

CLIENT CONSENT FORM



NAME _____ DATE _____ DOB _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY _____

HOME PH _____ WORK PH _____

PROCEDURE(S): _____

NO. OF VISITS REQUIRED: _____ COST OF PROCEDURE(S): _____

I, _____, acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- If I have any condition that might affect the healing of this tattoo, I will advise my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid), eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo, also known as body art, is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.

- I acknowledge that tattoo inks, dyes, pigments have not been approved by the Federal Food and Drug Administration (FDA), and the health consequences of using these products are unknown.
- I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooer that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.

Client: _____ Date: _____

Practitioner: _____ Date: _____

PREVIOUS TATTOO CONSENT FORM

I, _____, acknowledge by signing this agreement that I have been informed of the nature, risks, and possible complications when applying cosmetic tattoo over an existing cosmetic tattoo.

- I acknowledge that due to the unpredictable nature of ink from a new cosmetic tattoo interacting with the ink from a previous cosmetic tattoo it is not reasonably possible for representatives of this establishment, _____, to predict exactly how the previous cosmetic tattoo may affect the results of the new cosmetic tattoo.
- I understand that visible results on the day of the appointment will change over time. Changes may include: lightening, darkening, or changing of color, increase in thickness of results, inconsistent color deposits, fading of results. I acknowledge these changes may be more drastic due to the unpredictable nature of the ink from a previous cosmetic tattoo.
- I understand that the visibility of the new tattoo may be undermined due to the presence of existing cosmetic tattoo. The artist has made it clear to me that the new cosmetic tattoo will be visible only in as much as it contrasts and is separate from the original tattoo. I acknowledge the mix of different inks may ultimately result in less contrast and less visibility.
- I consent to the application of the cosmetic tattoo regardless of potential complications due to a previous cosmetic tattoo.

Client: _____ Date: _____

Practitioner: _____ Date: _____



OILY SKIN / LARGE PORES CONSENT FORM

I, _____, acknowledge by signing this agreement that I have been informed of the nature, risks, and possible complications when applying cosmetic tattoo (microblading) to oily skin or skin with large pores.

- I understand that microblading is a permanent cosmetic procedure.
- I understand the microblading "hairstrokes" may expand from their original size due to oil underneath the skin or large pores.
- I acknowledge that due to the unpredictable nature of oily skin (or skin with large pores) interacting with the healing process it is not reasonably possible for representatives of this establishment, _____, to predict exactly how oily skin may affect the results of microblading.
- I understand that visible results on the day of the appointment will change over time. Changes may include: lightening, darkening, or changing of color, increase in thickness of "hairstrokes, fading of "hairstrokes." I acknowledge these changes may be more drastic due to the unpredictable nature of oily skin or skin with large pores.
- I consent to the application of the cosmetic tattoo regardless of potential complications due to oily skin or skin with large pores.

Client: _____ Date: _____

Practitioner: _____ Date: _____