

Cedar Mill Veterinary Hospital
12790 NW Barnes Rd
Portland, OR 97229
503-644-3101



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 _____ Email _____

as 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 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 on what he or she believes is in my pet's best interest. This medical power of attorney takes effect if I am unable to make health care decisions for my pet due to illness or absence. The following sets forth limitations on the decision-making authority of my agent (initial those that are applicable):

This includes the decision of **euthanasia** _____ does not include **euthanasia** _____ .

_____ I agree to pay for all authorized services, as long as the fees for my pet's medical care do not exceed \$ _____.

_____ No financial or medical 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 this power of attorney. If I am unable to make health care 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 health care decisions for my pet.

This power of attorney ends on _____.
Date

If the person designated as my agent is unable or unwilling to make health care decisions for my pet, I designate the following alternative person to serve as my agent.

Name _____

Address _____ Phone _____

I hereby authorize and consent to this medical power of attorney.

Signature of Owner

Date

Please print name