

Customer Record

Customer Name _____ Date _____

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____

Service Requested: Tattoo _____

Person(s) checking I.D. _____

Type of I.D. Checked: _____ Picture Checked: yes ___ no ___

I.D. Copied: yes ___ no ___ Signature Checked: yes ___ no ___

Present Health Condition

- Area to be tattooed/pierced :
 - Rash: yes ___ no ___
 - Pimples/boils/infections: yes ___ no ___
 - Birthmark/scar/previous tattoo present at site: yes ___ no ___
- Under the influence of drugs/alcohol: yes ___ no ___
- Client knowingly has an infectious or contagious disease, parasitic infection, oozing lesions or weeping dermatitis: yes ___ no ___

**DO NOT TATTOO IF CLIENT HAS ANSWERED YES TO ANY OF THE ABOVE QUESTIONS,
PROPER IDENTIFICATION IS NOT SHOWN OR CUSTOMER IS MINOR AND LAWFUL ADULT
CONSENT IS NOT GIVEN.**

I confirm that the above information is correct:

Signature of Client Date

Signature of Tattooist/Piercer Date

Body Location of Tattoo: _____

Dye/Ink Information: Color(s): _____

Manufacturer: _____

Lot Number: _____