SPECIAL POWER OF ATTORNEY (IN LOCO PARENTIS-PET CARE)

PREAMBLE: THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10 UNITED STATES CODE, SECTION 1044B, AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED. YOUR UNIT ADJUTANT (S-1 OIC), CO, XO, AND NAVY AND MARINE CORPS OFFICERS IN THE GRADE OF O-4 AND ABOVE ARE AUTHORIZED TO ACT AS FEDERAL NOTARIES.

KNOW ALL PERSONS BY TH			_, currently residing at:
		(Entire Full Name of Principal)	
, have this day appointed,			
(Physical address, not PSC)		(Entire Full N	ame of Agent)
currently residing at		_, to serve as my true and la	awful agent(s),
, e	(Physical address, not PSC)		e ())

GIVING AND GRANTING unto my said agent(s) full power to:

 1. Authorize any and all travel arrangement, medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a duly authorized and licensed veterinarian for the health and well-being of my

 (Breed of pets, i.e. Dog[s], Cat[s], Bird[s])

 (Name of pets)

for and maintaining said pet, my Agent(s) are authorized to transport and perform those supervisory functions and make those decisions as would I, the legal guardian would, if I were present, and to execute all necessary documents, instruments or papers and perform all acts necessary to accomplish the foregoing.

FURTHER, I do authorize my Agent(s) to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said Agent(s) shall be binding on myself and my heirs; legal and personal representatives, and assigns whether the same shall been done either before or after my death, or other revocation of the instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorneys.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said Agent(s) for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said Agent(s) and the designation "Agent(s)."

FURTHER, I declare that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing," "missing in action" or "prisoner of war," it being my intention that the designation of such status shall not bar my said Agent(s) from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power is revoked by my death or as otherwise provided herein.

FURTHER, this power shall not be affected should I subsequently become disabled or incapacitated.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after the _____ day of _____, 20_. (expiration date) (NO MORE THAN 1 YEAR)

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date, or if at any time within thirty (30) days immediately preceding that date, I should be, or have been, carried in a military status as "missing," "missing in action" or "prisoner of war," then this power shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status.

(SPACE INTENTIONALLY LEFT BLANK)

Signature of Principal (DON'T SIGN UNTIL IN FRONT OF A NOTARY)

ACKNOWLEDGMENT

WITH THE ARMED FORCES OF THE) UNITED STATES ON OKINAWA, JAPAN)

_____, the undersigned notary, do hereby certify that on this I, ____ _____day of ______, 20__, before me personally appeared _

_____, who is known to me to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument. Further, after having made known to him/her the contents thereof, he/she personally acknowledged to me that he/she signed and sealed the same as his/her true, free, and voluntary act and deed for the uses, purposes, and considerations therein set forth.

ANY LEGAL OFFICER, NAVY AND MARINE CORPS O-4 AND ABOVE, CO, XO, OR ADJUTANT ARE AUTHORIZED TO ACT AS A NOTARY PUBLIC UNDER ARTICLE 136(a), UCMJ SECTION 1044a OF TITLE 10 OF THE UNITED STATES CODE AND PUBLIC LAW 101-510. NO SEAL REQUIRED BY LAW.

Signature of Notary

Name of Notary: Rank and/or Title: Organization: Expiration: