

**Lavishly YYC  
Client Consultation Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

What type of look do you wish to achieve, Natural or Dramatic? \_\_\_\_\_

Do you currently have any health issues with your eye such as excessive watering, itchiness, dryness, flakiness, redness swelling or infections? \_\_\_\_\_

Do you have allergies to Latex or Tape? \_\_\_\_\_

**Lash extension application and after care agreement READ AND INITIAL**

- \* I will avoid hot showers, hot yoga, tanning beds and excessive heat in the first 24 hours post application. \_\_\_\_\_
- \* When removing eye makeup, I will be careful to avoid the lashes and use only an oil free makeup remover. \_\_\_\_\_
- \* I will NOT use any mascara without understanding that doing so will affect the longevity of my lash extensions \_\_\_\_\_
- \* I understand that touching my lash extensions will shorten their lifespan and that rubbing, picking, and pulling at the can damage my extensions and may cause damage to my natural lashes. \_\_\_\_\_
- \* I understand that on average, natural human eyelashes shed at a rate of 6-10 per week and my PERSONAL growth cycle can determine the lifespan of the application. \_\_\_\_\_
- \* After my procedure, it is my responsibility to advise my eyelash artist of any lashes that need changing, adjusting addition or removal prior to leaving my appointment. \_\_\_\_\_
- \* I understand that I may request to view an ingredient list of all the products that will be used during my application. It is MY responsibility to opt NOT to proceed with treatment. \_\_\_\_\_
- \* Although allergic reaction is rare (less than 1%) I understand there are risks involved and in the event of an allergic reaction I take full responsibility to seek physicians care. Although Lavishly YYC and our artists are compliant to ALL health Canada regulations, we are not medical doctors and can not provide medical advice for allergies or sensitivities. \_\_\_\_\_
- \* I authorize my photo to be taken and I agree that any photos obtained of me by Lavishly YYC may be advertised on social media.
- \* I have been advised to remove contact lenses prior to my lash extension application \_\_\_\_\_
- \* I release my lash technician from all liability associated with this procedure as it is performed with the utmost attention given to safety, proper products and tools which are being used by a technician trained to use them. \_\_\_\_\_
- \* I have received satisfactory answers to all my questions and concerns and authorize Lavishly YYC to apply eyelash extensions on myself. \_\_\_\_\_

Client signature \_\_\_\_\_