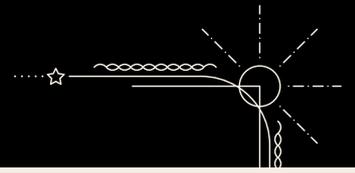


TATTOO CLIENT FORM



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 _____

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

	Client signature	
	Tattoo artist's signature	
	Appropriate aftercare advice sheet given?	
	Yes	No