

LIMITED POWER OF ATTORNEY FOR ANIMAL MEDICAL CARE, CUSTODY, AND CONTROL

LIMITED POWER OF ATTORNEY executed this ____ day of _____, 20__ regarding canine(s):

Call Name _____
AKC Registered Name _____
AKC Registration Number _____
Microchip Identification Number _____

Call Name _____
AKC Registered Name _____
AKC Registration Number _____
Microchip Identification Number _____

I/We, (owner(s) name) _____, of
(address) _____,
(city) _____, (state) _____, (zip code) _____, hereby
identify: (dog handler name) _____, as my agent to act for me, and
in my name, in any way I could act if in person, to:

- make any and all decisions for me concerning the medical *care* treatment, and to require, withhold, or withdraw any type of medical procedure for my canine(s) identified above, even though death may result.
- act on my behalf to take *custody* of and exercise any and all *control* over my canine(s) identified above, and,
- make any and all decisions for me and in my name, in any way I could act if in person concerning the *custody* and *control* of the canine(s) identified above.

This Power of Attorney shall become effective on (start date) _____ and continue until: (check one) (end date) _____, or until further notice.

Owner(s) Name(s) [print]

Owner(s) Signature(s)

Witness: Print Name & address
