



Pet Power of Attorney

I, _____ (pet owner), appoint _____ (pet sitter or pet sitting company), hereinafter referred to as the “Pet Sitter” as my attorney-in-fact, to do all that is required for maintaining the health of all pets owned by me specifically. The Pet Sitter may approve and authorize any and all medical treatment deemed necessary by a licensed veterinarian and to execute any consent, release or waiver of liability required by veterinary authorities incident to the provision of medical, surgical or other essential care to my pets by qualified veterinary medical personnel.

The Pet Sitter may authorize without approval from me, veterinary services up to and including \$ _____; any amounts over and above that will require that the pet sitter or the veterinarian contact me by phone;

_____ (phone number(s) or by email;

_____ (email address) for approval.

My pet’s regular veterinarian is;

(regular veterinary hospital name, phone number and doctor’s name). Should the necessity for care fall outside of my regular veterinarian’s office hours I authorize the pet sitter to take my pet(s) to an emergency veterinary care facility.

I hereby release the named person(s) and institution(s) relying on this Pet 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

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Date: _____ Signed: _____ (owner)

Date: _____ Signed: _____ (pet sitter)