

# Limited Power of Attorney for Veterinary Care

Owner(s) Name(s)	Pet Name
Address	Species
City/State/Zip	Breed
Phone Number 1	Color/Markings
Phone Number 2	Sex
Email	Age

I, \_\_\_\_\_, hereby appoint:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**, as my agent /attorney-in-fact.**

I appoint my agent / attorney-in-fact to make any and all health care decisions for my pet: \_\_\_\_\_, (described above) in my absence; except to the extent I state otherwise in this document. My agent shall follow my wishes, as set forth through this document or other means. If my agent cannot determine the choice I would want for my pet, then my agent's decision shall be based on what he or she believes is in my pet's best interest. This medical power of attorney takes effect if I am unable to make health care decisions for my pet due to illness or absence. The following sets forth limitations on the decision-making authority of my agent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This power of attorney STARTS on: \_\_\_\_\_. This power of attorney ENDS on: \_\_\_\_\_.

- I certify that I am the legal owner of the pet described above.
- I certify that I am over eighteen years of age.
- I certify that I will directly reimburse my agent / attorney-in-fact for all veterinary costs incurred, unless a prior billing arrangement is in place with the designated Animal Hospital.

I hereby authorize and consent to this limited power of attorney.

\_\_\_\_\_  
**(Signature of Owner)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
 (Signature of Witness)

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

\_\_\_\_\_  
 (Date)