SPECIAL	POWER OF ATTORNEY (PETS	5)
PREAMBLE: This is a MILITARY POWER OF ATTORNEY authorized to receive legal assistance from the military servi formality, or recording that is prescribed for powers of attorn possession of the United States. Federal law specifies that and executed in accordance with the laws of the jurisdiction	prepared pursuant to Title 10, United States of ces. Federal law exempts this power of attorney by the laws of a state, the District of Columpthis power of attorney shall be given the same	Code, § 1044b, and executed by a person ney from any requirement of form, substance, nbia, or a territory, commonwealth, or
KNOW ALL PERSONS: That I.	. currently residing at	by this
KNOW ALL PERSONS: That I,	_, whose address is	as my true and
lawful attorney-in-fact to act as follows, GRANTING unto my	said Attorney full power to:	
Care for and maintain my pet(s), below named, during my humane disposal, as deemed necessary by the Veterinary S		al care necessary, including major surgery and
NAME:		
SEX:		
SPECIES:		
COLOR:		
TERMINATION: This power shall remain in full force and eff whichever is earlier, unless sooner revoked or terminated by		ear after the execution of this power of attorney,
Notwithstanding my insertion of a specific expiration date h status of "missing", "missing-in-action" or "prisoner of war," days after I have returned to the United States Military control	then this power of attorney shall automatica	
I agree that any third party who receives power of attorney is not effective as to agree to indemnify the third party for ar on this power of attorney.	a third party until the third p	arty learns of the revocation. I
IN WITNESS WHEREOF, I have hereunto set my hand and	seal on this day,	
	Grantor's Signature	
WITNESSED:		
PRINT NAME:	PRINT NAME:	
PRINT ADDRESS	PRINT ADDRESS:	
	_	
	ACKNOWLEDGEMENT	
	ACKNOWLEDGEMENT	
□ With the United States Armed Forces at		_
□ STATE OF, COUNTY OF _	, SS.	
The foregoing instrument was acknowledged before rethis day of, label{eq:label_label	ne byThey were all identified by Δ	and the above named two witnesses,
□ I do further certify that I am a person in the service Title 10 U.S.C. 1044a and JAGMAN Chapter IX. □ A Notary Public	of the U.S. Armed Forces authorized the	general powers of a notary public under
		_
	Print Name: Notary Public	