

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



Residency Application Form 2025

Please mark one option:

I would like to be considered for the:

- 3-year position only
- 4-year position only
- Both positions

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: _____/_____

Graduate Program (if applicable)

College Name: _____

Course: _____

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)