

Tattoo Consent Form

1. Contact information *

Birthdate

2. Are you under the influence of drugs or alcohol? *

Yes

No

3. FEMALE ONLY: Are you pregnant or nursing? *

Yes

No

4. Do you have a communicable disease? *

Yes

No

5. Do you have any skin conditions? *

Yes

No

6. Please tell about your medical history (e.g. Diabetes, Cardiovascular Disease, Epilepsy, Blood-related disease etc.) *

Type your answer here

7. Skin conditions (e.g. Rashes, eczema, infection, psoriasis, freckles, etc.) *

Type your answer here

Please read and agree to the following:

8. I understand that this procedure is a permanent change to my skin and body.*

Agree

9. I allow my tattoo to be photographed and be used for Tattoo Shop portfolio showcased.*

Agree

10. I acknowledge that the Tattoo Shop does not offer refund.*

Agree

11. I agree that the studio does not have a way of identifying if I am allergic to the elements or ingredients that will be used for my tattoo.*

Agree

12. I understand that I need to take care of the tattoo by following the instructions given to me by the Tattoo Shop.*

Agree

13. I understand that I might get an infection if I don't follow the instructions given to me in regards of taking food care of my tattoo.*

Agree

14. I indemnify and hold harmless the Tattoo Shop against any claims, expenses, damages, and liabilities.*

Agree

15. I confirm that the information I provided in this document is accurate and true.*

Agree

Please sign here *

I agree to use [electronic records and signatures](#).

Clear

✕ Customer Signature
