

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Chester J. Favre, or Lisa Favre, doing business at Canine Specialists, as my attorney-in-fact for purposes of obtaining veterinary care for my dog known as _____, AKC Number _____

This power of attorney includes obtaining veterinary care of any type of description, including but not limited to emergency care, vaccinations, X-rays, wormings, medications, and any other care or treatment which is judged to be necessary by my attorney-in-fact.

The undersigned agrees to hold harmless any veterinarian or veterinary professional for rendering treatment to the above-named dog when authorized by my attorney-in-fact. This does not, however, release said veterinarian or veterinary professional for any liability which might arise from the manner in which such care or treatment is rendered.

Should the care or treatment recommended by the veterinarian or veterinary professional selected by my attorney-in-fact involve any permanent disfigurement of the dog (other than surgery in an emergency situation) or have the effect of rendering the dog sterile for reproductive purposes, my attorney-in-fact and the treating veterinarian are directed to contact me for authorization to proceed prior to conducting such procedure.

This power of attorney does not authorize euthanization of my dog without prior verbal approval from me unless in extreme medical emergency.

This power of attorney shall expire on _____, unless previously revoked by me.

Sworn to and subscribed before me this _____ day of _____.

NOTARY PUBLIC

Owner of the Dog described above
Address: _____

