

SPECIAL POWER OF ATTORNEY FOR PET CARE

PRINT LEGIBLY

I _____ hereby appoint _____ (Name of Agent) _____ (Phone) as my agent to make initialed pet care decisions listed below, except to the extent that I state otherwise in this document or as permitted by law. This Special Power of Attorney shall remain in effect in the event that I become unable to care for my pet(s) due to my incapacitation.

STATEMENT OF DESIRES, SPECIAL PROVISIONS AND LIMITATIONS REGARDING CARE OF MY PET(S).

I authorize my agent the following powers:

_____ To make decisions for and care for my pet(s) on a day-to-day basis. This includes walking, feeding, bathing, transporting, and providing medication to my pet(s).

_____ To make routine medical and/or healthcare decisions for my pet(s), including taking my pet(s) to the veterinarian or animal hospital.

_____ To make emergency medical decisions for my pet(s), including emergency surgery, and emergency medicine.

_____ To sign any documents necessary to provide my pet(s) with medical care.

_____ To arrange for and sign any documents necessary to ship my pet(s) to a location outside of Japan.

_____ To arrange for and sign any documents necessary to ship my pet(s) to a location inside of Japan.

_____ Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize my agent to direct that the pet(s) be humanely euthanized.

If I should die or be permanently incapacitated:

_____ I authorize my agent to use his/her best judgement in either finding good homes for my pet(s) or allowing a licensed animal shelter or veterinary hospital to place my pet(s). I realize that there is the possibility that my pet(s) may be euthanized if suitable homes cannot be found.

The name of my pet(s) primary veterinarian or animal hospital is:

Other specific desires: _____ Yes _____ No (Circle your choice and initial beside it.)

_____.

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Inventory of Pets

Name of Pet	Breed, Sex, Description	Age

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on the _____ day of _____, 20_____. (expiration date).

Notwithstanding my inclusion of a specific expiration date herein, if on or before the above-specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney at MCAS Iwakuni, Japan, on this the _____ day of _____, 20_____. (today's date)

Signature of Grantor

ACKNOWLEDGEMENT

With the United States Armed Forces

On this the _____ day of _____, 20_____, before the undersigned officer or other person authorized to serve as a federal notary under 10 U.S.C. § 1044a, personally appeared _____, satisfactorily proven, (a) by presentation of a valid military identification card, or (b) other state or federal government issued identification card, to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer or other person of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632; 101-510; and 114-328).

AUTHORIZED TO ACT AS A NOTARY
PUBLIC UNDER THE PROVISIONS OF
SECTION 1044a OF TITLE 10 OF THE
UNITED STATES CODE.
NO SEAL REQUIRED BY LAW.

Signature of Notary
Name of Officer/Notary:
Branch of Service and Grade: USMC /
Command or Organization: Legal Assistance