Eye of the OWL Art CONSENT TO TATTOO PROCEDURE

NAME:	
DOB:	LICENSE NO:
ADDRESS:	CITY:
STATE:ZIP:	HOME PH:WORK PH:
questions which I might have a	greement that I have been given the full opportunity to ask any and all bout the obtaining of a tattoo and that all of my questions have been I specifically acknowledge I have been advised of the facts and matters set
•	night affect the healing of this tattoo, I will advise my tattooer. I am not ot under the influence of alcohol or drugs.
psoriasis, freckles, moles or s	n conditions such as but not limited to: acne, scarring (Keloid) eczema, unburn in the area to be tattooed that may interfere with said tattoo. If I rash <u>anywhere</u> on my body, I will advise my tattooer.
	nably possible for the representatives and employees of this tattoo shop to ve an allergic reaction to the pigments or processes used in my tattoo, and I uch a reaction is possible.
the event that I do not take pr	is always possible as a result of the obtaining of a tattoo, particularly in oper care of my tattoo. I have received aftercare instructions and I agree to is healing. I agree that any touch-up work needed, due to my own yown expense.
	olor and design may exist between any tattoos as selected by me and as y. I understand that if my skin color is dark, the colors will not appear as n.
	any skín treatments, laser hair removal, plastic surgery or other skín sult in adverse changes to my tattoo.
been made to me as to the abil	a permanent change to my appearance and that no representations have ity to later change or remove my tattoo. To my knowledge, I do not have a mpairment or disability which might affect my well being as a direct or to have a tattoo.
obtaining of a tattoo is by my	ge of eighteen and that I have truthfully represented to my tattooer that the y choice alone. I consent to the application of the tattoo and to any actions wes and employees of the tattoo shop reasonably necessary to perform the
CLIENT:	DATE