

**Client Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Species/Breed:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Medical Power of Attorney**

I authorize:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

as my agent to make any and all health care decisions for my pet, 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 to be in my pet’s best interest.

I understand that I am responsible for all charges incurred by treatments my agent approves. I also understand that payment is due at the time of service and I have made arrangements with my agent to pay in full at the time of visit.

The following sets forth limitations on the decision-making authority of my agent (initial one):

\_\_\_\_\_ I agree to pay for all authorized services, as long as the fees for my pet’s medical care do not exceed \$\_\_\_\_\_.

\_\_\_\_\_ No limitations shall be imposed on my agent.

I understand that this power of attorney revokes any prior medical power of appointment and shall exist as of \_\_\_\_\_ until \_\_\_\_\_.

I hereby sign my name to this medical power of attorney.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date