|  |  |
| --- | --- |
| Lafeber Logo | *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 a

|  |  |  |  |
| --- | --- | --- | --- |
| Previous balance | Amount spent this month | Purchase order reference number  | Remaining balanceb |
|  |  |  |  |

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 schoolor funding of additional events).  |

Please send this form monthly to Christal Pollock at LafeberStudents@mac.com.