



Remedies Release Form

USERS AND RESELLERS AGREEMENT FOR PROFESSIONAL AND COMMERCIAL USERS AND RESELLERS

Certification for Restricted Use of Aquatic Therapeutics That are Under U.S. Government Regulation

This is to certify that the therapeutic remedy or remedies that are under U.S. Government regulation, and purchased now and in the future from Novalek, Inc., (AquaVet and Kordon divisions) by the professional user or company recorded below will be used only for non-food fish use, and if resold, will only be resold to legitimate businesses or professionals for use exclusively on ornamental and other non-food fishes and non-food aquatic invertebrates. [Note: "Non-food" in this Agreement refers to not being used for human consumption]

Furthermore, this is to certify that the professional user or company recorded below will not use, provide or resell those therapeutic remedies that are under U.S. Government regulation, and that are purchased from Novalek, Inc., for use in human medical situations, or for veterinarian use with animals regulated by the U.S. Government, or for fishes and other aquatic life (including their eggs and young) destined for human consumption, or for use in a country in which they are prohibited.

Furthermore, this is to certify that the professional user or company recorded below will not knowingly provide or resell any therapeutic remedies that are under U.S. Government regulation, and that are purchased from Novalek, Inc., to any person or entity, directly or indirectly, who might divert those remedies to human medical use, or to veterinarian use on animals regulated by the U.S. Government, or to use on fishes and other aquatic life (including their eggs and young) destined for human consumption, or for use in a country in which they are prohibited.

Professional User or Company Name: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Printed Name of Individual Authorized to sign for Professional Use or Company: _____

Signature: _____ Title: _____
Date: _____

Provide this filled out form to:

AquaVet division

Novalek, Inc.

2242 Davis Ct., Hayward, CA U.S.A.

Fax 510 784-0945 E-mail info@novalek.com