

Durable Power of Attorney for Pet Care

- This form serves as a Pet Care advance directive and allows you to select someone to make health care decisions and provide care for your pet or pets in the event you are incapacitated or otherwise unable to care for your pet(s).
- Make sure to designate someone you can trust to make health care decisions on behalf of your pet or pets if you become ill, injured, or otherwise incapacitated to make them yourself.
- Fully discuss with your agent your priorities concerning daily care and emergency health care or treatment for your pet or pets.
- Provide detailed guidance for your agent in the Addendum.
- Select an alternative agent in the event the designated agent is unable to fulfill his or her duties when the occasion arises.
- Post a copy of this document near the crate so emergency personnel can contact the agent immediately rather than animal control, a shelter, humane society, or rescue group.
- If you travel to dog shows, obedience, agility, or field trials, or vacation with your pet or pets, place a copy of this document in the glove compartment of your vehicle with your vehicle registration in the event of an accident so emergency personnel can contact the agent immediately rather than animal control or a humane society.
- Provide the designated agent with a set of house keys and any home security code so they can retrieve the pet(s). Emergency personnel may not wait for the agent's arrival.

Instructions

- Read and complete document carefully, but do not sign.
- This document should be witnessed by two persons and signed in the presence of a Notary Public.
- All concerned individuals and businesses should receive a copy of this document.
- The original copy of this document should be kept in a safe location with your Last Will and Testament.
- Complete and attach the Pet Inventory and Instructions Addendum. Update the Addendum as changes occur. Complete a separate Addendum for each pet.

DURABLE POWER OF ATTORNEY FOR PET CARE

- Advance Directive with Addendum

I _____ hereby appoint Agent's Name

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____ 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 I become unable to care for my pet(s) due to accident, illness, injury, incapacitation, or death.

My Address _____

My phone _____ My email _____

Today's Date _____

In the event the person I appoint above is unable, unwilling, unavailable, or ineligible to act as my pet care agent, I hereby appoint

Alternate Agent's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

The original copy of this document will be kept at the following safe location

_____ and the following

persons and institutions will have signed copies:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

My designated Agent knows my wishes and pet care instructions based on our conversations and on any other guidance I may have written.

My agent has full authority to make decisions for me concerning the care of my pet or pets according to my stated instructions and wishes.

If the choice I would make is unclear, then my agent will decide based on what he or she believes to be in my pet (or pets') best interests.

My Agent's authority to interpret my wishes is intended to be as broad as possible and includes the following authority:

- To agree to, refuse, or withdraw consent to medical care, treatment, surgical procedures, tests, or medications.
- To have access to medical records and information to the same extent that I am entitled to, including the right to disclose health information to others.
- To authorize the admission to or discharge from any veterinary clinic or hospital.
- To contract for any health care related service (including, but not limited to, medical care, treatment, surgical procedures, tests, or medications) for my pet or pets, with the understanding that my agent is not personally financially responsible for those contracts.
- To authorize participation in medical research related to my pet's medical condition.
- To decide about organ and tissue donations, necropsy, and the disposition of my pet's remains.
- To take any other action necessary to do what I authorize here, including signing waivers or other documents.

I hereby release the named person(s) and any 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 instructions of the designated agent or alternate agent.

Health care providers can rely on my Agent. No one who relies in good faith on any representations by my agent or alternate agent will be liable to me, my estate, my heirs or assigns for recognizing the agent's authority.

In the event I am traveling with my pet or pets outside my normal jurisdiction, it is my intention this Durable Power of Attorney for Pet Care be universally accepted and valid in any jurisdiction in which it is presented.

I intend copies of this document to be as effective as the original document.

I understand the contents of this document and the effect of granting said enumerated powers to my agent.

In witness whereof, I have here unto signed my name

Signature _____

My printed name _____

My address _____

Phone _____ email _____

Date _____

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

Witness One

Printed Name _____

Signature _____

Address _____ Phone _____

County _____ State _____ Date _____

Witness Two

Printed Name _____

Signature _____

Address _____ Phone _____

County _____ State _____ Date _____

The said Principal _____ and Witnesses

_____ and _____ are satisfactorily proven to be the principal and witnesses named in the above-named instrument, respectively, and personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged the foregoing instrument to be freely and voluntarily executed for the purposes stated therein.

Signature _____

Printed Name _____

My Commission Expires _____ Notary Public