Lafeber COMPANY

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

Lafeber Company Student Program*

Report for Work Done in the Month of _____

Student Representative _____
Student Local Address _____
_____
_____

Student Phone _____
Student E-mail _____
Club or Organization _____
School Shipping Address _____
_____
_____

(ATTN): _____
Club Advisor Name _____
Club Advisor Email _____

Teaching Hospital Participation

Points Balance as of Sep 2026	Hospital Service Representative	
	Name	Email address

Discuss all activities accomplished during the previous month

How many students were involved or impacted by each activity? Any recommendations for improving the Student Program? Attach brief project proposal for special requests (i.e. speakers or funding of additional events)

Please submit this form to Dr. Christal Pollock at VetStudents@lafeber.com.