

Simple Tattoo Client Consent Form

Personal Information

Full Name

Date of Birth

Phone Number

Email

Tattoo Information

Tattoo Description / Placement

Tattoo Artist

Health Questions

☐

I am at least 18 years old

☐

I am not pregnant or nursing

☐

I do not have any blood-borne diseases

☐

I am not under the influence of drugs or alcohol

Other medical conditions or allergies (if any):

Consent & Agreement



I have read, understood, and agree to the terms of this consent form.

Signature

Date