

## Aquarium Drug Diversion and Use Certification

To Whom It May Concern:

I, \_\_\_\_\_, on this date, \_\_\_\_\_,  
(please print your name here) (enter today's date)

hereby declare, certify and affirm that I am a duly authorized representative of  
\_\_\_\_\_ and that I have the  
(enter your company or organization name here)

authority to make the following declaration, certification and affirmation on their behalf:

I hereby declare, certify and affirm that as a duly authorized representative of the above named company or organization that all chemicals, drugs, medications, antibiotics, therapeutants and treatments purchased from **Koi Care Kennel, Inc.** are exclusively for use (1) in aquariums, tanks, ponds, or other containers used exclusively for the holding, breeding, rearing, transportation and/or display of aquarium or pond fishes not intended for human consumption, for sport fishing, or for the propagation, or feeding, of fishes intended for human consumption or for sport fishing purposes; (2) on aquarium or pond fishes not intended for human consumption or for sport fishing purposes; and (3) that the aforementioned products and substances will not be diverted or sold, nor allowed to be diverted or sold to any other person, organization, or company for the use in, or on, systems and fishes used, or intended for use for human consumption or for sport fishing purposes.

Further, I, declare, certify and affirm that the above-mentioned products and substances will not be used for, diverted to nor sold for human or veterinary Medicine.

I understand the purpose of this declaration, certification and affirmation is to actively prevent the diversion and use of such chemicals, drugs, medications, antibiotics, therapeutants and treatments to the food fish industry, sport fishing industry, human medicine and veterinary medicine.

Signed by: \_\_\_\_\_  
(print your name here)

For: \_\_\_\_\_  
(print your company or organization name here)

Signature: \_\_\_\_\_  
(sign your name here)

Return this completed form to: **Koi Care Kennel, Inc.**  
**5062 Gillingham Circle**  
**Westminster, CA 92683**  
**FAX (714) 379-1623**