

CLIENT RECORDS

NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Apply a check to the type of body art being performed:

TATTOO _____ PERMANENT COSMETICS _____ BRANDING _____ PIERCING _____

DATE OF BIRTH

**PROCEDURE SITE OF
BODY ART**

**NAME AND
REGISTRATION # OF
PRACTITIONER**

COPY OR DESCRIPTION OF PROCEDURE

Type of identification provided:

ID of Client

ID of Parent or Guardian
(Applicable only to underage body piercing)

