

Must be
Postmarked
No Later Than
June 29, 2015

Velcera Inc. Shareholder Litigation
c/o Garden City Group, LLC
Claims Administrator
P.O. Box 9349
Dublin, OH 43017-4249
1-800-231-1815

VLC



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY JUNE 29, 2015, TO THE FOLLOWING ADDRESS:

Velcera Inc. Shareholder Litigation
c/o Garden City Group, LLC
Claims Administrator
P.O. Box 9349
Dublin, OH 43017-4249

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED, AND COMPLETED CLAIM FORM, YOU WILL NOT BE ELIGIBLE TO SHARE IN ANY PROCEEDS FROM THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT, THE SETTLING PARTIES OR THEIR COUNSEL. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Proposed Settlement of Class Action, Fairness Hearing, and Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses ("Notice") that accompanies this Proof of Claim and Release form ("Claim Form"), including the proposed Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and proposed Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, each Claimant will be certifying that he/she/it has read and understands the Notice, including the Plan of Allocation and the terms of the releases described therein and provided for herein.
2. By signing and submitting this Claim Form, each Claimant will be certifying that the Claimant is (or is acting on behalf of a Person that is) a member of the Class, which is defined as: all Persons who held Velcera common stock between December 1, 2009 through and including April 1, 2013 (the "Class Period"), and any and all of their successors-in-interest, successors, predecessors-in-interest, predecessors, representatives, trustees, executors, administrators, estates, heirs, assigns and transferees, immediate and remote, and any person or entity acting for or on behalf of, or claiming under, any of them. Excluded from the Class are the following: (a) Defendants and Perrigo and each of their affiliates, immediate families, legal representatives, heirs, successors or assigns and any entity in which Defendants or Perrigo have a controlling interest; (b) any Velcera shareholder who received repurchase rights in connection with the 2010 Financing; and (c) any persons or entities who properly exercise their right to exclude themselves from the Class.
3. IF YOU ARE NOT A CLASS MEMBER, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER.
4. Class Members will be bound by the terms of any judgments or orders entered in the Action WHETHER OR NOT A CLAIM FORM IS SUBMITTED. As described in the Notice, the Judgment will release and enjoin the filing or continued prosecution of the Released Claims against the Released Parties.
5. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement.** Distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.
6. Use Part III of this Claim Form to provide the number of shares of Velcera common stock that you held as of April 1, 2013 (the effective date of the merger between Velcera, Inc. ("Velcera") and Perrigo Company).
7. You are required to submit with your Claim Form genuine and sufficient documentation evidencing your holdings of Velcera common stock as of April 1, 2013. Documentation may consist of your brokerage account statement from April 2013 or other documents evidencing your shareholdings. IF YOUR SUPPORTING DOCUMENTATION IS NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. **Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**
8. Separate Claim Forms should be submitted for each separate legal entity (for example, a claim from joint owners should not include shares of Velcera common stock held by just one of the joint owners, and an individual should not combine his or her shareholdings in an IRA account with shares held solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all shares of Velcera common stock held by that entity on one Claim Form, no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all shares held in all accounts on one Claim Form).
9. All joint *beneficial* owners must each sign this Claim Form. If you held shares of Velcera common stock in your name, you are the beneficial owner as well as the record owner. If, however, the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the *record* owner.
10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:
 - a. expressly state the capacity in which they are acting;
 - b. identify the name, account number, last four digits of the Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Velcera common stock; and
 - c. furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts).
11. By submitting a signed Claim Form, you will be swearing that you:
 - a. own(ed) the Velcera common stock you have listed in the Claim Form; or
 - b. are expressly authorized to act on behalf of the owner thereof.
12. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.
13. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, Garden City Group, LLC, at the above address or by toll-free phone at 1-800-231-1815, or you may download the documents from www.gardencitygroup.com/cases-info/VLC.



PART II - CLAIMANT INFORMATION

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Grid for Claimant Name(s)

Street Address:

Grid for Street Address

City: Last 4 digits of Claimant SSN/TIN¹:

State: Zip Code: Country (if Other than U.S.):

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Daytime Telephone Number: Evening Telephone Number:

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of shareholdings may request to, or may be requested to, submit information regarding their shareholdings in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.gardencitygroup.com/cases-info/VLC or you may e-mail the Claims Administrator's electronic filing department at eClaim@gardencitygroup.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

To view GCG's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART III - VELCERA INC. COMMON STOCK

State the number of shares of Velcera common stock held as of April 1, 2013: (Must be documented.)

Shares									

Proof Enclosed	
<input type="checkbox"/> Y	<input type="checkbox"/> N

PLEASE NOTE: YOU MUST SEND WITH THIS CLAIM FORM COPIES OF YOUR SUPPORTING DOCUMENTATION, SUCH AS YOUR BROKERAGE ACCOUNT STATEMENT FROM APRIL 2013, THAT EVIDENCES THE NUMBER OF SHARES OF VELCERA COMMON STOCK THAT YOU HELD AS OF APRIL 1, 2013.

PART IV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 5 OF THIS CLAIM

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we) shall: (a) have and be deemed by operation of the Judgment to have completely, fully, finally, and forever dismissed, released, relinquished and discharged with prejudice each and every one of the Released Parties (defined in the Notice and Stipulation) from any and all of the Released Claims (defined in the Notice and Stipulation); (b) forever be barred and enjoined by operation of the Judgment from filing, commencing, intervening in, participating in (as a class member or otherwise), instituting, maintaining, prosecuting, seeking relief in (including filing an application or motion for preliminary or permanent injunctive relief) or receiving any recovery, remedy, benefits or other relief from any other lawsuit, arbitration or other proceeding in any jurisdiction that asserts any of the Released Claims against any of the Released Parties; and (c) have and be deemed by operation of the Judgment to have covenanted not to sue any of the Released Parties with respect to any and all of the Released Claims.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent the claimant(s) certifies, as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, and the releases provided for in the Settlement;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Class;
3. that I (we) have read the terms of the proposed Plan of Allocation set forth in the Notice and understand that, if the Plan of Allocation is approved by the Court, Authorized Claimants whose payment amount calculates to less than \$10.00 will not receive a distribution from the Net Settlement Fund;
4. that I (we) own(ed) the Velcera common stock identified in the Claim Form and have not assigned the claim against the Released Parties to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that claimant(s) may be entitled to receive a distribution from the Net Settlement Fund;
6. that claimant(s) has (have) not submitted any other claim covering the same holdings of Velcera common stock and know(s) of no other person having done so on claimant's (claimants') behalf;
7. that claimant(s) desire (desires) to participate in the Settlement as described in the Notice and agrees (agree) to the terms and conditions thereof, which are more fully set forth in the Stipulation;
8. that claimant(s) submit (submits) to the exclusive jurisdiction of the State of Delaware or the federal courts located in the State of Delaware with respect to any dispute arising from claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;
9. that I (we) agree to furnish such additional information with respect to this Claim Form as the Plaintiffs' Lead Counsel, Claims Administrator or the Court may require;
10. that the claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;



PART IV - RELEASE OF CLAIMS AND SIGNATURE

CERTIFICATION (cont.)

11. that I (we) acknowledge that the claimant will be bound by and subject to the terms of any judgment(s) and any other orders of the Court that may be entered in the Action;

12. that I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, relinquish, and discharge each and every one of the Released Parties with respect to any and all of the Released Claims, as those terms are defined in the Notice and Stipulation; and

13. that the claimant is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant is exempt from backup withholding or (b) the claimant has not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant that he/she/it is no longer subject to backup withholding. If the IRS has notified the claimant that he, she or it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claimant is not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____
(Month) (Year) (City, State, Country)

Signature of claimant

Date

Print your name here

Signature of joint claimant, if any

Date

Print name of joint claimant here

If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print name of person signing on behalf of claimant

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.



THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN JUNE 29, 2015, AND MUST BE MAILED TO:

Velcera Inc. Shareholder Litigation
c/o Garden City Group, LLC
Claims Administrator
P.O. Box 9349
Dublin, OH 43017-4249

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by June 29, 2015 and if a postmark is indicated on the envelope and it is mailed First Class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any changes of address.

REMINDER CHECKLIST

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then **both** must sign.
2. Remember to attach only **copies** of acceptable supporting documentation.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original documentation. Your documents cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-800-231-1815.
7. If your address changes in the future or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or at 1-800-231-1815 (toll free).