

ADVANCE DIRECTIVE
Durable Power of Attorney for Pet Care

I, _____, hereby appoint _____

of (complete address) _____

Ph. #'s () _____ Evening or Other () _____

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 Provision and Limitations Regarding Care of My Pet(s)

1. If I am unexpectedly hospitalized, I have made arrangements with Acre View Pet Hospital, or veterinarian of my choice, 1900 S. Bryant, Edmond, OK 73013, at 405-348-0808 or 1-866-348-0808 to care for my pet(s) in a responsible manner. I authorize payment of these services from my assets.

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

Circle and initial your choice:

3. If I should die or become permanently institutionalized:

A. I should authorize my agent to use her/his best judgment in finding good homes for my pet(s). If necessary my agent is authorized to seek the help of an animal shelter, veterinarian, and animal adoption service, and or a breed rescue/relocation organization to assist in the placing of my pet(s). I realize that there is the possibility that my pet(s) may have to be euthanized if suitable homes cannot be found.

B. I have made arrangements with Acre View Pet Hospital, 1900 S. Bryant Ave, Edmond, OK 73013, at 405-348-0808 or 1-866-348-0808 or my agent to take care of my pet(s) for the rest of her/his/their natural lifespan.

Other specific desires:

4. In the event that the person I have appointed is unable, unwilling, unavailable, or ineligible to act as my pet care agent, I hereby appoint the following as alternatives:

Name _____ **Address** _____

Ph. #'s () _____ Evening or Other () _____

Name _____ **Address** _____

Ph. #'s () _____ Evening or Other () _____

I hereby release the named person(s) and/or 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 them harmless for their reliance on any instructions of the designated agent or alternate.

In Witness Whereof, I have hereunto 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 the signing of this Durable Power of Attorney for Pet Care and that the principal has affirmed that she or he is aware of the document and is signing it freely and voluntarily.

Witness _____ Address _____

Witness _____ Address _____

Notary Public _____ My commission Expires _____