

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

LIMITED POWER OF ATTORNEY executes 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) _____, (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

