I will provide my agent with a credit card number for any expenses that may be incurred.
- Authorization Limit: I authorize my agent to approve veterinary services up to a maximum of \$ _____ with my direct consent. For costs exceeding this amount, my agent or the veterinary clinic must attempt to contact me for approval.

5. Contact Information and Guidelines

- **Pet Owner Contact Information:**

- Phone(s): _____
- Email: _____

- **Authorized Agent Contact Information:**

- Phone: (210) 310-5869
- Email: allyrolfhus@allyscozyconcierge.com

- **Regular Veterinarian Information:**

- Clinic Name: _____
- Veterinarian's Name: _____
- Phone: _____
- Address: _____

- **Emergency Veterinarian Information (optional-if regular veterinary is unavailable):**

- Clinic Name: _____
- Phone: _____
- Address: _____

6. Signatures and Date

Pet Owner's Signature

Date

Pet Owner's Printed Name

Agent's Signature

Date

Alejandra Rolfhus

Agent's Printed Name