

TA72700 CUSTOMER INFORMATION

7250 Ulmerton Rd. Ste. D
Largo, Fl 33771
727-565-3669

Print name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Driver's license or I.D. # \_\_\_\_\_
E-mail Address \_\_\_\_\_
Emergency Contact: Print name \_\_\_\_\_ Phone # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NO ID = NO TATTOO

Medical History

Have you ever been tattooed before? YES NO
Have ever been pierced before? YES NO
Are you pregnant? YES NO
Do you have a heart condition, epilepsy, or diabetes? YES NO If yes, please explain \_\_\_\_\_
Are you a hemophiliac (bleeder) or on any medications that may cause bleeding or may hinder blood clotting? YES NO
If yes, please explain \_\_\_\_\_
Do you have any communicable diseases? (H.I.V., A.I.D.S., HEPITITIS) YES NO Please be honest
If yes, please explain \_\_\_\_\_
Are you under the influence of alcohol or drugs, prescribed or otherwise? YES NO Please be honest
If yes, please explain \_\_\_\_\_
Do you have any allergies? (Medicines or topical solutions) YES NO If yes, please explain \_\_\_\_\_

Doctor's Information

Print name \_\_\_\_\_ Phone # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Waiver and Release

- Int. 1. To my knowledge, I do not have any mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have any tattoo and/or piercing procedure done at this time.
Int. 2. I agree to follow all instructions concerning the care of my tattoo and/or piercing while it's healing. I agree that any touch up work, due to my negligence, will be done at my own expense.
Int. 3. I understand that if my skin color is dark, the colors will not appear as bright as they do on lighter skin. Additionally, I understand that the finished tattoo may vary somewhat in appearance, color and/or design from the paper or other drawing or photographic image which the tattoo design is based.
Int. 4. Being of sound mind and body, I hereby release any and all employees, agents or persons representing 727 TATTOO from all responsibility. I agree not to sue 727 TATTOO or its heirs or assigns in connection with any and all damages, claims, demands, rights and causes of action of whatever kind or nature based upon injuries or property damages to or death of myself or any other persons arising from my decisions to have any tattoo and/or piercing related work at this time, whether or not caused by any negligence of 727 TATTOO employees.
Int. 5. I agree for myself, my heirs, assigns and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigations, attorney's fees and all other costs and expenses which might arise from my decision to have any tattoo and/or piercing work done by 727 TATTOO.
Int. 6. I have been advised that the tattoo will be permanent and that it can only be removed with a surgical procedure, and that any effective removal will leave permanent scarring and disfigurement. This cautionary notice is required to be provided to me by the health department and I hereby acknowledge receipt of this formal notice
Int. 7. I agree to pay for any and all damages and injuries to any persons and property belonging to 727 TATTOO or any other person to whom they may become liable contractually or by operation of law, caused by or resulting from my decision to have any tattoo and/or piercing work by 727 TATTOO.
Int. 8. I hereby grant irrevocable consent to and authorize the use of any reproduction by 727 TATTOO, any and all photographs which are taken this day of me, negative or positive proof which will be hereby attached for any purposes whatsoever, with out further compensation to me. All negatives, together with the prints, video, or live internet stream shall become and remain the property of 727 TATTOO, solely and completely.
Int. 9. I swear or affirm and agree that the above information is true and correct.

I have been provided with information describing the tattoo and/or piercing procedure to be preformed and instructions on after care. I have been made aware that if I have any signs or symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odor to contact my physician. It is also my responsibility to take care of my new tattoo and/or piercing site according to the instructions provided both verbally and in writing.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Tattoo Information

Description of tattoo \_\_\_\_\_ Exact spelling of names or words \_\_\_\_\_
Location on body \_\_\_\_\_ Skin Condition \_\_\_\_\_ Complications? \_\_\_\_\_
Did we receive notarized consent required by law? YES N/A Price of tattoo \_\_\_\_\_
Did customer receive aftercare instructions (verbal & written)? YES NO
Artist's Name \_\_\_\_\_ Artist's Signature \_\_\_\_\_