

**Trots Dog Walking and Training
Long Beach, CA 90802**

Medical Power of Attorney

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

Trots Dog Walking and Training
1148 ½ E. 2nd St., Long Beach, CA, 90802
562-547-1752 jojo@trotsdogs.com

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 to be in the pet's best interest. This medical power of attorney takes effect if I become unable 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 (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 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 the following date _____.

I, _____, hereby sign my name to this medical power of Attorney

Signature of Owner _____ Date_____