(Business Name)

(Shop Address)

(Shop Phone)

TATTOO CONSENT FORM (EXAMPLE ONLY)

CLIENT INFORMATION:

Name_____ Address_____

Procedure Date_____ Date of Birth_____ Age_____

Driver's License #_____ Contact Phone_____

CLIENT MEDICAL CONSENT:

I acknowledge by signing this agreement that I have been given the opportunity to ask any and all questions which I have about obtaining a tattoo or piercing and that all of my questions have been answered to my full satisfaction.

Please understand that this information will be kept confidential as per HIPPA requirements, and may only be shared with the local Public Health Department during routine inspections.

Please answer each question below to the best of your knowledge:

1. Do you have Diabetes? _____
2. Do you have Hemophilia? _____
3. Do you have skin diseases or lesions? _____
4. Do you have allergies or adverse reactions to latex, pigments, dyes, disinfectants, soaps or metals? _____
5. Are you under treatment with anticoagulants or other medications that thin the blood and/or interfere with blood clotting? _____
6. Please disclose any other information that would aid the body artist in evaluating your body art healing process.
   _____
   _____
7. I acknowledge that both written and verbal Instructions regarding risks, outcome and aftercare were given to me:_____
8. I understand there may be side effects of this procedure, including risk of disease transmission or infection. _____
9. I understand tattoo ink may not be sterile and possible infection may occur. _____
10. I understand that tattoo procedures should be considered **PERMANENT** CHANGES TO MY BODY and that tattoos may only be removed with surgical or laser procedures. Any removal procedures may leave scarring or shading of my skin.

Signature: _____ Parent/Legal Guardian Signature_____

Date: _____ Date: _____

Facility Records:

Instrument Sterilization lot number: _____ Expiration date of needles: _____

Location and description of procedure: _____

Body artist who performed procedure: _____ Initials of Artist: _____

Additional instruments:

Instrument Sterilization lot number_____ Expiration date of needles_____

Instrument Sterilization lot number_____ Expiration date of needles_____

Instrument Sterilization lot number_____ Expiration date of needles_____

Instrument Sterilization lot number_____ Expiration date of needles_____

Instrument Sterilization lot number_____ Expiration date of needles_____