

TATTOO CONSENT FORM

Tattoo Shop Name: My Company

Tattoo Artist Name: _____

Date: ____ / ____ / ____

CLIENT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____ (Must be 18 or older)

Phone Number: _____

Email: _____

Address: _____

TATTOO DETAILS

Placement: _____

Description: _____

Design Approval: ☐ Yes ☐ No

Allergic Reactions to Ink/Metals? ☐ Yes ☐ No (If yes, specify: _____)

MEDICAL HISTORY & RISK DISCLOSURE

Please check any that apply:

- ☐ Skin conditions (eczema, psoriasis, keloids)
- ☐ Bloodborne diseases (Hepatitis, HIV, etc.)
- ☐ Diabetes or immune disorders
- ☐ Allergies to latex, ink, or disinfectants
- ☐ Heart conditions or blood pressure issues
- ☐ Pregnant or nursing
- ☐ Under the influence of drugs or alcohol
- ☐ Taking blood thinners or other medications

I acknowledge that I have disclosed all medical conditions that may affect my tattooing process.

CONSENT & RELEASE AGREEMENT

I, **[Client's Full Name]**, understand that:

1. Receiving a tattoo is a permanent decision and the results may vary based on skin type, aftercare, and other factors.
2. The tattoo process involves the use of needles, which may cause pain, bleeding, and potential allergic reactions.
3. I have been given aftercare instructions and understand that improper care may lead to infection or complications.
4. The tattoo artist and shop are not liable for any complications that arise due to improper aftercare or undisclosed medical conditions.
5. I am not under the influence of drugs or alcohol and am of sound mind to consent to this procedure.
6. I understand that no refunds will be given once the tattoo process has begun.
7. I consent to having photos of my tattoo taken for the artist's portfolio (optional: ☐ Yes ☐ No).

WAIVER & RELEASE OF LIABILITY

I release and discharge **[Tattoo Shop Name]**, its owners, employees, and artists from any and all liability related to the tattooing process. I voluntarily assume all risks associated with this procedure and agree not to file legal action for any adverse effects resulting from my tattoo.

SIGNATURES

Client Signature: _____

Date: ____ / ____ / ____

Tattoo Artist Signature: _____

Date: ____ / ____ / ____
