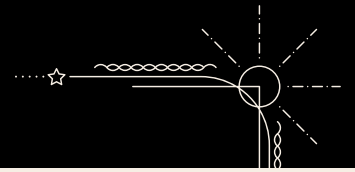


# TATTOO CLIENT FORM



Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

	Age	Gender	Date of birth	
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Proof of age and I.d type \_\_\_\_\_

Placement of tattoo \_\_\_\_\_

Tattoo artist \_\_\_\_\_

Phone number \_\_\_\_\_

	<b>Client's Information</b> Known (potential) risk associated tattooing	<ul style="list-style-type: none"><li>• Scarring</li><li>• Blood poisoning</li><li>• Localised infection</li><li>• Allergic reaction to pigment</li><li>• Localized swelling around the site</li></ul>
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## Individual Consent

*I declare that I give my full consent to the tattooing being carried out by the above mentioned practitioner. I confirmed that potential complication, e.g infection and swelling for the procedure undertaken and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.*

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge that I am over the age of consent for this procedure ( i.e 18 years old for tattoos) and that I am not currently under the influence of alcohol or drug.

	<b>Client signature</b>				
	<b>Tattoo artist's signature</b>				
	<b>Appropriate aftercare advice sheet given?</b>	<table><tr><td><b>Yes</b></td><td><b>No</b></td><td></td></tr></table>	<b>Yes</b>	<b>No</b>	
<b>Yes</b>	<b>No</b>				