

Tattoo consent

Filled in before the stencil goes on.

* Required

Before your tattoo

We use your answers only for your tattoo, and your artist reads them before starting. We keep this record for as long as the law requires.

Your artist *	Appointment date * e.g. 22 Sep 2026	
Full name *	Date of birth * e.g. 22 Sep 2026	
Are you 18 or over? * Under 18 only where state law allows it, with a parent or guardian here in the studio. Florida also needs the parent's notarized consent on its own form, DH 4146. ☐ Yes ☐ No	Mobile *	
Email * Where we send your aftercare sheet.		
Address * Street address		
Address line 2		
City	State, province or region	ZIP or postal code
Emergency contact: name and number		

Your tattoo

Describe the tattoo *
Where on your body? Say left or right. *
Design check * ☐ I have checked the design, placement and spelling.

Health check

A Yes doesn't mean we can't tattoo you. Your artist may ask you to check with your doctor first.

Are you pregnant or breastfeeding? * ☐ Yes ☐ No									
Do any of these apply to you? * <table><tr><td>☐ Epilepsy, seizures or fainting</td><td>☐ Diabetes</td></tr><tr><td>☐ A skin condition where the tattoo will go</td><td>☐ Hemophilia or another bleeding disorder</td></tr><tr><td>☐ Heart condition or heart valve disease</td><td>☐ Hepatitis, HIV or another blood-borne infection</td></tr><tr><td>☐ Keloid or raised scars</td><td>☐ None of these</td></tr></table>		☐ Epilepsy, seizures or fainting	☐ Diabetes	☐ A skin condition where the tattoo will go	☐ Hemophilia or another bleeding disorder	☐ Heart condition or heart valve disease	☐ Hepatitis, HIV or another blood-borne infection	☐ Keloid or raised scars	☐ None of these
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Do you take blood thinners, including daily aspirin? * ☐ Yes ☐ No	Are you allergic to latex, metals, adhesives, antibiotics or pigments? * ☐ Yes ☐ No								
Have you reacted to tattoo ink before? * ☐ Yes ☐ No	Has a doctor ever told you to take antibiotics before dental or surgical work? * ☐ Yes ☐ No								



If any Yes to a health question: Tell us about your Yes answers, and any medicine that affects healing *

When did you last eat? *

☐ In the last 2 hours ☐ 2 to 4 hours ago ☐ Longer ago

Have you put numbing cream on today? *

☐ Yes ☐ No

If Yes: Which cream? *

Alcohol and drugs *

☐ I have not had alcohol or recreational drugs today.

Consent

Risks *

☐ I understand the risks, including infection, scarring and allergic reaction.

Permanence *

☐ I understand a tattoo is permanent, and removal is difficult and may scar.

Aftercare *

☐ I have been given aftercare instructions and will follow them.

Questions *

☐ I have had the chance to ask questions, and they have been answered.

Touch-ups *

☐ Touch-ups needed because aftercare wasn't followed are charged at our normal rate.

May we photograph your tattoo for our portfolio and social media? *

☐ Yes ☐ No

Photo ID *

☐ I will show my artist photo ID before we start.

Signature * By signing you confirm your answers are true.

Date *

e.g. 22 Sep 2026

Parent or guardian

If you answered No to "Are you 18 or over?":

Parent or guardian's name *

Relationship to the client *

☐ Parent ☐ Legal guardian

Parent or guardian's mobile *

Parent consent *

☐ I am the client's parent or legal guardian, I am in the studio today, and I consent to this tattoo.

Parent or guardian signature *

Date *

e.g. 22 Sep 2026

For the studio

Photo ID seen Record the type only. Do not copy the ID.

☐ Driver's license ☐ Passport ☐ Proof-of-age card ☐ Other photo ID

If you answered No to "Are you 18 or over?": Both IDs

☐ The client's and the parent's photo ID were both seen.

Artist signature

Date

e.g. 22 Sep 2026

