



Initial Contact Form : Bowral Public Library

Date: _____

Contact Name: _____

Phone: _____ Mobile: _____

Child's Name: _____

Child's Age: _____

Disability: Yes No

Enjoys Reading: Yes No

Reading Issues: _____

Reason for accessing Paws'n'Tales program/Goals: _____

Preferred days/times: _____

Referred to Paws'n'Tales: Yes No

Signed: _____ Name: _____

Please return to lisa.pawsntales@gmail.com or to the library and a Paws Pet Therapy representative will be in contact.