



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

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

**Lafeber Company Student Program\***

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Student representative name \_\_\_\_\_  
 University \_\_\_\_\_  
 Club or organization \_\_\_\_\_  
 School shipping address\*\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Attn): \_\_\_\_\_  
 \_\_\_\_\_  
 Club advisor name \_\_\_\_\_  
 Advisor contact information \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Student home address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 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.

**Program participants** *(Please list participants the first time they sign up for the Lafeber Company Student Program only.)*

	Name	Phone	E-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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

a Submit teaching hospital order separately and please be sure to attach a note indicating products requested are for the teaching hospital.

b There is an annual \$500 credit for the teaching hospital

**Monthly Report**

**Date:**

**Discuss all activities accomplished during the previous month:**

- *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.com at University continuing education (CE) functions related to exotic animal medicine:

+ Special projects:

**Plans for the coming month:** *(Check all planned activities)*

- Manage student food orders: *Send orders monthly to K. Moore at Lafeber Company 24981 North 1400 East Road Cornell IL 61319.*
- Manage teaching hospital orders: *\$500 of free product may be ordered during the school year. The year begins with the date on the first monthly report of the year.*
- Coordinate sponsorship of exotics club meeting(s)
- Disseminate information about Lafeber products and LafeberVet.com at university continuing education programs *(i.e. distribute pamphlets and provide product samples)*
- Attach project proposals for special requests *(i.e. speakers to visit your school or funding of additional events). Proposals should be brief (≤ 500 words).*

Student(s) signature \_\_\_\_\_ Date \_\_\_\_\_

Club advisor signature \_\_\_\_\_ Date \_\_\_\_\_

