



*Two generations of veterinarians caring & working for the health of animals.*

**Lafeber Company Student Program\***

**Report for Work Done in the Month of \_\_\_\_\_ Page 1/2\***

Student Representative Name \_\_\_\_\_  
 University \_\_\_\_\_  
 Club or Organization \_\_\_\_\_  
 School Shipping Address\*\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (ATTN): \_\_\_\_\_  
 Club Advisor Name \_\_\_\_\_  
 Advisor Email \_\_\_\_\_  
 Student Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Student Phone \_\_\_\_\_  
 Student E-mail \_\_\_\_\_

\* Complete this section at the beginning of the year **OR** if information changes.  
 \*\*Unless otherwise specified, all products, invoices, and literature will be sent to the attention of the student representative via the school shipping address listed above.

**Teaching Hospital Participation <sup>a</sup>**

Previous balance	Amount spent this month	Purchase order reference number	Remaining balance <sup>b</sup>

- a Submit teaching hospital orders separately and please note the products requested are for the teaching hospital.
- b There is an annual \$500 credit for the teaching hospital at applicable institutions

Discuss all activities accomplished during the previous month: Page 2/2

*How many students were involved or impacted by each activity?*

*Any recommendations for improving the Lafeber Company. Student Program?*

**1. Managing student food orders:**

**2. Managing teaching hospital orders:**

**3. Sponsorship of meeting(s):**

**4. Promotion of Lafeber products and LafeberVet at University continuing education (CE) functions related to exotic animal medicine:**

± Special projects:

Attach brief project proposals for special requests (i.e. speakers to visit your school or funding of additional events).

Please send this form monthly to Christal Pollock at [LafeberStudents@mac.com](mailto:LafeberStudents@mac.com).