

DURABLE POWER OF ATTORNEY RE: PET/ANIMAL CARE

I, _____ [your name)] hereby appoint _____
of _____ [address] _____ [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: _____
_____ [person, kennel, animal hospital] of _____
_____ [address] _____ [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 [check or "x" your choice and initial beside it.)

2. At no point should my pet(s) be taken to an animal shelter. 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, before ever being relinquished to a shelter/pound.
 Yes No [check or "x" your choice and initial beside it.)

3. If I should die or be permanently institutionalized:
[check or "x" your choice of "a." or "b." and initial beside it]
 - a. I authorize my agent to use his/her best judgement in finding good homes for 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 _____ [person, etc.]
of _____ [address] _____ [phone] to care for
my pet(s) for the rest of his/her/their natural lifespan.

4. Alternative Agent:

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 _____
_____ [name/address] _____ [phone] as alternative agent.

Miscellaneous Provisions

5. The original of this document will be kept at _____
_____ [location] and the following persons/institutions will each have a signed copy:

6. 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 signed my name this _____ day of _____, 2020.

[Signature]

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 Name, Signature, Address

Witness Name, Signature, Address

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ [date] before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)