

Medical Power of Attorney & Living Will

I, _____ the undersigned owner of _____ (pets name),
_____ (breed/species) _____ (age), _____ (sex) certify that I am over eighteen years of age, and
appoint:

Name: _____ Address: _____

Phone: _____

Ask 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 known to him or her either through this document or through 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 believe to be in my pet's best interest. This medical power of attorney takes effect if I am unreachable to make health care decisions for my pet and this fact is certified in writing.

The following sets forth limitations on the decision-making authority of my agent:

1. Agent's decision must be made in accordance with the living will directive for my pet, executed on _____ (date)
2. I agree to pay for all services authorized by my agent.
3. 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 indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney in writing.

If my designated agent is unreachable, unable or unwilling to make decisions for my pet in an emergency situation I then designate Centennial Animal Hospital Veterinarian(s) to make health care decisions for my pet as authorized by this document.

____ Do whatever it takes to keep my pet alive and there is no cap in the amount of resources and funds used to save my animal. I understand that this may also include transferring my pet to an after-hours emergency or specialty hospital for continuing care. I authorize Centennial Animal Hospital Doctor to act on my behalf and authorize treatment and I also understand that all costs associated with the treatment of my pet both at Centennial Animal Hospital and an Emergency or Specialty hospital are my responsibility. Payment is due at time of service.

____ Do what you can to keep my pet alive until such time that I can be reached to give further consent. I authorize medical care up to \$_____. Until such time as I can be reached to approve/decline medical treatment. I do understand that services may be limited with the restriction placed on a set amount and that may result in the loss of life of my pet.

____ Do not perform additional services for my pet until I can be reached. I understand that this may result in the loss of life of my pet. I do hereby forever release the doctor from any and all liability for said animal.

I sign my name to this medical power of attorney on the ____ day of _____, 20____.

Owner's Signature: _____ Owner's Printed name: _____

Witness: _____ Date: _____

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The advanced directive known as a living will is a written document wherein pet owners specify in advance of a terminal illness or serious accident, the type of medical care they wish their pet to receive should they lose their ability to make medically-related decisions, or be unreachable in the event of an emergency or on vacation.

Living will advance instructions for healthcare of (pet's name): _____

Species: _____ Breed: _____ Sex: _____ Age: _____ Effective Date: _____

I direct that if in the opinion of the attending veterinarian, my pet's medical condition becomes such that:

1. My pet's medical condition is terminal and hopeless, or death is imminent.
2. My pet is in a state of permanent unconsciousness;
3. My pet is suffering and it would be inhumane to keep my pet alive;
4. There is no reasonable expectation that my pet will recover and regain a meaningful quality of life;
5. My pet is in the terminal state of an irreversible fatal illness, disease or condition;

____ Then, I direct that further treatment of life sustaining procedures, methods and devices involving further therapeutic or emergency care be withheld and withdrawn. I further direct that all treatments be limited to comfort and pain management measure only, even if they shorten my pet's life.

____ I do hereby give the doctor at Centennial Animal Hospital full and complete authority to euthanize the said animal in whatever manner the Doctor shall deem fit. I do hereby forever release the doctor from any and all liability for euthanizing said animal.

____ I wish for my animal body to be kept on hold until the time when I can return and make final decisions regarding the after care of my animal.

____ I wish for my animal to be cremated through Homeward Bound. I have selected the following services and understand there are additional costs associated with the after care of my animal.

____ Solo Cremation pets are cremated individually. The ashes are returned to you in an urn.

____ Partitioned Cremation - a method of separation is used between each pet. The cremated remains of each pet are both identifiable and retrievable to ensure that it is your pet. Ashes are returned to you.

____ Communal Cremation – a group of pets are cremated together and ashes are scattered on a private ranch in the mountains.

____ Clay paw print – imprint of your pet's paw for you to have a permanent memory of your pet.

Owner's Signature: _____ Owner's Printed name: _____

Witness: _____ Date: _____