

Colorful Addictions Tattoo

24 E. 10th st

Tracy CA 95376

209-834-5322

Print name _____ D.O.B. _____ Age _____

Phone # _____

Address _____ City _____

State _____ Zip _____

Driver's license or I.D. # _____

E-mail Address _____

Emergency Contact: Print name _____ Phone # _____

NO ID = NO TATTOO

Medical History

- Are you over 18? YES NO Have you ever been tattooed before? YES NO

- Have ever been pierced before? YES NO

- Are you pregnant? YES NO

1. Do you have a heart condition, epilepsy, or diabetes? YES NO If yes, please explain _____

2. Are you a hemophiliac (bleeder) or on any medications that may cause bleeding or may hinder blood clotting or any other bleeding disorders? YES NO

If yes, please explain _____

3. Do you have any communicable diseases or other risk factors for bloodborne pathogens? (H.I.V., A.I.D.S., HEPITITIS) YES NO Please be honest

If yes, please explain _____

4. Are you under the influence of alcohol or drugs, prescribed or otherwise? YES NO

Please be honest

If yes, please explain _____

5. Do you have a history of herpes infection at the desired tattoo location? YES NO

Please be honest If yes, please explain _____

6. Do you have a history of cardiac valve disease? YES NO Please be honest

If yes, please explain _____

7. Are you currently on any medication? YES NO Please be honest

If yes, please explain _____

8. Do you currently require antibiotics prior to surgery or dental procedures? YES

NO Please be honest

9. Do you have any allergies? (Medicines, antibiotics, topical solutions or latex) YES

NO If yes, please explain _____

10. Do you have any medical or skin conditions that may affect the outcome of your tattoo? _____

11. Is there any other information you feel you should provide the body art practitioner? _____

Waiver and Release

Int. 1. To my knowledge, I do not have any mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have any tattoo and/or piercing procedure done at this time.

Int. 2. I agree to follow all instructions concerning the care of my tattoo and/or piercing while it's healing. I agree that any touch up work, due to my negligence, will be done at my own expense.

Int. 3. I understand that if my skin color is dark, the colors will not appear as bright as they do on lighter skin. Additionally, I understand that the finished tattoo may vary somewhat in appearance, color and/or design from the paper or other drawing or photographic image which the tattoo design is based.

Int. 4. All questions about the procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.

Int. 5. I am the person on the I.D. presented as proof I am at least 18 years of age.

Int. 6. I have been advised that the tattoo will be permanent and that it can only be removed with a surgical procedure, and that any effective removal will leave permanent scarring and disfigurement. This cautionary notice is required to be provided to me by the health department and I hereby acknowledge receipt of this formal notice.

Int. 7. I understand there is a risk of an allergic reaction and agree not to hold Colorful Addictions responsible for any allergic reactions.

Int. 8. I am not under the influence of drugs or alcohol and that I am voluntarily submitting to be tattooed without distress or coercion.

Int. 9. I understand tattoo inks are not FDA approved and health consequences are unknown.

Int. 10. I swear or affirm and agree that the above information is true and correct.

I have been provided with information describing the tattoo and/or piercing procedure to be performed and instructions on after care. I understand it is my responsibility to take care of my new tattoo and/or piercing site according to the instructions provided both verbally and in writing. I have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reaction to tattoo pigments, latex gloves and antibiotics. Following the tattoo the tattoo area may be sore and have some redness. Also during healing may experience some itching and peeling. If any indication of infection such as fever, puss or extreme pain please seek medical attention. Having been informed of all potential risks associated with getting a tattoo, I still wish to proceed with the tattoo procedure and I assume any and all risks that may arise from tattooing.

Customer Signature _____ Date _____
DO NOT WRITE BELOW THIS LINE

Tattoo Information
Description of tattoo _____ Exact spelling of names or words _____
Location on body _____ Price of tattoo _____

Artists Name _____ Artists
Signature _____