

Veterinary Ophthalmology Service
Veterinary Medical Teaching Hospital
University of California Davis
One Garrod Drive
Davis, CA 95616



Residency Application Form 2020

Personal Details

Last Name: _____
First Name: _____
email: _____
Phone: _____

First Veterinary School

College Name: _____
Dates attended: _____ to _____
GPA: _____/_____
Class rank: _____/_____

Second Veterinary School (if applicable)

College Name: _____
Dates attended: _____ to _____
GPA: _____/_____
Class rank: _____/_____

Work experience since graduation from veterinary school

Position # 1

Business Name: _____
Title/Role: _____
Dates employed: _____ to _____

Position # 2

Business Name: _____
Title/Role: _____
Dates employed: _____ to _____

Position # 3

Business Name: _____
Title/Role: _____
Dates employed: _____ to _____

Veterinary honors and awards

Names of people asked to write letters of references (please list 3-5)

1.

2.

3.

4.

5.

By typing my name here, I certify the above information is true

Name

 Date

(Please submit this form electronically - as a pdf - along with your application)