

Tattoo Consent Form

iinkcilla.com

CLIENT INTAKE & TATTOO CONSENT

NAME

PHONE | AGE | DOB

ADDRESS

CITY | STATE | ZIP

PLACEMENT OF TATTOO

REFERENCE IMAGE PROVIDED ☐ YES ☐ NO

☐ I do not suffer from any medical or skin condition(s) such as, but not limited to, keloid or hypertrophic scarring, psoriasis at the site of the tattoo, or any open wounds or lesions at the site of the tattoo.

☐ I do not have a history of medication use or am not currently using medication, including being prescribed antibiotics prior to dental or surgical procedures, that may affect my ability to receive a tattoo or properly heal.

☐ I have advised the Tattoo Artist of any allergies to latex gloves, soaps, inks, ointments, or medications. I acknowledge that it is not reasonably possible for the Tattoo Artist to determine whether I might have an allergic reaction to the tattooing process and further acknowledge that such a reaction is possible.



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CONSENT & LIABILITY ACKNOWLEDGMENTS — CONTINUED

- [ ] I have truthfully represented to the Tattoo Artist that I am 18 years of age or older. I am not under the influence of any drugs or alcohol. To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my ability to receive a tattoo at this time.
- [ ] I acknowledge that infection is always possible as a result of receiving a tattoo, and I agree to follow all suggested instructions concerning the care of my tattoo while it is healing.
- [ ] I acknowledge and give consent to this tattoo studio to use images of my tattoo(s) for marketing and/or publishing purposes in various media such as the internet, magazines, print, television, social media, etc.
- [ ] I understand I will have my tattoo applied using appropriate instruments and sterilization techniques. I understand that my tattoo will require time to heal. I agree to release and forever discharge, and hold harmless, the Tattoo Artist, all employees, contractors, and management of the tattoo studio from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my tattoo, the procedure, and conduct used in my tattoo, and assume all responsibility for the decision(s) made consenting to this tattoo procedure.
- [ ] I understand that tattoo inks, pigments, and other products used during the tattoo procedure may cause allergic reactions or other unexpected reactions, and I acknowledge that individual reactions may vary.

CLIENT ACKNOWLEDGMENT

I have read and understand the above acknowledgments and consent to receive the tattoo procedure described to me.

CLIENT SIGNATURE

DATE



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FINAL TATTOO DESIGN APPROVAL

Complete this page immediately before tattooing begins, after the final design and placement have been reviewed.

CLIENT NAME

PLACEMENT OF TATTOO

REFERENCE IMAGE PROVIDED ☐ YES ☐ NO

FINAL DESIGN REVIEWED ☐ YES

FINAL DESIGN APPROVED BY CLIENT ☐ YES

I confirm that I have reviewed the final tattoo design, size, placement, and any agreed-upon changes. I approve the final design and authorize the Tattoo Artist to proceed with the tattoo as reviewed.

CLIENT SIGNATURE

DATE

TIME

TATTOO ARTIST

ARTIST SIGNATURE

NOTES / APPROVED CHANGES



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TECHNICIAN INFORMATION ONLY

EQUIPMENT USED

LOT OR MODEL NUMBERS

NEEDLE / CARTRIDGE INFORMATION

INK / PIGMENT INFORMATION

ADDITIONAL NOTES