

Tattoo Booking Form

1. Client Information


Full Name

Address

Email Address

Phone Number

Date of Birth



Emergency Contact

Full Name

Phone Number

2. Tattoo Details

Tattoo concept:


Placement (Body Part)

Size (Approximate dimensions)

Style (e.g., Traditional, Realism, etc.)

Color preferences

Attach up to 5 reference images (Accepted formats: JPEG, PNG)



Drag and drop image here or
[Choose a file](#)

Reference links

Image Description (optional)

3. Appointment Preferences

Preferred Dates

FROM



TO



Preferred Times

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
12 pm - 3 pm							
3 pm - 6 pm							
6 pm - 9 pm							

Tattoo Artist Preference (Optional)

Deposit Information

Appointment Length (optional)

Appointment Frequency (optional)

Appointment Reminders

☐ Yes

☐ No

4. Consent & Release

Consent to Procedure

☐ I consent to the tattoo procedure as described.

Release for Photo Use (Optional)

☐ I grant permission for photos of my tattoo to be used for promotional purposes.

Allergy Information

Medical Conditions (Optional)

4. Additional Information

Budget (Optional)

\$

Payment Information

Consultation Request (Optional)

☐ I would like to request a consultation before my tattoo appointment

5. Signature & Date

Digital signature confirmation of agreement to the terms & conditions outlined:

I agree to all of the above. *

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

Clear

x

Date of submission