



*Valley View*  
**VETERINARY  
CLINIC**

2355 Beryl Avenue, Twin Falls, ID 83301  
Telephone: (208) 734-7966 (24 Hr)  
Fax (208) 734-7967

I, \_\_\_\_\_  
(Owner's Name)

Of \_\_\_\_\_  
(Address & Phone Number)

Would like the medical records transferred for my pet or pets

To:

Valley View Veterinary Clinic  
2355 Beryl Avenue  
Twin Falls, ID 83301  
(208) 734-7966  
Fax (208) 734-7967

(Pet or Pets Names)  
\_\_\_\_\_  
\_\_\_\_\_

Previous Vet Clinic: (Name & Address)  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Signature Date

(IF RECORDS ARE MORE THAN 10 PAGES, PLEASE  
SEND THEM IN THE MAIL OR EMAIL THEM TO  
[valley\\_view\\_vet@yahoo.com](mailto:valley_view_vet@yahoo.com) THANK YOU)