

HOLLIDAY INK

TATTOO CONSENT AND PATRON RECORD

This form documents the patron's consent and the information Holliday Ink keeps for the tattoo record. Please print clearly and answer truthfully.

PATRON INFORMATION

Legal Name	_____	Age	_____
Date of Birth	_____	Phone	_____
Street Address	_____	Email	_____
City / State / ZIP	_____	Photo ID	_____

TATTOO RECORD

Date	_____	Artist	_____
Tattoo Location	_____	Price	\$ _____
Tattoo Description	_____		

CONSENT TO TATTOO

- ☐ I voluntarily request and consent to the tattoo described above.
- ☐ I understand that tattooing permanently changes the skin and that tattoo pigment is placed into the skin with needles.
- ☐ I have reviewed and approved the design, spelling, size, placement, and orientation before the procedure begins.
- ☐ I understand that pain, bleeding, swelling, bruising, infection, allergic or inflammatory reaction, scarring, pigment changes, and an imperfect cosmetic result are possible.
- ☐ I understand that healing, pigment retention, and final appearance vary from person to person and no exact result or healing time is guaranteed.
- ☐ I am not under the influence of alcohol or another substance that prevents me from giving informed consent.
- ☐ I understand that I may ask questions and may stop the procedure at any time.

ASSUMPTION OF ORDINARY RISKS

I understand and accept the ordinary and disclosed risks of tattooing. To the fullest extent allowed by law, I agree that Holliday Ink and its artist(s) are not responsible for complications caused by my failure to provide accurate information, failure to follow aftercare instructions, or the ordinary risks of a properly performed tattoo. This form does not waive any right or claim that cannot legally be waived.

Patron Signature	_____	Date / Time	_____
Artist Signature	_____	Date / Time	_____

South Dakota statewide rules require a signed consent before tattooing and require the artist to keep patron records including the patron's name, address, age, consent form, tattoo location, and tattoo description.

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HEALTH DISCLOSURE AND PROCEDURE SAFETY

This health disclosure is used to help the artist identify conditions that may affect bleeding, healing, infection risk, or the safety of the procedure. A YES answer does not automatically mean you cannot be tattooed.

HEALTH DISCLOSURE

Question	YES	NO	Details
Allergy or sensitivity to tattoo pigment, latex, adhesive, soap, ointment, or metal	☐	☐	
Bleeding disorder or medication that may increase bleeding	☐	☐	
Diabetes or another condition that may affect healing	☐	☐	
Immune system condition or medication that may suppress immunity	☐	☐	
History of fainting, seizure, or serious reaction during a procedure	☐	☐	
Skin infection, rash, wound, sunburn, or irritation at or near the tattoo site	☐	☐	
Current medication or health issue relevant to bleeding or healing	☐	☐	
Known infectious or contagious illness in a communicable stage	☐	☐	

Additional details, medications, allergies, or concerns:

PATRON ACKNOWLEDGMENT

- ☐ I have answered the questions above accurately to the best of my knowledge.
- ☐ I understand that the artist may refuse or postpone tattooing if the tattoo area has an evident lesion, infection, or other condition that creates a safety concern.
- ☐ I agree to immediately tell the artist if I feel faint, ill, unusually painful, or unable to continue.
- ☐ I understand that withholding relevant information can increase the chance of complications.

Patron Signature		Date / Time	
Artist Initials			

For privacy, keep completed forms secure and limit access to people who need the information for business, legal, insurance, or safety purposes.

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WRITTEN TATTOO AFTERCARE INSTRUCTIONS

South Dakota requires tattoo artists to provide written instructions regarding proper care and precautions for a new tattoo. Follow these instructions unless your artist gives you more specific directions for the dressing or product used.

AFTERCARE INSTRUCTIONS

- **Bandage:** Follow the artist's instructions for the specific dressing used. Do not leave a damaged, leaking, or contaminated dressing in place.
- **Clean hands:** Wash your hands before touching the tattoo.
- **Wash gently:** Clean the tattoo gently with mild soap and clean water. Do not scrub. Pat dry with a clean disposable paper towel.
- **Moisture:** Apply only a thin amount of the aftercare product recommended by the artist. Do not smother the tattoo with heavy layers.
- **Do not pick:** Do not scratch, pick, or peel scabs or flaking skin.
- **Avoid soaking:** Do not soak the tattoo in baths, pools, hot tubs, lakes, rivers, or similar water until healed.
- **Avoid contamination:** Keep the tattoo away from dirty surfaces, unclean clothing, pet contact, and other sources of contamination during healing.
- **Avoid friction:** Avoid tight clothing or activities that repeatedly rub, stretch, or irritate the fresh tattoo.
- **Sun:** Keep a fresh tattoo out of direct sunlight. After healing, sunscreen can help reduce fading.

WHEN TO SEEK MEDICAL CARE

Some temporary redness, tenderness, warmth, swelling, and light clear drainage may occur after tattooing. Seek prompt medical care if you develop rapidly spreading redness, severe or increasing pain, pus or foul drainage, red streaking, fever, major swelling, hives, difficulty breathing, or any other reaction that concerns you. Holliday Ink does not diagnose or treat medical conditions.

ARTIST AFTERCARE NOTES

Dressing or film used: _____

Recommended aftercare product: _____

Dressing removal instructions: _____

Additional instructions: _____

RECEIPT OF WRITTEN AFTERCARE

I received written tattoo aftercare instructions and had the opportunity to ask questions about caring for my tattoo.

Patron Signature	_____	Date / Time	_____
Artist Signature	_____	Date / Time	_____

STATEWIDE PACKET NOTE: This packet is designed around South Dakota's statewide tattoo rules for adult patrons. Cities may impose additional licensing or sanitation requirements. This is a practical business form and not individualized legal advice.