

All Show All Go Show Dogs

Carla M. Shreve

11339 Indian Hills Dr. NE

Bolivar, Ohio 44612

(330) 265-1865

carla@allshowallgo.com

Limited Power of Attorney

The undersigned hereby designates Carla M. Shreve doing business as All Show All Go Show Dogs, 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, including but not limited to emergency care, vaccinations, X-rays, dewormings, medications, 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 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. The power of attorney does not authorize euthanasia of my dog without prior verbal or written approval from me unless in an 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.

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

Owner of dog described above _____

Address _____

City/State/Zip _____

Telephone _____

Email Address _____

Notary Public _____