

Pet Care Power of Attorney

I, _____, pet owner, hereby appoint _____ pet caregiver, as my agent and attorney-in-fact, to make decisions and to take actions necessary for maintaining the health of my pet, [Pet name, species, breed, color, age, sex, weight, license/microchip number, description, markings:] _____

_____ specifically,
1. **Authority:** except for the acts, procedures or treatments specifically limited or excluded below, or prohibited by law, to provide pet care related to food, shelter, boarding, grooming, exercise, toys and protection from harm, injury or theft; to approve and authorize any and all medical treatment deemed necessary by a licensed veterinarian; to execute any consent, release or waiver of liability required by veterinary authorities related to the provision of medical, surgical or other essential care to my pet by qualified veterinary medical personnel; to consent to euthanasia based on the advice of a licensed veterinarian.

2. **Final disposition.** In the event of my pet's death, my wish for the final disposition of the remains is: _____

3. **Exclusions.** I do not authorize the following acts, procedures or treatments: _____

4. **Financial responsibility.** I accept financial responsibility for necessary pet care, medical care and final disposition, if needed. I will reimburse pet caregiver for any reasonable pet care, medical care or final disposition expenses.

5. **Medical history.** My pet has the following medical history and takes the following medications:

Medical history: _____

Vaccinations, dates: _____

Medications: [name, dose, frequency, method of delivery, notes] _____

6. **Limit.** Pet caregiver may authorize, without my approval, veterinary services up to and including a total of \$ _____. Any amounts over the total amount require that the pet caregiver or the veterinarian must contact me by phone at _____ or by email at _____ for discussion and approval.

7. **Veterinarian.** If possible, the veterinarians to be used will be, as appropriate, based on the urgent nature of need, Regular vet's name, address, phone number _____

or emergency vet clinic, name, address, phone number _____

8. **Other information/provisions:** _____

9. **Effective date.** This durable Power of Attorney, POA, is effective on date _____, 20____ and shall terminate on date _____, 20____ and revokes any prior pet care power of attorney.

Pet Owner signature: _____ Date: _____

Address: _____

Pet Caregiver signature: _____ Date: _____

Address: _____ Phone: _____

State of _____)

County of _____)

Acknowledged before me on _____, 20____ by _____ and _____.

Notary Public

[Seal]