

Dnos Ink Cave - Tattoo Consent and Release Form

Client & Emergency Information:

Name: _____ D.O.B: ____ / ____ / ____ Age: _____

Phone: _____ Email: _____

Address: _____

ID Type/Number: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Health & Legal Checklist:

Heart issues Diabetes Hemophilia Skin issues

Allergies Hepatitis/HIV Pregnant/Nursing

Under influence of drugs/alcohol Eaten within 4 hours

Acknowledgments:

I confirm I'm over 18 (or have guardian consent), understand risks of tattooing, agree to follow aftercare, and release Dnos Ink Cave of liability.

Signature: _____ Date: ____ / ____ / ____

Guardian Consent (If Under 18):

Guardian Name: _____ Signature: _____

ID Type/Number: _____ Date: ____ / ____ / ____

Artist Info:

Artist Name: _____ License #: _____

Signature: _____ Date: ____ / ____ / ____

Aftercare Given: Yes No

Client ID Verified: Yes Guardian Verified: Yes

Dnos Ink Cave - Tattoo Consent and Release Form

Tattoo Placement & Description

Design Description: _____

Location on Body: _____

Estimated Duration: _____

Body Diagram:

