




Pinnacle Peak Animal Hospital

Medical Power of Attorney

I, _____ (please print name), appoint _____
(please print name) my agent, to act for me and to make any and all decisions for me concerning the care, medical treatment, hospitalization, and to require, withhold or withdraw any type of medical procedure for my animals.

Pet Name(s): _____

I accept that medical care may be inclusive of euthanasia, and authorize my agent to consent.

I do not authorize my agent to consent to euthanasia

I authorize medical treatment not to exceed \$ _____ without additional consent.

This power of attorney shall become effective on: ___/___/___ and continue until ___/___/___ or until further notice.

I am fully informed as to all contents of this form and understand the full import of this grant of powers to my agents.

Owner Signature & date

Witness or Agent signature & date