

TATTOO CONSENT FORM

Business Name: _____

Date: _____

Standard consent form for tattoo services. Covers health disclosures, aftercare acknowledgment, and liability release. Required by law in most US states.

** Required fields*

Full Name *

John Doe

Email *

john@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Government-Issued ID Type *

Options: Driver's License / State ID / Passport / Military ID

ID Number *

Address *

123 Main St, City, State, ZIP

Tattoo placement (body location) *

Left forearm, upper back, etc.

Tattoo description *

Brief description of the design

Are you under the influence of drugs or alcohol? *

Options: No / Yes

Do you have any of the following conditions?

Heart disease, diabetes, hemophilia, epilepsy, skin conditions, immune disorders...

Are you taking blood thinners or aspirin? *

Options: Yes / No

Are you pregnant or nursing? *

Options: Yes / No / N/A

Known allergies (inks, latex, metals, antibiotics)?

- I am at least 18 years of age *
- I am not under the influence of drugs or alcohol *
- I have reviewed and accept the aftercare instructions *
- I understand tattoos are permanent and removal is expensive *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I, the undersigned, hereby consent to the application of a tattoo by the artist named above. I acknowledge that: (1) Tattooing involves piercing the skin with needles and depositing ink, which carries inherent risks including infection, allergic reaction, scarring, and keloid formation; (2) I am not under the influence of drugs or alcohol; (3) I have disclosed all medical conditions, medications, and allergies; (4) I have been given aftercare instructions and understand that improper aftercare may result in infection or poor healing; (5) Tattoos are permanent and removal is costly and may not be complete; (6) I have verified the spelling, design, and placement of the tattoo. I release the tattoo artist and studio from liability for any claims, damages, or injuries arising from this procedure, except in cases of gross negligence.

Client Signature: _____

Date: _____

Print Name: _____