



*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).