

**Medical Power of Attorney**



I, the undersigned owner of my pet(s),

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR \_\_\_\_\_ Any and all of my pets

hereby appoint:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_

as my agent to make any and all health care decisions for my pet(s), 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(s), then my agent's decision shall be based on what he or she believes is in the best interest of my pet(s).

The following sets forth limitations on the decision-making authority of my agent (*initial those that are applicable*).

1. \_\_\_\_\_ The agent's decisions must be made in accordance with the living will directive for my pet, executed on this date \_\_\_\_\_.

2a. \_\_\_\_\_ I agree to pay for all authorized services, as long as the fees for my pet's medical care do not exceed \$ \_\_\_\_\_

**OR**

2b. \_\_\_\_\_ I agree to pay for all authorized services without financial or medical limitations.

## Medical Power of Attorney

I understand that this power of attorney revokes any prior medical power of appointment and shall exist indefinitely from the date I execute this document unless I establish a shorter time or revoke this power of attorney. If I am unable to make health care decisions for my pet(s) and this power of attorney expires, the authority I have granted to my agent shall continue to exist until the time I am able again to make health care decisions for my pet.

This power of attorney ends on \_\_\_\_\_.  
Date

If the person designated as my agent is unable or unwilling to make health care decisions for my pet, I designate the following alternative person to serve as my agent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

\_\_\_\_\_  
Owner Name (printed)

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Completed forms maybe be emailed to [contactus@highlandanimalhospital.net](mailto:contactus@highlandanimalhospital.net) or faxed to 610-767-8484