

I hereby declare that I give () my full consent to tattoo me and that the information given below is true to the best of my knowledge.

Do you suffer from?

Any Heart Condition?	No	Yes
Seizures e.g. Epilepsy	No	Yes
Haemophilia	No	Yes
Compromised Immune System (HIV, Hepatitis etc)	No	Yes
High Blood Pressure	No	Yes
Diabetes	No	Yes
Any skin condition (psoriasis etc)	No	Yes
Allergic responses to adhesives (plasters, cream, food etc)	No	Yes
I am pregnant or a nursing mother	No	Yes
I am prone to fainting or dizziness	No	Yes
I am taking blood thinning medication (aspirin, warfarin etc)	No	Yes

I understand that a tattoo is a **permanent mark for life** and that no form of anaesthetic will be used in the procedure.

I understand that every care will be taken to ensure that the tattoo procedure is performed in a hygienic way including the use of pre-sterilised single use needles.

I understand that a new tattoo is susceptible to infection until healed and that care of the tattoo once I leave the shop is my responsibility. I will follow the printed aftercare procedure as explained and given to me.

Associated risks include: blood poisoning (septicaemia), scarring, allergy reactions and localised swelling/trauma.

I am over 18 years old (Tattooing of Minors Act 1969)

I am not under the influence of alcohol or drugs

I have requested this tattoo of my own free will

Print full name:.....

Address:

Age:Date of Birth:..... ID Shown:

Signature:Date:..... Time:.....

Where are you from?.....

Location and description of tattoo (*shop use only*)

I agree with everything on this form: