



Durable Power of Attorney for Pet Care

Instructions

1. Read and complete document carefully, but do not sign.
2. This document should be witnessed and signed in the presence of a Notary Public.
3. Make sure that all concerned individuals and businesses get a copy of this document.
4. The original copy should be kept with will.
5. Complete and attach the pet inventory as changes occur.

Advance Directives

DURABLE POWER OF ATTORNEY FOR PET CARE

I _____ hereby appoint _____
of _____ (Phone) _____
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) or when I die.

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

1. If I must be unexpectedly hospitalized, I have made arrangements with:
_____ (Kennel, Animal Hospital, person)

of _____ (Phone) _____
to care for my pet(s) in a responsible manner. I authorize my agent to set up an account from my assets to pay for these care services.

_____ Yes No (Circle your choice and initial beside it.)

2. Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize my agent to direct that the pet(s) be humanely euthanized, the fee for which will be paid from an account set up from my assets by my agent.

_____ Yes No (Circle your choice and initial beside it.)

3. If I should die or be permanently institutionalized (circle your choice of a. or b. and initial beside it):

a. _____ I authorize my agent to use his/her best judgement in either finding good homes for my pet(s) or allowing a licensed animal shelter or veterinary hospital to place my pet(s). I realize that there is the possibility that my pet(s) may be euthanized if suitable homes cannot be found.

b. _____ I have made arrangements with _____
of _____ (Phone) _____ to care for my pet(s) for the rest of his/her/their natural lifespan.

4. Other specific desires:

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

of _____ (Phone) _____ as alternate agent.

The original of this document will be kept at _____ and the following persons and institutions will have signed copies:

I hereby release the named person(s) and 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.

In witness whereof, I have here unto signed my name this day of _____

I declare that the principal appears to be of sound mind and free from duress at the time of 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 Address

Witness Address

State County

Then personally appeared the above-named and acknowledged the foregoing instrument to be free act and deed before me

Notary Public/Justice of the Peace My Commission Expires _____

Inventory of Pets

<i>Name of Pet</i>	<i>Breed, sex and description</i>	<i>Date of Birth</i>