

# LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is made and entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

## Principal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Agent (Attorney-in-Fact):

Name/Business: **Happy Paws Mia**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 1. Purpose

The Principal hereby appoints **Happy Paws Mia** ("Agent") as their true and lawful Attorney-in-Fact, with limited authority to care for, board, and provide pet services for the Principal's dog(s) at Happy Paws Mia's residence.

The Agent is authorized to:

- Feed, walk, and exercise the dog(s);
- Administer oral or topical medications as instructed by the owner or veterinarian;
- Provide safe and sanitary housing for the dog(s);
- Transport the dog(s) to and from veterinary, grooming, or training appointments as needed;
- Obtain emergency veterinary care if illness or injury occurs.

## 2. Dog Information

Name of Dog(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Identifying Marks/Microchip #: \_\_\_\_\_

## 3. Duration

This Limited Power of Attorney shall take effect on \_\_\_\_\_ and shall remain valid until \_\_\_\_\_, unless revoked earlier in writing by the Principal.

## 4. Authority Limits

The authority granted under this document is limited exclusively to the care, custody, and well-being of the Principal's dog(s) while in the possession of Happy Paws Mia at their residence.

The Agent is not authorized to make any financial, legal, or property decisions unrelated to the dog(s)' care.

## 5. Emergency Veterinary Care

If the dog(s) require emergency medical attention, the Agent is authorized to obtain veterinary services immediately to prevent suffering or harm.

The Principal agrees to reimburse the Agent or pay directly for all related expenses incurred.

Preferred Veterinary Clinic: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**6. Revocation**

This Limited Power of Attorney may be revoked at any time by the Principal through written notice to the Agent.

Any actions lawfully taken before receipt of such notice shall remain valid.

**7. Signatures**

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Agent (Happy Paws Mia) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**Notary Public (optional but recommended):**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_