**LIMITED POWER OF ATTORNEY**

The undersigned hereby designates Camron S Priest doing business as Midknight Mastiffs, 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 or description of aliment, including but not limited to emergency care, vaccinations, X-rays, worming, medications, flea and tick protection and any other care of 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 profession for any liability, which might arise from the manner in 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 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. The power of attorney does not authorize euthanization of my dog without prior verbal or written approval from me unless in extreme medical emergency.

The power of attorney shall expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unless previously revoked by me, this limited power of attorney is valid as long as the dog resides in my possession at my kennel, (Midknight Mastiffs).

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner of Dog described above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Cell Number

Note: Upon acceptance of the said dog, he or she may be taken to the veterinarian and a routine check up will be given. This will be charged to the owner. A health record will be recorded with said veterinary and handler. This will include updating shots, if needed, worming, weight, and condition of said dog