Consent Form (Tattoo)

Shop: _____

Artist: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Please read and initial each item

- [ ] I confirm I meet the legal age requirement.
- [ ] My identity and age will be verified with a valid photo ID.
- [ ] I understand tattooing permanently alters my skin, and that a tattoo can only be removed with a medical procedure that may leave scars.
- [ ] I understand risks include infection, scarring, allergic reactions, and healing issues.
- [ ] I agree to follow all aftercare instructions provided to me.
- [ ] I understand healing and final appearance can vary.
- [ ] I had the opportunity to ask questions.
- [ ] I consent to documentation photos.
- [ ] I consent to optional marketing use of photos.
- [ ] I confirm that the decision to get this tattoo is entirely my own, and I consent to the tattoo procedure.

Health and Safety

- [ ] I am not under the influence of alcohol or drugs.

- [ ] I am feeling well enough for this session.
- [ ] I disclosed relevant medical information.

Client Signature: _____ Date: _____

Artist/Staff Signature: _____ Date: _____