

# Muirlands Animal and Avian Hospital

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Miwa Kanbe, D.V.M.

## Medical Power of Attorney

I, the undersigned owner of my pet, named \_\_\_\_\_, certify that I am over eighteen years of age and hereby appoint:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

...as my agent to make any and all healthcare decisions for my pet, except to the extent I state otherwise in this document. My agent shall follow my wishes as set forth through this document or other means. If my agent cannot determine the choice I would want for my pet, then my agent's decision shall be based upon what he or she believes to be in my pet's best interest. This medical power of attorney also takes effect if I become unable to make healthcare decisions for my pet and this fact is certified in writing.

The following sets forth limitations on the decision-making authority of my agent (initial one):

- \_\_\_ The agent's decisions must be made in accordance with the living will directive for my pet, executed on this date \_\_\_\_\_
- \_\_\_ I agree to pay for all authorized services as long as the fees for my pet's medical care do not exceed \$ \_\_\_\_\_
- \_\_\_ 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. If I am unable to make healthcare decisions for my pet and this power of attorney expires, the authority I have granted to my agent shall continue to exist until the time I am able again to make healthcare decisions for my pet.

This power of attorney ends on the following date: \_\_\_\_\_

If the person designated as my agent is unable or unwilling to make healthcare decisions for my pet, I designate the following alternative person to serve as my agent to make healthcare decisions for my pet as authorized by this document.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

I hereby sign my name to this medical power of attorney.

Signature of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_