

**PIERCING FORM**  
**YOUR INFORMATION: (PLEASE FILL OUT THE FORM COMPLETELY)**

CUSTOMER #: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ MALE: \_\_\_\_\_ Race: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**WHAT ARE YOU GETTING PIERCED?**

**Tongue- Navel- Nostril- Snake Eyes- Nipple - Smiley - Lip- Industrial  
Hood- Christina- Rook- Eyebrow- Daith- Helix- - Tragus- Conch  
Surface Tragus- Flat- Bridge- Dermal - Lobes - Septum**

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

Please list any known allergies, especially to medications, topical solutions, latex, alcohol, or iodine: [ ] None \_\_\_\_\_

Do you have a history of bleeding disorders? \_\_\_\_\_

Doctor's information: \_\_\_\_\_ or Nearest Emergency Room  
(Name) (Phone #)

**STANDARD RELEASE OF LIABILITY STATEMENT:**

1. I am at least eighteen (18) years of age. If underage, I have my parent's consent
2. I am not pregnant to my knowledge.
3. I do not have any physical, mental, or medical impairments, diabetes, or disability which may affect my decision to have any body piercing.
4. I do not have any diseases that may be transmitted through blood.
5. I am not under the influence of alcohol or drugs.
6. I agree for myself, my heirs, and legal representatives to hold My Tattoo Shop, Inc free from any damages, actions, and cause of action, claim adjustments, costs of litigations, attorney fees, and all fees.
7. I agree that these waivers are designed to protect the best interest of myself and all establishments where My Tattoo Shop , Inc conducts business
8. I hereby release any and all persons representing My Tattoo Shop , Inc from all responsibility relating to my piercing. I accept all responsibility for myself, for any consequences that may arise from my decision to have any body piercing related services conducted by My Tattoo Shop, Inc.
9. I have received written and oral educational information on the pre and post care of this piercing.
10. I have read each and every paragraph listed above, and with full understanding I agree that all information provided to My Tattoo Shop , Inc is true and correct to the best of my knowledge.
11. I understand that if I am a minor, I need a release form notarized.
12. I acknowledge that it is my full responsibility to fully ensure that all equipment used is opened from a sterile package.
13. Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of body piercing services; 4) Instructions for care and restrictions following my piercing; and 5) Restrictions against piercing of minors.

CLIENT'S SIGNATURE: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

My Tattoo Shop, Inc does not discriminate against our services based on race or sex, however, the establishment wishes to keep this Information on file in case of complications that may occur. Thank you. We appreciate your business and referrals!

**Do not write below this line**

Piercer's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Complications: \_\_\_\_\_

Piercer's Signature: \_\_\_\_\_ Piercer Write Jewelry size: \_\_\_\_\_

MTShollywoodshop@gmail.com